

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



ITEM  
3.28  
(ID # 7124)

MEETING DATE:

Tuesday, June 12, 2018

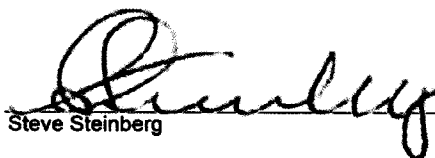
FROM : RUHS-BEHAVIORAL HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Approval of Agreement #17MHSPAC063 with the Mental Health Services Oversight and Accountability Commission. Districts: All [\$2,035,073 for 3 Years], State 100%

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Director of Behavioral Health or designee to sign Agreement No. 17MHSOAC063 between the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Riverside University Health System – Behavioral Health (RUHS-BH) in the amount of \$2,035,073 through June 30, 2021; and
2. Authorize the Director of Behavioral or designee to sign ministerial amendments certifications, reports and other grant related documents for Agreement No. 17MHSOAC063 and to administer the program.

ACTION: Policy

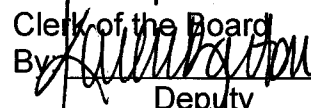
  
Steve Steinberg 5/30/2018

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MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley  
Nays: None  
Absent: None  
Date: June 12, 2018  
xc: Behavioral Health

Kecja Harper-Ihem  
Clerk of the Board  
By   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$584,861	\$2,035,073	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS: State 100%</b>			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b>	18/19 – 20/21

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

In 2013, RUHS-BH was awarded a MHSOAC and California Health Facilities Financing Authority (CHFFA) grants to provide community based triage and mobile response for adults in collaboration with hospital emergency rooms and law enforcement. Over the course of providing these services, what materialized was a substantial need for crisis services to youth. Agreement #MHSOAC063 provides RUHS-BH with funding to establish the Resilient Outcomes in the Community for Kids and Youth (ROCKY) program. The ROCKY program seeks to develop and refine youth triage crisis services by expanding the capacity of existing RUHS-BH community based crisis intervention response with the addition of teams that specialize in youth services. The ROCKY program will be available Monday – Friday; 9:00 AM to 5:30 PM and will provide specialized crisis resolution services and supports in elementary, middle and high schools. Additionally, teams will respond to community colleges, youth shelters and foster family homes, as well as, other community locations. In order to intervene early in the cycle of crisis, the ROCKY program will also utilize Transitional Age Youth (TAY) Peer Support Specialists to provide preventative engagement and supports to youth in high school that have been identified by school personnel as “high risk” for having a mental health crisis. TAY Peer Support Specialists are individuals that have experienced mental health challenges and have received behavioral health services and may have experiences in other youth serving systems such as Child Welfare, Probation or Special Education. The TAY Peer Support Specialists will outreach and engage these students, introducing and utilizing recovery and resilience techniques and providing education on coping skills, assisting with system navigation and facilitating linkage to resources. It is anticipated that ROCKY will provide services to over 800 youth annually.

**Impact on Residents 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.

**Additional Fiscal Information**

The FY1819 program cost is \$584,861 and RUHS-BH has sufficient appropriations in the FY18/19 budget. The remaining balance of \$1,450,212 will be budgeted through the normal budget process for FY1920 and FY2021. No additional County funds are required.

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
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Melissa Noone, Associate Management Analyst

6/4/2018

  
Gregory V. Priamos, Director County Counsel

5/30/2018

STATE OF CALIFORNIA  
**STANDARD AGREEMENT**

STD 213 (Rev 06/03)

AGREEMENT NUMBER <b>17MHSOAC063</b>
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:  



STATE AGENCY'S NAME	Mental Health Services Oversight and Accountability Commission
CONTRACTOR'S NAME	Riverside University Health System - Behavioral Health
- The term of this Agreement is:            Upon Execution            through    June 30, 2021
- The maximum amount of this Agreement is:    **\$ 2,035,073**  
TWO MILLION THIRTY FIVE THOUSAND SEVENTY THREE DOLLARS & NO CENTS
- The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	3 pages
Attachment A.1 - Program Implementation Plan Timeline	13 pages
Exhibit B – Budget Detail and Payment Provisions	2 pages
Attachment B.1 - Grant Award Claim Form	1 page
Attachment B.2 - Budget Worksheet	2 pages
Exhibit C * - General Terms and Conditions (GTC)	

