

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

633



FROM: Department of Mental Health

SUBMITTAL DATE:
April 28, 2011

SUBJECT: Amend agreements with Community Connect (previously Volunteer Center of Riverside County and Catholic Charities

RECOMMENDED MOTION: Move that the Board of Supervisors:

1. Approve the amendments with Community Connect (previously Volunteer Center of Riverside County) and Catholic Charities;
2. Authorize the Chairman of the Board to sign the amendments;
3. Authorize the Purchasing Agent to annually renew the agreements through June 30, 2014, in accordance with terms of the Agreements; and,
4. Authorize the Purchasing Agent to amend the agreements up to 10% of the annual maximum obligation per contractor.

BACKGROUND: On July 29, 2008, agenda item 3.92, the Board ratified and executed the Professional Services Agreement with the Volunteer Center of Riverside County (now Community Connect) for a 24 hour Suicide/Crisis Intervention Hotline. The Department is requesting the Board's approval to expand the services that Community Connect provides.

(continued pg. 2)

JW:KS:CH

Jerry Wengard

Jerry Wengard, Director
Department of Mental Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$111,663	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% State MHSA	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

BY: *Debra Courmoyer*
Debra Courmoyer

FORM APPROVED COUNTY COUNSEL
BY: *Debra Courmoyer* DATE: 4/28/11
BY: *Debra Courmoyer* DATE: 4/28/11
BY: *Debra Courmoyer* DATE: 4/28/11

Purchasing: *Mark Spier*, Assistant Director

Consent
 Policy
 Consent
 Policy

Dept Recomm.:
 Per Exec. Ofc.:

Prev. Agn. Ref.: 3.92 of 07-29-08 and 3.25 of 03-25-08 District: All Agenda Number:

3.16

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

SUBJECT: Amend agreements with Community Connect (previously Volunteer Center of Riverside County and Catholic Charities

BACKGROUND: (Cont'd)

HELPLINE staff will provide community education presentations to promote public awareness, education and training for professionals, volunteers, and the general public, especially underserved communities. As the HELPLINE number will be made available at these presentations, we expect that these presentations will increase the usage of the Crisis HELPLINE by approximately 12%. This will expand the community's access to prevention and early intervention services. Due to the increase in crisis calls to 211 Riverside, Community Connect will need to provide complete HELPLINE training for the 211 Riverside operators. The Department is requesting to increase the annual contract amount by \$23,305 from \$50,000 to \$73,305.

On March 1, 2011, agenda item 3.25, the Board of Supervisors approved an agreement through June 30, 2012 with Catholic Charities, along with three (3) other awardees for Trauma in Schools services to adolescents between the ages of 10 and 15 years old. Catholic Charities was selected to provide these services throughout all regions of Riverside County. After the contract was approved by the Board, it was determined that the desert region had additional communities needing services, which should have been included in the contract award. Therefore, the department is requesting an increase to the total contract maximum obligation for FY 2010/11 by \$88,358, from \$76,639 to \$164,997 and increasing the total annual awarded amount for all regions for FY 2011/12 from \$359,401 to \$456,606.

FINANCIAL IMPACT:

There are sufficient funds in the FY 2010/11 Department's Mental Health Services Act – Prevention and Early Intervention budget for these services. No additional County funds are required.

1 specified amount of services or products. Unless otherwise specifically stated in Exhibit B,
2 COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to
3 this Agreement.

- 4 • Rescind the Exhibit A, Exhibit B and Schedule I in their entirety and replace with the attached
5 Exhibit A, Exhibit B and Schedule I attached hereto and by this reference incorporated herein.
- 6 • All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

7
8 IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to
9 execute this Amendment.

