

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

340



SUBMITTAL DATE:

June 17, 2010

FROM: Department of Mental Health

SUBJECT: Accept Grant Award from Riverside Community Health Foundation

RECOMMENDED MOTION: That the Board of Supervisors approve and:

1. Accept the funding Grant Award #2010-13 from Riverside Community Health Foundation in the amount of \$193,000 for FY 2010/2011 for the "Crossroads to Wellness" Program;
2. Authorize the Chairman of the Board of Supervisors to sign the attached Grant Contract issued by the Riverside Community Health Foundation; and
3. Authorize the Director of the Department of Mental Health to sign the Grant Program Budget and future grant awards, annual renewals and amendments for this grant, in accordance with Board of Supervisors' Policy A-30, from Riverside Community Health Foundation.

BACKGROUND: The "Crossroads to Wellness" Program is a project that will increase access to primary care for adults with a Serious Mental Illness (SMI) by providing a primary care Physician Assistant-Certified (PA-C) to provide services at a Department of Mental Health Adult Services Clinic in Riverside. The PA-C will provide basic care, linkage, and coordination of care that will allow the mental health clinic to be a more integrated mental health care/primary health care collaborative system.

Continued on Page 2

JW:EM

Jerry Wengerd

Jerry Wengerd,
Director of the Department of Mental Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$193,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$0	Budget Adjustment:	No
	Annual Net County Cost:	\$0	For Fiscal Year:	2010/2011

SOURCE OF FUNDS: 100% Grant Revenue	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE
BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Consent
- Policy
- Consent
- Policy

Dep't Recomm.:
Per Exec. Ofc.:

FORM APPROVED COUNTY COUNSEL
BY: *Jerry Wengerd*
MARSHAL VICTOR
DATE: 6/17/10

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

PAGE 2:

SUBJECT: Accept Grant Award from Riverside Community Health Foundation

BACKGROUND: (Continued)

A coordinated system of care between these two programs will effectively and efficiently enhance services to Riverside County constituents and provide a holistic approach to overall wellness that is essential to mental health and recovery for mental health consumers.

The Riverside County Department of Mental Health (DOMH) has identified the lack of access to and utilization of primary health care as an acute problem for consumers with severe mental health disorders. Several factors contribute to this gap in care, including inconsistent or absent identification of serious medical illnesses or conditions; lack of appropriate and necessary referral(s) of mentally ill individuals to Primary Care Providers (PCPs); and operational and organizational barriers that impede individuals with serious mental health disorders to see, obtain access, receive or adhere to medical treatment for common health conditions such as hypertension, diabetes, cardiac and respiratory disorders, etc. As a result of these issues, the DOMH applied for a Riverside Community Health grant in February 2010 and was awarded the grant in April 2010.

The grant award will establish the financial means to bridge the relationship between primary care and mental health care, and facilitate a integration of health care services for the DOMH clients. Therefore, the DOMH is requesting that the Board of Supervisors approve and sign the attached grant contract for the receipt of the grant from Riverside Community Health Foundation to fund the "Crossroads to Wellness" Program.

PERIOD OF PERFORMANCE:

This grant will be utilized by the DOMH in FY 2010/2011 with a possibility to re-apply in subsequent fiscal year as the grant becomes available.

FINANCIAL DATA:

This \$193,000 grant contract will cover specified program direct costs as outlined in the attached Grant Contract. No additional County funds are required.

RIVERSIDE COMMUNITY HEALTH FOUNDATION

Grant Contract

Grantee: Riverside County Department of Mental Health

Grant No: 2010-13

Address: 4095 County Circle Dr., Riverside, CA 92503

Project Director: Jerry Wengerd, Mental Health Director

Phone: (951) 358-4501

Amount of Grant: \$193,000/Outpatient Distribution

Date of Payment: April 2010 (Pending
return of contract)

Program Title: Crossroads to Wellness

Term of Grant: Paid in Full

Riverside Community Health Foundation (RCHF) is imposing restrictions on the uses of our funds consistent with the Amended Articles of Incorporation of RCHF.