RFA MHSOAC\_Triage\_003 and Grantee's application are hereby incorporated by reference and made part of this agreement

Items shown with an Asterisk (\*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at [www.ols.dgs.ca.gov/Standard+Language](http://www.ols.dgs.ca.gov/Standard+Language)

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

<b>CONTRACTOR</b>		<b>California Department of General Services Use Only</b>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) Riverside University Health System - Behavioral Health		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Steve Steinberg, Director		
ADDRESS 4095 County Circle Drive, Riverside, CA 92503		
<b>STATE OF CALIFORNIA</b>		
AGENCY NAME Mental Health Services Oversight and Accountability Commission		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Toby Ewing, Executive Director		
ADDRESS 1325 J Street, Suite 1700, Sacramento, CA 95814		
		<input checked="" type="checkbox"/> Exempt per: W & I 5897(f)

**MHSOAC USE ONLY**

State Master   
 Contractor   
 Contract Manager   
 Accounting   
 State Controller

**Exhibit A**  
**Scope of Work**

1. Riverside University Health System - Behavioral Health, hereafter referred to as Grantee, agrees to hire mental health triage personnel to provide a range of triage services to persons with mental illness requiring crisis intervention. As indicated in the Mental Health Wellness Act of 2013 triage personnel may provide targeted case management services face to face, by telephone, or by tele-health. The scope of work for this contract is contained in the Grant Application submitted by Grantee in response to the MHSOAC's Request for Applications RFA SB82\_TRIAGE\_003 (hereinafter, "RFA"). Grantee's Application is incorporated by reference and made part of this contract as if attached hereto.

**2. Grantee Implementation Plan**

Grantee shall implement the triage program described in Grantee's Triage Grant Application Attachment 7 Program Implementation Plan which is attached to this Exhibit A as "Attachment A.1".

**3. Contacts**

The representatives during the term of this agreement will be:

Direct all Triage Grant inquiries to:

<b>State Agency:</b> Mental Health Services Oversight & Accountability Commission	<b>Grantee:</b> Riverside University Health System - Behavioral Health
<b>Name, Title:</b> Cody Scott, Associate Governmental Program Analyst	<b>Name, Title:</b> Roderick Verbeck, Behavioral Health Service Administrator
<b>Phone</b> (916) 445-8696	<b>Phone:</b> (951) 955-1551
<b>Fax:</b> (916) 445-4927	<b>Fax:</b> (951) 955-1545
<b>Email:</b> cody.scott@mhsoc.ca.gov	<b>Email:</b> RWVerbeck@rcmhd.org

Direct all administrative inquiries to:

<b>State Agency:</b> Mental Health Services Oversight & Accountability Commission	<b>Grantee:</b> Riverside University Health System - Behavioral Health
<b>Section/Unit:</b> Administrative Services	<b>Section/Unit:</b>
<b>Attention:</b> Richard Thut	<b>Attention:</b> Roderick Verbeck, Behavioral Health Service Administrator
<b>Address:</b> 1325 J Street, Suite 1700 Sacramento, CA 95814	<b>Address:</b> 2085 Rustin Ave. Riverside, California 92507
<b>Phone:</b> (916) 445-8798	<b>Phone:</b> (951) 955-1551
<b>Fax:</b> (916) 445-4927	<b>Fax:</b> (951) 955-1545
<b>Email:</b> Richard.Thut@mhsoc.ca.gov	<b>Email:</b> RWVerbeck@rcmhd.org

Project representatives may be changed by written notice to the other party. Such notice shall be given within 30 days of the change.

#### **4. Grant Cycle (See RFA, Section IV.C.)**

This grant is approved for a three-year grant cycle, with funds allocated in quarterly installments.

Contract funding is based on the Grantee's compliance with the RFA requirements as submitted through Grantee's Application, which is incorporated by reference and made a part of this contract as if attached.