10 **COUNTY:**

11 County of Riverside
12 Board of Supervisors
13 4080 Lemon Street, 5th Floor
Riverside, CA 92501

INFORMATION COPY:

County of Riverside
Department of Mental Health
P.O. Box 7459
Riverside, CA 92503-7549

14 **SIGNATURE:**

15 **CONTRACTOR:**

Signed: *Roberta A. Hoff*

Date: 04.19.11

Title: CEO

19 Address: 2060 University Avenue, Suite 212
Riverside, CA 92507

COUNTY OF RIVERSIDE:

Bob Buster, Chairman, Board of Supervisors

ATTEST:

Kecia Harper-Ihem, Clerk

Deputy

23 **COUNTY COUNSEL**

24 PAMELA J. WALLS

County Counsel

Approved as to Form

26 By *Tara R. Miller 5/19/11*

Deputy

Tara R. Miller

EXHIBIT A
SCOPE OF SERVICE

CONTRACTOR NAME: COMMUNITY CONNECT

LOCATION: 2060 University Avenue, Suite 212, Riverside, California 92507

Community Connect, hereinafter referred to as CONTRACTOR, is a California non-profit corporation engaged in volunteer recruitment, placement, advocacy, training and information.

CONTRACTOR will provide the crisis and suicide prevention services in support of the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan.

A. CRISIS AND SUICIDE PREVENTION SERVICES:

1. HELPLINE Hot Line:

Crisis and suicide intervention services including counseling and emergency assistance by maintaining a twenty-four (24) hour hot line known as "HELPLINE". CONTRACTOR will provide the following specific services through its HELPLINE:

- a. Provide free HELPLINE services 24 hours a day, 7 days per week.
- b. The HELPLINE shall receive calls made to (951) 686-HELP for emergency assistance and shall provide counseling as needed to encourage caller to contact the appropriate mental health program, substance abuse and other resources as available. Callers shall be given, when appropriate, referrals to ongoing services both in Riverside County Department of Mental Health and outside agencies as well as Riverside County 2-1-1.
- c. After 5:00 P.M. and until 8:00 A.M. the HELPLINE shall be maintained as the primary contact point for crisis and suicide intervention for community members within Riverside County. The HELPLINE shall receive calls referred from County sources. Volunteers shall maintain communications with the caller and with the responding

1 emergency unit to assure availability of emergency assistance.

- 2 d. Each volunteer answering the HELpline will complete 48 hours of in class training. In
3 addition, each volunteer will receive 10 hours of supervision while answering calls or 3
4 hours of role play facilitated by a supervisor.
- 5 e. Monolingual Spanish callers will receive assistance in Spanish, either with a bilingual
6 volunteer or through the use of a tele-interpreter service such as Language Line.
- 7 f. The Mental Health Services Act Manager (or designee) is the County Representative
8 for all matters concerning the performance of this contract.

9 **2. HELpline Training for 2-1-1 Operators:**

10 Operators for 2-1-1, the information and referral line for Riverside County community
11 members to health and humans service agencies, will receive HELpline training, increasing the
12 community access for prevention and intervention. Up to four (4) trainings will be held per
13 year.

14 **3. Community Education Presentations:**

15 HELpline staff will conduct up to 15 community education presentations annually that will
16 promote public awareness, education and training for professionals, volunteers, and the general
17 public, especially the underserved communities. These presentations will target the
18 underserved populations of Riverside County including but not limited to the Hispanic and
19 Native American populations and youth, including high risk youth and those involved in the
20 justice system.

21 **B. REPORTING:**

22 CONTRACTOR shall submit quarterly reports. Reports shall include, but are not limited to:

23 **1. HELpline Hot Line:**

- a. Number of calls received in the reported quarter and year to date.
- b. Age of caller.
- c. Gender of caller.
- d. Time of day.
- e. Type of service provided.
- f. Referral agency, if any.
- g. Area in which the call originated.

2. HELPline training for 2-1-1 Operators:

After training is completed, a report including the dates and times of the training and the number of operators trained will be submitted. Quarterly reports may also be modified to include any 2-1-1 statistics that can provide evidence of the effectiveness of this training for the 2-1-1 operators.