The following terms are agreed upon as condition for this grant:

1. The tax-exempt (not-for-profit) status verified in the proposal by Riverside County Department of Mental Health is still valid. Any changes in the organization that could lead to a change in the status will be reported to Riverside Community Health Foundation immediately.
2. The funds will be used by the above named organization for the purpose to provide on-site, direct primary care services and coordination of mental and physical health for seriously mentally ill individuals who are served by the Blaine Street Adult Mental Health Clinic in Riverside. Services will be provided as defined in RCHF Articles of Incorporation, targeting Riverside residents within the following Riverside zip code areas: 92501 – 92509, 92521, 92518, 92522 and 91752 (Article III, A.3, page 3). The program will be offered at the Blaine Street Adult Mental Health Clinic in Riverside.
3. The organization (Riverside County Department of Mental Health) will provide RCHF with a progress report due no later than January 31, 2011. A final report will be due no later than July 29, 2011. The Foundation staff may conduct an onsite visit at anytime.
4. The Riverside County Department of Mental Health will maintain books and records in such a manner that expenditures of the grant funds will be shown separately on such books and records in an easily checked form. You will keep records of receipts and expenditures of grant funds, as well as copies of the reports submitted to the Foundation and supporting documentation for at least four (4) years after the completion of the use of the grant funds, and will make such books, records, and supporting documentation available to the Foundation for inspection at reasonable times from the time of your acceptance of this grant through such period.
5. In the case of any violation by the Riverside County Department of Mental Health of the terms and conditions of the grant, including but not limited to not executing the work of the grant in substantial compliance with the proposal, or in the event of any change in or challenge by the Internal Revenue Service of your status as a unit of local government, the Foundation reserves the right in its absolute discretion to terminate the grant. The Foundation's determination will be final and will be binding and conclusive upon you.

If annual or interim reports are not received in a timely manner, the Foundation may withhold any payment until the outstanding report is received, and may terminate the grant if any such report is not received within a reasonable time (no more than [30] days) following the date on which it was due.

Upon termination of this grant for any reason, the Foundation will withhold any further payments of grant funds and you will repay to the Foundation any portion of the grant funds that were not spent for the grant project.

6. The organization (Riverside County Department of Mental Health) agrees not to use any of the funds: To undertake any activity that is not charitable; To carry on propaganda, or otherwise attempt to influence legislation; To influence the outcome of any specific public election, or to carry on, directly or indirectly, any voter registration drive; To make any grants to individuals for travel study or similar purposes unless such grants comply with the requirements to which private foundations are subject; or To make any grants that would require expenditure responsibility unless such grants comply with the requirements to which private foundations are subject.
7. All manuscripts, papers, releases, exhibits or interviews prepared for meetings, the public or private press, magazines, periodicals, radio, television or other means of communication dealing with the activities or achievement of the work of the grant shall acknowledge the Foundation's support.

The Riverside County Department of Mental Health will send to the Riverside Community Health Foundation copies of any printed publicity regarding the awarding of the grant or the program supported by the grant.
8. The Riverside County Department of Mental Health acknowledges that the Foundation and its representatives have made no actual or implied promise of funding except for the amounts specified by this agreement. If any of the grant funds are returned or if the grant is rescinded, you acknowledge that the Foundation will have no further obligation to you in connection with this grant as a result of such return or rescission. However, the foregoing is not intended to prohibit the Foundation from providing you an additional grant at the termination of the grant described in this agreement upon the submission of a new proposal, if the Foundation in its sole discretion determines that an additional grant is appropriate.
9. This agreement sets forth all terms of the grant and replaces all prior understandings and agreements. Any modification or amendment will be made only in writing signed by an authorized officer of your organization and of the Foundation.
10. This agreement will be construed in accordance with the laws of the State of California.

The following special terms will be observed: The \$193,000 is a grant to the Riverside County Department of Mental Health to provide on-site, direct primary care services and coordination of mental and physical health for seriously mentally ill individuals who are served by the Blaine Street Adult Mental Health Clinic in Riverside for the 2010-2011 year for the benefit of Riverside residents targeting the following Riverside zip code areas: 92501 – 92509, 92518, 92521, 92522 and 91752 (Article III, A. 3 & 8, page 3).

If this contract correctly expresses our mutual understanding, please signify approval by signing the original and the attached copy and return the original to Riverside Community Health Foundation.