The Commission may withhold funds from Grantee if the Grantee fails to meet the reporting requirements, falls behind schedule, has unexpended funds, or modifies the scope of the program. If Grantee finds itself in this position, the Grantee shall immediately contact the Commission and provide a mitigation plan to address the contractual program deficiency. The Commission may withhold funds until an agreed upon mitigation plan is presented and accepted by the Commission.

#### **5. Reporting (See RFA, Section V.F.)**

Grantee shall provide information to the Commission on a quarterly basis within 30 days after the end of each reporting period. Quarterly reporting periods are hereby defined as July 1 – September 30, October 1 – December 31, January 1 – March 31, and April 1 – June 30.

The following reports are required to be submitted:

- a. Triage Hiring Report (See RFA, Section V.F.1.), quarterly.
- b. Statewide Evaluation Data (See RFA, Section V.F.2.)

- i. Grantee shall provide data based on the specifications and timelines defined by and agreed to by the Statewide Evaluation Contractor and the Commission.
- c. Expenditure Information (See *RFA, Section V.F.3.*)
  - i. Grantee shall report all Grant expenditure information in the Annual Fiscal Report within 30 days of the end of the program year. Annually Grantee is required to remit unexpended grant funds back to the Commission.

**6. Allowable Costs** (See *RFA, Section IV.E.*)

Grant funds must be used as proposed in the grant Application approved by the Commission as follows:

- a. Allowable costs include triage personnel and administration;
  - i. The amount budgeted for administration shall not exceed 15% of the total budget. This includes any administrative costs associated with contracted personnel.
- b. Grant funds may be used to supplement existing programs but may not be used to supplant existing financial and resource commitments of the grantee;
- c. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant

**7. County Triage Webpage** (See *RFA, Section V.C.4.b.*)

Grantee shall have a link on its home page that connects users to a County Triage Webpage. The link shall be named, "County Mental Health Triage Services". Information on the webpage shall include:

- a. The title of each triage grant program;
- b. A short description of each triage grant program;
- c. Direct contact information for each triage grant program, including phone number, email, and access point location addresses. If available, include walk-in assistance information.

**8. Statewide Evaluation** (See *RFA, Section V.E.*)

Grantee shall fully cooperate with the Commission's statewide evaluation contractor (hereinafter, "Evaluation Contractor") and ensure Grantee's collaborative partners also cooperate. Grantee shall collect relevant individual-level data, including but not limited to, encounter data. Grantee shall grant the Evaluation Contractor access to all relevant individual-level data collected and maintained by Grantee. Grantee shall ensure that its collaborative partners grant access to the Evaluation Contractor to all relevant individual-level data.

**9. Amendments**

This contract may be amended upon mutual consent of the parties. All amendments must be in writing and fully executed by authorized representatives of each party.

**ATTACHMENT A.1**

**PROGRAM IMPLEMENTATION PLAN TIMELINE**

**ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN**

Program Implementation Plan Timeline

Program Implementation Plan Timeline				
<b>V. C.1.1.</b>	<b>Program Implementation Plan Timeline</b>			
	Provide a Program Implementation Timeline for the requirements detailed in the Program Implementation Plan Narrative. The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Program Implementation Plan			
	<b>a. Recruitment strategy for triage staff</b>			
	<b>i. List specific strategies, activities and milestones</b>			
	1	Strategy: All RUHS-BH employees will be notified of vacant positions within their classification weekly. (This notification includes: Office Assistants, Peers, Behavioral Health Specialists, Clinical Therapists, and Behavioral Health Services Supervisors).	Beg Date: 07/02/18	End Date: 08/09/18
	1	Activity/Milestone: Post vacant positions for reassignment opportunity	07/02/18	
	2	Activity/Milestone: Identify potential staff	07/09/18	
	3	Activity/Milestone: Interview potential staff	07/16/18	
	4	Activity/Milestone: Conduct 2 <sup>nd</sup> interview if needed	07/23/18	
	5	Activity/Milestone: Make offer and contact current Supervisor	07/23/18	
6	Activity/Milestone: Start date for staff identified through reassignment opportunity	08/09/18	08/09/18	
2	Strategy: RUHS-BH will recruit graduating MSW and other Masters Level Interns from our advanced training collaborations with local Colleges/Universities. (This can include: MSW, MFT, Psychology, and LPC graduating students)	Beg Date: 07/02/18	End Date: 09/10/18	