3. Community Education Presentations:

On a quarterly basis, CONTRACTOR shall submit a report of the Community Education Presentations completed during that quarter and year to date. This report may include, but is not limited to:

- a. Location of presentation.
- b. Community Group/Target Population, etc.
- c. Number in attendance.
- d. Audience evaluation of presentation.

Additional reporting requirements for these services may be agreed upon in writing between COUNTY and CONTRACTOR.

Progress reports are to be submitted to the Riverside County Department of Mental Health,

1 Attention: Janine Moore, MHSA PEI Coordinator, at 3801 University Avenue, Suite 400,
2 Riverside, CA 92501. Should CONTRACTOR prefer, reports may alternately be emailed to
3 JAMoore@rcmhd.org or faxed to the attention of Janine Moore, MHSA PEI Coordinator at
4 (951) 955-2524.
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EXHIBIT B
PAYMENT PROVISIONS

A. REIMBURSEMENT:

1. In consideration of **HELpline Hot Line** services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement in arrears based upon the maximum obligation divided by the number of months the Agreement is in effect. For the purposes of this amendment the monthly reimbursement shall be \$9,166.67 (nine thousand, one hundred and sixty-six dollars and sixty-seven cents) for **HELpline Hot Line** services beginning with invoice for the month of April, 2011. **2-1-1 Operator Training, Community Presentations, and Brochures** shall be reimbursed on a monthly basis with an invoice for the services performed and goods provided within that month based upon Schedule I attached hereto and by this reference incorporated herein.
2. Final year end settlement for services shall be based on actual cost, less revenue collected, not to exceed the maximum obligation of the COUNTY as specified herein.
3. CONTRACTOR will submit invoice for services monthly according to the Agreement, Paragraph 3, Compensation.
4. Monthly reimbursements may be withheld at the discretion of the Director or designee due to material contract non-compliance, including audit disallowances and/or adjustments or disallowances resulting from the COUNTY Contract Monitoring Review (CMT), the Program Monitoring and/or Cost Report process.

B. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for Fiscal Year 2010/2011 shall be \$73,305 (seventy-three thousand, three hundred and five dollars), subject to availability of Federal, State, and local funds.

C. BUDGET:

Schedule I presents for planning purposes the budgetary details pursuant to this Agreement. Schedule I contains the mode(s) of service, the service functions, units, revenues received, maximum obligation and source of funding.

1 **D. REVENUES:**

2 Revenues may include but are not limited to, fees for services, private contributions, donations,
3 grants or other funds. All revenues received by CONTRACTOR shall be reported in their annual
4 Cost Report, and shall be used to offset gross cost.

5 **E. REALLOCATION OF FUNDS:**

- 6 1. No funds allocated for any Mode of Service as designated in Schedule I may be reallocated to
7 another Mode of Service unless written approval is given by the Program Manager prior to
8 either the end of the Contract Period of Performance or the end of the Fiscal Year (June 30th).
9 Approval shall not exceed the maximum obligation.
- 10 2. In addition, CONTRACTOR may not, under any circumstances and without prior approval
11 and/or written consent from the Program Manager and confirmed by the Supervisor and the
12 COUNTY Fiscal Unit, reallocate funds between non-billable and billable mode and service
13 functions and/or procedure codes as designated in the Schedule I that are defined as non-
14 billable by the COUNTY, State or Federal governments from or to funds, services, mode of
15 services and/or procedure codes that are defined as billable by the COUNTY, State or Federal
16 governments.

17 **F. RECOGNITION OF FINANCIAL SUPPORT:**

18 CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is provided in
19 whole or in part by the County of Riverside Department of Mental Health.

20 **G. COST REPORT:**

- 21 1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall
22 provide to COUNTY two (2) copies for each Agreement and/or Reporting Unit (RU), an
23 annual Cost Report with an accompanying financial statement and applicable supporting
24 documentation to reconcile to the Cost Report within forty-six (46) calendar days following
25 the end of each fiscal year (June 30), the expiration or termination of the contract, which ever
26 occurs first. The Cost Report shall detail the actual cost of services provided to include staff
27 time accounting. The Cost Report shall be provided in the format and on forms provided by
28 the COUNTY. Final payment to CONTRACTOR shall not be made by COUNTY until the
29 final current and prior year Cost Report(s) have been reconciled, settled and signed by
30 CONTRACTOR and received and approved by the COUNTY.

