416

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

FROM: Riverside University Health Systems - Behavioral Health

SUBMITTAL DATE: September 14, 2015

SUBJECT: Approve and Accept Grant Number 1U79SM062464-01 between the Riverside University Health Systems - Behavioral Health (RUHS-BH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) for Fiscal Years 2015/2016 through 2019/2020 and Amend Salary Ordinance No. 440 pursuant to Resolution No. 440-9017 submitted herewith. (District: All) [$5,168,033] Federal 69% and State 31%

RECOMMENDED MOTION: That the Board of Supervisors:

1. Accept Grant Award 1U79SM062464-01 for a total amount of $5,168,033 with SAMHSA for the provision of the youth hospital intervention program for the period of September 30, 2015 through September 29, 2019;
2. Authorize the Director of Behavioral Health or designee, to sign the Grant related documents, and subsequent annual renewals in accordance with Riverside County Board of Supervisors Policy A-30;
3. Approve and direct the Auditor-Controller to make the budget adjustments applicable to FY15/16 as specified in Schedule A; and
4. Approve and Amend Salary Ordinance No. 440 pursuant to Resolution No. 440-9017 submitted herewith.

(Continued on page 2)

JW:TJ

Approved by Michael T. Stock
Asst. County Executive Officer/
Human Resources Director

Jerry Wengerd, Director
Behavioral Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 1,286,696	$ 1,311,430	$ 5,168,033	$	Consent ☐ Policy ☐
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0	

SOURCE OF FUNDS: 69% Federal and 31% In-Kind Match Using State-Funded Programs

Budget Adjustment: YES
For Fiscal Year: 15/16 – 19/20

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature BY: Christopher M. Hans

MINUTES OF THE BOARD OF SUPERVISORS

Prev. Agn. Ref.: | **District: All** | **Agenda Number:**

3-21

FORM APPROVED COUNTY COUNSEL
BY: GREGORY P. PRIAMOS
DATE 9/29/15

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY Susana Garcia-Bocanegra 10/7/15

Departmental Concurrence

☑ Positions Added ☐ Change Order

☑ A-30 ☒ 4/5 Vote

BACKGROUND:
Summary

The Riverside University Health Systems - Behavioral Health (RUHS-BH) has been awarded a four year grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) beginning September 30, 2015 through September 29, 2019 for the Youth Hospital Intervention Program (YHIP) to allow RUHS-BH to provide a team approach to evidence based treatment for youth at risk for psychiatric hospitalization. Receipt of these funds will be used to supply a team of mental health professionals that will cohort with parents who have lived the experience of raising a child with specialized mental health needs. These teams will work to divert children from psychiatric hospitalization, assist while in the emergency room and link to community based behavioral health programs.

RUHS-BH works in a continuum of care system to delivering a variety of mental health treatment services within each geographic region of Riverside County. As the project moves forward, collaborations with community and agency partners will enhance the overall success of this effort to support the decrease of children detained from emergency room in the child welfare system.

Therefore, the RUHS-BH is requesting that the Board of Supervisors approve and accept Grant Award 1U79SM062464-01 with SAMHSA for the provision of the youth hospital intervention program for the period of September 30, 2015 through September 29, 2019; authorize the Director of Behavioral Health or designee, to sign the Grant related documents and subsequent annual renewals; approve and direct the Auditor-Controller to make the budget adjustments applicable to FY15/16 as specified in Schedule A; and approve the amendment of Salary Ordinance No. 440 pursuant to Resolution No. 440-9017.

Impact on Citizens and Businesses
These services are a component of the Department's system of care aimed at improving the health and safety of consumers and the community. Acceptance of this grant will bring in $3.6 million to fund new services for youth at risk for psychiatric hospitalization.

Additional Fiscal Information
This grant requires a combined total of 31% match (see Exhibit A-2), which will be met through In-Kind Contributions from RUHS-BH. The Department anticipates being able to absorb ongoing costs through alternative funding such as Mental Health Services Act (MHSA) funds, Medi-Cal and EPSDT funds.

Contract History and Price Reasonableness
Under this grant award, RUHS-BH will receive $3,567,327 over a four year period from SAMHSA. Funding will be utilized to hire and train staff in various evidence-based treatments for youth at risk for psychiatric hospitalization under the YHIP program. The In-Kind match per year will be provided by RUHS-BH over the four year grant period. The match will be met by existing services provided by MHSA funds. No additional County funds are required.