Accepted on behalf of Riverside County Department of Mental Health

this _____ day of _____, 2010

Agreed by

Riverside Community Health Foundation

Riverside County Department of Mental Health

FORM APPROVED COUNTY COUNSEL
BY: MARSHAL VICTOR 6/16/10
DATE

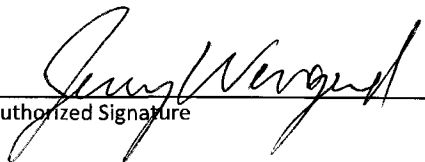
Other Expenses

	Total Projected Budget	Total Requested from RCHF	Total Awarded by RCHF
Examination gloves	\$38	\$38	\$38
Foot operated trash can	\$97	\$97	\$97
Gauze 4x4s	\$100	\$100	\$100
Tongue depressors	\$18	\$18	\$18
Wound care gel	\$87	\$87	\$87
Cotton balls	\$61	\$61	\$61
General office supplies	\$200	\$200	\$200
Total Other Expenses	\$601	\$601	\$601

Grand Totals

	Total Projected Budget	Total Requested from RCHF	Total Awarded by RCHF
Total Direct Costs (Personnel + Operating Expenses + Other Expenses)	\$229,031	\$229,031	\$175,524
Total Indirect Costs (Personnel + Operating Expenses) X Indirect Costs Percentage [specify percentage]	\$22,903	\$22,903	\$17,476
Indirect Costs Percentage (not to exceed 15% of Personnel + Operating Expenses)	10.00%		
	\$251,934	\$251,934	\$193,000

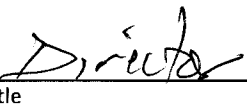
RCHF Revised Budget Sheet 2010



 Authorized Signature

Jerry Wengerd

 Printed Name



 Title

6-7-10

 Date

Signed: _____
 Marion Ashley, Chairman
 Riverside County Board of Supervisors
 Date: _____

Attest by: _____

Kecia Harper-Ihem, Clerk of the Board



Riverside Community Health Foundation

Revised Program Budget

Name of Organization Riverside County Department of Mental Health
Project Title Crossroads to Wellness

Date 4/6/2010
Total Project Budget \$251,934
Amount Requested \$251,934
Amount Awarded \$193,000

This revised program budget below reflects the total projected budget, the total requested from RCHF, and the total awarded by RCHF to the organization. The organization's provision of an authorized signature indicates its ability to carry out the proposed project given an award of funds in an amount less than requested.

Personnel				
	FTE	Total Projected Budget	Total Requested from RCHF	Total Awarded by RCHF
Physician Assistant - Certified (PA-C)	1.00	\$90,000	\$90,000	\$90,000
Physician III	0.20	\$36,000	\$36,000	\$36,000
Office Assistant II (OA-II)	1.00	\$33,000	\$33,000	\$0
Research Analyst I	0.15	\$6,635	\$6,635	\$0
Subtotal		\$165,635	\$165,635	\$126,000
Fringe Benefits (specify at what percentage rate)				
Physician Assistant - Certified (PA-C) @ 35%		\$31,500	\$31,500	\$31,500
Physician III @ 35%		\$12,600	\$12,600	\$12,600
Office Assistant II (OA-II) @35%		\$11,550	\$11,550	\$0
Research Analyst I @35%		\$2,322	\$2,322	\$0
Subtotal (Fringe Benefits)		\$57,972	\$57,972	\$44,100
Total Personnel (Including Fringe Benefits)		\$223,607	\$223,607	\$170,100

Operating Expenses				
	Total Projected Budget	Total Requested from RCHF	Total Awarded by RCHF	
Medical examination table	\$1,541	\$1,541	\$1,541	
Paper rolls for examination table	\$208	\$208	\$208	
Electronic Vital Signs Equipment	\$1,116	\$1,116	\$1,116	
Ophthalmoscope/Otoscope (battery-operated)	\$399	\$399	\$399	
Medical standing digital weight scale	\$424	\$424	\$424	
Blood glucose testing meter (glucometer)	\$47	\$47	\$47	
Blood glucose test strips	\$664	\$664	\$664	
Stethoscope	\$23	\$23	\$23	
Blood pressure cuff (manual)	\$21	\$21	\$21	
Tympanic thermometer	\$130	\$130	\$130	
Pringer/copier/fax machine	\$250	\$250	\$250	
Total Operating Expenses	\$4,823	\$4,823	\$4,823	