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	1	Activity/Milestone: Notify our university collaborators of job postings. We will pre-notify them that positions will be coming prior to the official postings in order to expedite the hiring process.	07/02/18	
	2	Activity/Milestone: Identify potential candidates	08/13/18	
	3	Activity/Milestone: Interview candidates	08/20/18	
	4	Activity/Milestone: Conduct 2 <sup>nd</sup> interview if needed	08/27/18	
	5	Activity/Milestone: Contact references and make offers	08/27/18	
	6	Activity/Milestone: New employee start date	09/10/18	09/10/18
	3	Strategy: RUHS-BH will recruit Peer Support Specialist from RI International; Peer Employment Training (PET) and local NAMIs. (These positions can include: Peer Support Specialist, Family Advocates, and Parent Partners)	Beg. Date 07/02/18	End Date 09/10/18
	1	Activity/Milestone: Officially Notify RII and NAMIs of job postings. We will pre-notify them that we will have positions coming prior to the official posting in order to expedite the hiring process.	07/02/18	
	2	Activity/Milestone: Identify potential candidates	08/13/18	
	3	Activity/Milestone: Interview potential candidates	08/20/18	
	4	Activity/Milestone: Conduct 2 <sup>nd</sup> interview if needed	08/27/18	
	5	Activity/Milestone: Contact references and make offers	08/27/18	

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	6	Activity/Milestone: New employee start date	09/10/18	09/10/18
	4	Strategy:	Beg. Date	End Date
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
	5	Activity/Milestone:		
	6	Activity/Milestone:		
	5	Strategy:	Beg. Date	End Date
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
5	Activity/Milestone:			
6	Activity/Milestone:			
	ii.	List all employee classifications individually. Include estimated hiring dates	Est. Hire Date	Peer (Yes/No)

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	1	Employee classification: Behavioral Health Services Supervisor (BHSS) Recruiting priority so BHSS can be involved in hiring and program start up as soon as possible	08/06/18 or sooner if reassigned 09/10/18 or sooner if new hire	Not a requirement of the position but the candidate could have lived experience.
	2	Employee classification: Clinical Therapist (CT III)	08/06/18 if reassigned 09/10/18 if new hire	Not a requirement of the position but the candidate could have lived experience.
	3	Employee classification: Behavioral Health Specialist (BHS I/II)	08/06/18 if reassigned 09/10/18 if new hire	Not a requirement of the position but the candidate could have lived experience.
	4	Employee classification: Peer Support Specialist-TAY (PSS)	08/06/18 if reassigned 09/10/18 if new hire	Yes, required
	5	Employee classification: Peer Support Specialist-Parent Partner (PSS)	08/06/18 if reassigned 09/10/18 if new hire	Yes, required
	6	Employee classification: Office Assistant (OA II)	08/06/18 if reassigned 09/10/18 if new hire	Not a requirement of the position but the candidate could have lived experience.
	7	Employee classification:		
	8	Employee classification:		
	9	Employee classification:		

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	10	Employee classification:			
	11	Employee classification:			
	12	Employee classification:			
	13	Employee classification:			
	14	Employee classification:			
	15	Employee classification:			
	iii.		List all Contractor positions/classifications individually. Include estimated hiring dates	Est. Hire Date	Peer (Yes/No)
	1	Contractor position/classification: The ROCKY Program will be staffed by RUHS-BH employees. There will be no Contractor positions.	Not Applicable	Not Applicable	
	2	Contractor position/classification:			
	3	Contractor position/classification:			
	4	Contractor position/classification:			
	5	Contractor position/classification:			
	6	Contractor position/classification:			
	7	Contractor position/classification:			
	8	Contractor position/classification:			
9	Contractor position/classification:				
10	Contractor position/classification:				
11	Contractor position/classification:				