Attachments:
Schedule A; Exhibit A-2; Notice of Award; Salary Ordinance No. 440 Report

SCHEDULE A

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH
BUDGET ADJUSTMENT
FISCAL YEAR 2015/2016

INCREASE APPROPRIATION:

10000-4100200000-510040	Regular Salaries	$259,456
10000-4100200000-518100	Budgeted Benefits	$322,858
10000-4100200000-520230	Cellular Phone	$1,000
10000-4100200000-523680	Office Equipment Non Fixed Assets	$93,300
10000-4100200000-523700	Office Supplies	$25,609
10000-4100200000-525440	Professional Services	$14,063
10000-4100200000-527180	Operational Supplies	$117,512
10000-4100200000-528140	Conference/Registration Fees	$5,625
10000-4100200000-530600	Client Flexible Support	$38,700
10000-4100200000-546320	Vehicles – Cars/Light Trucks	$80,985
		$959,108

INCREASE ESTIMATED REVENUE:

10000-4100200000-767200	Fed – Block Grants	**$959,108**

Exhibit A-2

Category	Federal Request For Year 1	Year 1 Non-Federal Match	Year 2 Federal Request	Year 2 Non-Federal Match	Year 3 Federal Request	Year 3 Non-Federal Match	Year 4 Federal Request	Year 4 Non-Federal Match
Personnel	670,501	235,581	697,321	245,005	725,214	254,805	509,610	509,610
Fringe	322,858	113,436	335,772	117,974	349,203	122,693	245,386	245,386
Travel	5,625	2,677	5,850	2,784	6,084	2,896	4,669	4,669
Equipment	175,285	33,127	-	-	-	-	-	-
Supplies	25,609	12,188	26,634	12,675	27,699	13,182	21,258	21,258
Contractual	14,063	6,693	14,625	6,961	15,211	7,239	11,674	11,674
Other	82,457	32,569	249,864	68,324	258,310	71,057	170,497	170,497
Total Direct Charges	1,296,399	436,272	1,330,067	453,723	1,381,721	471,872	963,094	963,094
Indirect Charges	73,755	12,478	76,705	12,977	79,774	13,496	56,057	26,992
Less Revenue	(411,046)	(121,163)	(422,032)	(140,010)	(474,986)	(157,745)	(382,182)	(371,283)
Total Project Costs	**959,108**	**327,588**	**984,740**	**326,690**	**986,509**	**327,624**	**636,970**	**618,804**

	Year 1	Year 2	Year 3	Year 4	Total
Federal Share	$ 959,108	$ 984,740	$ 986,509	$ 636,970	$ 3,567,327
Non-Federal Share	$ 327,588	$ 326,690	$ 327,624	$ 618,804	$ 1,600,706
Approved Budget	$ 1,286,696	$ 1,311,430	$ 1,314,133	$ 1,255,774	$ 5,168,033

	Percentages Each Year				
Federal Share	0.75	0.75	0.75	0.51	**0.69**
Non-Federal Share	0.25	0.25	0.25	0.49	**0.31**

Notice of Award

SOC-Expansion and Sustainability
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Issue Date: 07/07/2015

Grant Number: 1U79SM062464-01
FAIN: SM062464

Program Director:
Jerry Wengerd

Project Title: YOUTH HOSPITAL INTERVENTION PROGRAM

Grantee Address	Business Address
RIVERSIDE COUNTY DEPARTMENT/ MENTAL HLTH Angela Igrisan Mental Health 4095 County Circle Drive Riverside, CA 925030000	Angela Igrisan Mental Health Services Administrator Riverside Co. Dept. of MH 3125 Meyers Street Riverside, CA 925030000

Budget Period: 09/30/2015 – 09/29/2016
Project Period: 09/30/2015 – 09/29/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of $959,108 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to RIVERSIDE COUNTY DEPARTMENT/ MENTAL HLTH in support of the above referenced project. This award is pursuant to the authority of Sections 561-565 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1U79SM062464-01

Award Calculation (U.S. Dollars)

Salaries and Wages	$259,456
Fringe Benefits	$322,858
Personnel Costs (Subtotal)	$582,314
Equipment	$175,285
Supplies	$25,609
Consortium/Contractual Cost	$14,063
Travel Costs	$5,625
Other	$82,457
Direct Cost	$885,353
Indirect Cost	$73,755
Approved Budget	$1,286,696
Federal Share	$959,108
Non-Federal Share	$327,588
Cumulative Prior Awards for this Budget Period	$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$959,108

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	$959,108
2	$984,740
3	$986,509
4	$636,970

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.104
EIN:	1956000930B3
Document Number:	15SM62464A
Fiscal Year:	2015

IC	CAN	Amount
SM	C96J550	$959,108

IC	CAN	2015	2016	2017	2018
SM	C96J550	$959,108	$984,740	$986,509	$636,970

SM Administrative Data:
PCC: CMHI / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U79SM062464-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1U79SM062464-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 45 CFR Part 75 as applicable.
d. The HHS Grants Policy Statement.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – SM Special Terms and Conditions – 1U79SM062464-01

REMARKS:

As a reminder all SAMHSA official notifications will be electronically mailed to your organization's Business Official address as identified in the HHS Checklist, Part C.