- 31 2. CONTRACTOR shall use OMB-circular A-122 to formulate proper cost allocation methods

1 to distribute cost between COUNTY and non-COUNTY programs.

- 2 3. CONTRACTOR is required to send one representative to the cost report training annually held
3 by COUNTY regarding preparation of the year-end Cost Report. The COUNTY will notify
4 CONTRACTOR of the date(s) and time(s) of the training. Attendance at the training is
5 necessary annually in order to ensure that the Cost Reports are completed appropriately.
6 Failure to attend this training may result in delay of payment.
- 7 4. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been
8 received within forty-six (46) calendar days after the end of the COUNTY Fiscal year. If the
9 Cost Report is not postmarked in the forty-six (46) calendar day time frame, future monthly
10 reimbursements will be withheld until the COUNTY is in possession of a completed cost
11 report. Future monthly reimbursements will be withheld if the Cost Report contains errors
12 which are not corrected within ten (10) calendar days of written or verbal notification from the
13 COUNTY. Failure to meet any pre-approved deadline extensions will immediately result in
14 the withholding of future monthly reimbursements.
- 15 5. The Cost Report shall serve as the basis for year-end settlement to CONTRATOR including
16 a reconciliation and adjustment of all payments made to CONTRACTOR and all revenue
17 received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall
18 be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
- 19 6. All current and/or future contract service payments to CONTRACTOR will be withheld by
20 the COUNTY until the final current and prior year Cost Report(s) have been reconciled,
21 settled and signed by CONTRACTOR, and received and approved by the COUNTY.

22 **H. COST REPORT SETTLEMENTS:**

23 Final year-end settlement shall not exceed the Contract Maximum Obligation, less revenue, less
24 payment received, up to the Maximum Obligation as stated in Section B above.

25 **I. AUDITS:**

- 26 1. CONTRACTOR agrees that any duly authorized representative of the Federal Government,
27 the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any
28 pertinent records and documentation relating to this Agreement or previous Agreements in
29 previous years.
- 30 2. The COUNTY will conduct an Annual Program Monitoring Review and/or Contract
31 Monitoring Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed

1 a report summarizing the results of the site visit. A corrective Plan of Action will be
2 submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report.
3 CONTRACTOR'S failure to respond within thirty (30) calendar days will result in
4 withholding of payment until the corrective plan of action is received. CONTRACTOR'S
5 response shall identify time frames for implementing the corrective action. Failure to provide
6 adequate response or documentation for this or previous year's Agreements may result in
7 contract payment withholding and/or a disallowance to be paid in full upon demand.

- 8 3. If this contract is terminated in accordance with Paragraph 5, TERMINATION, Federal
9 and/or State governments may conduct a final audit of the CONTRACTOR. Final
10 reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are
11 known and all accounts are reconciled. Revenue collected by CONTRACTOR during this
12 period for services provided under the terms of this Agreement will be regarded as revenue
13 received and deducted as such from the final reimbursement claim.
- 14 4. Any audit exception resulting from an audit conducted by any duly authorized representative
15 of the Federal Government, the State or COUNTY shall be the responsibility of the
16 CONTRACTOR. Any audit disallowance adjustments may be paid in full upon demand or
17 withheld at the discretion of the Director of Mental Health against amounts due under this
18 Agreement or Agreements(s) in subsequent years.

19 **J. BANKRUPTCY:**

20 Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify County's
21 Department of Mental Health's Fiscal Services Unit, by certified letter with a courtesy copy to the
22 Department of Mental Health's Program Support Unit, in writing of such. The CONTRACTOR
23 shall submit a properly prepared Cost Report in accordance with the requirements and deadlines
24 set forth in Section G before final payment is made.