1) This award reflects approval of the budget submitted on April 10, 2015, as part of the application

2) By October 30, 2015, you must provide a further cost breakdown of the following:

a. Consultant - Socia Media for $14,063.
b. Other - Operating costs for $43,757-Federal, and $32,569-Non-Federal
c. Flex Account for client needs for $38,700
d. Equipment - Vehicles - for $27,000 ea. It is not clear whether these vehicles are to be purchased or leased. Also, provide three price quotes. Provide a more detailed justification the need to purchase or lease three vehicles,

All responses to requests mus be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

Special Condition of Award for Grants with a Marginal or Unacceptable Section Rating as Noted In the Summary Statements:

By October 30, 2015 you must submit the requested information electronically to the grants management specialist and government project officer:

The application submitted received a marginal rating for Section C: Expectations and Required Activities Approach.

For Section C: Expectations and Required Activities, reviewers noted the project timeline is presented in three month intervals; however some key activities may require more time to be achieved. The narrative addresses the development of a "consumer-driven treatment mode," but it does not specifically articulate how services will be family-driven/youth-guided, nor does it clearly demonstrate the engagement of family and youth in their treatment. In addition there is no clear description of how family and youth will be involved in planning, governance, evaluation and oversight, and expansion efforts. Trauma related activities are not explicitly addressed in spite of approach being to expand crisis intervention. The applicant organization also does not discuss the required activity to provide respite care. Although collaboration with other child-serving systems and agencies is mentioned in prior sections of the application, it is not addressed here. Training/workforce development to help staff and providers in the community identify mental health or substance abuse issues and/or provide effective services is also not discussed in this section. Finally, the applicant organization simply states that it will develop outreach and engagement strategies but does not include specific plans for doing so.

To ensure the grantee meets acceptable standards for these sections, you must submit the following information:

For Section C: Expectations and Required Activities Approach

- Review the project timeline that was submitted in your application and submit a revised timeline for key activities that may require more than three months to complete and/or accomplish.
- List or describe what is meant by the development of a "consumer-driven treatment mode," and specifically articulate how services will be family-driven/youth-guided and how family and youth will be engaged in their treatment.
- Provide a clear discussion on how family and youth will be involved in planning, governance, evaluation and oversight, and expansion efforts.
- Provide a clear discussion on how trauma related activities are to be incorporated in the service system.
- Provide a clear discussion on how your organization is going to provide respite care which is a required activity of the program.
- Provide a discussion on how your organization will collaborate with other child-serving systems and agencies.
- Provide a clear discussion on how your organization will provide training/workforce development to help staff and providers in the community identify mental health or substance abuse issues and/or provide effective services.
- Provide a clear discussion on your organizations plan to develop outreach and engagement strategies to identify and engage you and families.

SPECIAL TERM(s) OF AWARD:

DOMA:

On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in [insert program title]. This means that, as a recipient of SAMHSA funding [insert program title], you are required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

Disparity Impact Statement (DIS):

By November 30, 2015, you must:
Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/disparity-impact-statement.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training and/or technical assistance activities.
The disparity impact statement, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be [choose either: served, reached or trained] by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

a. Diverse cultural health beliefs and practices;
b. Preferred languages; and
c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:

http://www.samhsa.gov/grants/grants-management/notice-award-nos/standard-terms-conditions **(COOPERATIVE AGREEMENT)**

Key staff (or key staff positions, if staff has not been selected) are listed below:

Jerry Wengerd, Project Director (On Checklist form)
Angela Igrisan, Project Manager @ 100% level of effort

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

REPORTING REQUIREMENTS:

Submission of a Programmatic (annual, semi-annual or quarterly) Report is due no later than the dates as follows:

1st Report - January 30, 2016
2nd Report - March 30, 2016
3rd Report - June 30, 2016
4th Report - September 30,2016

Please submit your Programmatic (annual, semi-annual or quarterly) Report to DGMProgressReports@samhsa.hhs.gov and copy your Program Official.
(HARD COPIES SUBMISSION IS NOT REQUIRED)

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Lisa Rubenstein, Program Official
Phone: (240) 276-1927 **Email:** Lisa.Rubenstein@samhsa.hhs.gov **Fax:** (240) 276-1990

Gwendolyn Simpson, Grants Specialist
Phone: 240-276-1408 **Email:** gwendolyn.simpson@samhsa.hhs.gov **Fax:** 240-276-1430

RESOLUTION NO. 440-9017

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on October 20, 2015, that pursuant to Section 4(a)(ii) of Ordinance No. 440, the Mental Health Director is authorized to make the following listed change(s), operative on the date of approval, as follows:

Job Code	+/-	Department ID	Class Title
57745	+ 3	4100200000	Behavioral Health Specialist II
79742	+ 6	4100200000	Clinical Therapist II
79726	+ 9	4100200000	Mental Health Peer Specialist
13866	+ 4	4100200000	Office Assistant III

/kc
10/07/2015
440 Resolutions\KC