25 **K. DATA ENTRY:**

- 26 1. CONTRACTOR understands that as the COUNTY upgrades its current Data Collection
27 System to comply with Federal, State and/or local funding and service delivery requirements;
28 CONTRACTOR will be responsible for attending and receiving COUNTY training associated
29 with, but not limited to, applicable service data entry, billing and invoicing, and learning how
30 to appropriately and successfully utilize and/or operate the current and/or upgraded Data
31 Collection System as specified for use by the COUNTY under this Agreement. The COUNTY

1 will notify the CONTRACTOR when such training is required and available. In the event the
2 COUNTY'S specified Data Collection System changes prior to a new fiscal year, COUNTY
3 shall notify CONTRACTOR and provide immediate instructions and make subsequent
4 arrangements to facilitate such a change.

- 5 2. If required, CONTRACTOR is obligated to enter all units of services into the COUNTY'S
6 specified Data Collection System for the prior month no later than 5:00 p.m. on the fifth (5th)
7 working day of the current month. Late entry of services into the COUNTY's specified Data
8 Collection System may result in financial and/or service disallowances to the CONTRACTOR.

**SCHEDULE I
MENTAL HEALTH**

CONTRACT PROVIDER NAME: Community Connect	FISCAL YEAR: 2010/2011
NEGOTIATED RATE ()	ACTUAL COST (X)
NEGOTIATED NET AMOUNT ()	
FISCAL RU NUMBER: 410022xxxx-74720	SYSTEM RU NUMBER: 3367XX

	HELPLINE	211 Operator Training	Community Presentations	Brochures	TOTAL	
	1/12th	Actual Cost	Actual Cost	Actual Cost		
MODE OF SERVICE:	45	Training Hours	Presentation Hours	Per Brochure		
SERVICE FUNCTION:	20					
NUMBER OF UNITS:	10,000	240	45	2,000		
COST PER UNIT:	\$6.50	\$24.72	\$24.72	\$0.63		
GROSS COST:	\$65,000	\$5,933	\$1,112	\$1,260	\$73,305	
LESS REVENUES COLLECTED BY CONTRACTORS:						
A. PATIENT FEES	\$0	\$0	\$0	\$0	\$0	
B. PATIENT INSURANCE	\$0	\$0	\$0	\$0	\$0	
C. OTHER	\$0	\$0	\$0	\$0	\$0	
TOTAL CONTRACTOR REVENUES	\$0	\$0	\$0	\$0	\$0	
LESS MEDI-CAL/FFP	\$0	\$0	\$0	\$0	\$0	
MAXIMUM OBLIGATION	\$65,000	\$5,933	\$1,112	\$1,260	\$73,305	
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:						%
A. FEDERAL FUNDS	\$0	\$0	\$0	\$0		
B. REALIGNMENT FUNDS	\$0	\$0	\$0	\$0		
C. STATE GENERAL FUNDS	\$0	\$0	\$0	\$0		
D. COUNTY FUNDS	\$0	\$0	\$0	\$0		
E. MEDI-CAL MATCHING FUNDS:						
1. REALIGNMENT	\$0	\$0	\$0	\$0		
2.						
F. OTHER: MHS PEI	\$65,000	\$5,933	\$1,112	\$1,260	\$73,305	100.00%
TOTAL (SOURCES OF FUNDING)	\$65,000	\$5,933	\$1,112	\$1,260	\$73,305	100.00%

FUNDING SOURCES DOCUMENT: MHSA PEI Plan - Project #1 - MH Outreach, Awareness, and Stigma Reduction

ADMIN SERVICES ANALYST SIGNATURE: _____ DATE: _____

FISCAL SERVICES SIGNATURE: _____ DATE: _____

1 **FIRST AMENDMENT TO AGREEMENT**

2 **between**

3 **COUNTY OF RIVERSIDE AND CATHOLIC CHARITIES**

4 That certain agreement between the County of Riverside and Catholic Charities,
5 approved by the Board of Supervisors on March 1, 2011, Agenda Item 3.25 to provide Trauma
6 in Schools services is hereby amended, as follows:

7 Rescind and replace Exhibit C, page C-1 and the Schedule I (budget) with the attached
8 Exhibit C, page C-1 and Schedule I (budget).
9

10 All other terms and conditions of the Agreement shall remain the same.

11 **SIGNATURE:**

12 **CONTRACTOR:**

COUNTY OF RIVERSIDE

13
14
15 Signed: KFS

Bob Buster
Chairman, Board of Supervisors

16 Printed Name: Ken F. Sawyer, MSW

17 Date: 3/14/11

18 Date: _____

19
20 Title: CEO/Executive Vice President

21 **ATTEST:**
Kecia Harper-Ihem, Clerk of the Board

22 Address: 1450 N. "D" St.
San Bernardino
CA 92405

Deputy Clerk of the Board

23 **COUNTY COUNSEL**

24 Pamela Walls
County Counsel
25 Approved as to Form

26 By Larise R-McKenna 5/2/11
Deputy County Counsel
27 Larise R-McKenna
28

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: Catholic Charities San Bernardino/Riverside

PROGRAM NAME: Early Intervention for Trauma in Schools

DEPARTMENT ID: 41002xxxxx/74720/530280

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for fiscal year 2010/11 shall be \$164,997 for services provided as described in Exhibit A and for start-up costs associated with implementing this program, subject to availability of Federal, State, and local funds. The Schedule I attached herein specifies funding for Client Services and Start-up.

B. BUDGET:

Schedule I represents the budgetary details pursuant to this Agreement. Schedule I contains the reporting unit (RU) number, mode(s) of service, the service functions, the procedure codes, number of service units, anticipated revenues to be received, maximum obligation and sources of funding, pursuant to this Agreement. Schedule I also includes the amount of start-up funding necessary to get the program implemented.

C. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon one-twelfth (1/12th) of the aggregate total for all unit of service procedure codes. CONTRACTOR shall be paid in arrears the 1/12th amount of Contract Client Services provided that services are entered into the COUNTY approved data collection system(s) , no later than the fifth (5th) working day of each month, for the prior month. Late entry of

**SCHEDULE I
MENTAL HEALTH SERVICES ACT
CBITS - TRAUMA IN SCHOOLS**

CONTRACT PROVIDER NAME: **Catholic Charities San Bernardino/Riverside** FISCAL YEAR: **2010/2011**

ACTUAL COST (X)	NEGOTIATED NET AMOUNT (X)
DEPT ID/PROGRAM: 410022xxxx-74720	SYSTEM RU NUMBER: TBD

4 months of service

	Outpatient Mental Health Services	Mental Health Outreach	Start-up		TOTAL
TYPE OF MODALITY					
MODE OF SERVICE:	15	45			
SERVICE FUNCTION:	01-09; 10-59	00, 20			
UNIT MEASUREMENT	minute	hour			
PROCEDURE CODES:	360, 420, 440, 470	new TBD			
NUMBER OF UNITS:	n/a	n/a			0
COST PER UNIT:	n/a	n/a			
GROSS COST:	\$152,202		\$12,795		\$164,997
LESS REVENUES COLLECTED BY CONTRACTORS:					
A. PATIENT FEES					0
B. PATIENT INSURANCE					0
C. OTHER					0
TOTAL CONTRACTOR REVENUES					0
MAXIMUM OBLIGATION	\$164,997			\$0	\$164,997
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:					%
A. MHSA - PREVENTION AND EARLY INTERVENTION				\$164,997	100.00%
F. OTHER:					
TOTAL (SOURCES OF FUNDING)	\$164,997			\$164,997	100%

FUNDING SOURCES DOCUMENT: PEI Approved Budget FY 2010/11

ADMINISTRATIVE SERVICES SIGNATURE: _____

K. Berenson

FISCAL SERVICES SIGNATURE: _____