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	12	Contractor position/classification:			
	13	Contractor position/classification:			
	14	Contractor position/classification:			
	15	Contractor position/classification:			
	<b>b. Retention strategy for triage staff</b>				
	<b>i. List specific strategies, activities and milestones</b>				
		1	Strategy: RUHS-BH will provide daily and ongoing in person and telephonic crisis supervision and support by highly qualified and committed Master and Doctorate Level Mental Health Professionals.	Beg. Date 09/10/18	End Date On-going
		1	Activity/Milestone: All ROCKY calls will be screened and dispatched through the RUHS-BH Crisis Call Center after review by a Licensed Supervisor and assessed for safety.	09/10/18	On-going
		2	Activity/Milestone: The ROCKY teams (Clinicians, BHSII's and Peers) will brief with the Licensed Supervisor prior to responding to the call.	09/10/18	On-going
		3	Activity/Milestone: ROCKY Staff will consult with a Licensed Supervisor during the call and at the time of disposition.	09/10/18	On-going
		4	Activity/Milestone: ROCKY staff will de-brief with a Licensed Supervisor after each call.	09/10/18	On-going
		5	Activity/Milestone:		
		6	Activity/Milestone:		
		2	Strategy: RUHS-BH will provide ongoing and daily crisis support and supervision for all Peer staff by highly qualified and committed Senior Peer staff and Master and Doctorate Level Mental Health Supervisors who work in constant collaboration with	Beg. Date 09/10/18	End Date On-going

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		each other and the Peer staff. (Senior Peer staff are provided by the Family Advocate and Consumer Affairs Programs to support the Crisis System of Care Peer staff)		
	1	Activity/Milestone: The ROCKY program Behavioral Health Service Supervisor/Crisis Triage Coordinator (BHSS) will be available to all ROCKY staff live and telephonic at all times throughout the ROCKY staff's shift.	09/10/18	On-going
	2	Activity/Milestone: The assigned ROCKY program Senior Peer will be available in person or by telephone at the request of the Peer Staff or the Crisis Triage Coordinator.	09/10/18	On-going
	3	Activity/Milestone: The assigned ROCKY program Senior Peer will provide individual consultation and check-ins with all ROCKY Peer staff on a regular scheduled basis.	09/10/18	On-going
	4	Activity/Milestone: The assigned ROCKY program Senior Peer will notify Peer staff of upcoming training opportunities and also provide group trainings to the staff	09/10/18	On-going
	5	Activity/Milestone:		
	6	Activity/Milestone:		
3		Strategy: RUHS-BH's ROCKY program will offer daytime hours Monday through Friday which is a highly sought after and rewarding work schedule for RUHS-BH Crisis staff who traditionally work nights and weekends.	Beg. Date 09/10/18	End Date On-going
	1	Activity/Milestone: Include work schedule on all job postings, including the internal reassignment postings so that potential staff are informed.	07/02/18	On-going
	2	Activity/Milestone:		
	3	Activity/Milestone		

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	4	Activity/Milestone:		
	5	Activity/Milestone:		
	4	Strategy: RUHS-BH will provide clinical hours and clinical supervision toward licensure to qualified and registered interns. Paid internships are sought after and rewarding for Crisis staff.	Beg. Date 09/10/18	End Date On-going, as staff start and staff change
	1	Activity/Milestone: Meet with a Clinical Supervisor to discuss training and required clinical supervision needs.	09/17/18	On-going
	2	Activity/Milestone: Gather necessary paperwork and agreements from their respective licensing boards.	09/21/18	On-going
	3	Activity/Milestone: Formalize supervision agreements.	09/28/18	On-going
	4	Activity/Milestone: Set individual and group supervision schedule.	09/28/18	On-going
	5	Activity/Milestone: Commence clinical supervision.	10/01/18	On-going
	6	Activity/Milestone:		
	5	Strategy:	Beg. Date	End Date
1	Activity/Milestone:			
2	Activity/Milestone:			
3	Activity/Milestone:			
4	Activity/Milestone:			
5	Activity/Milestone:			
6	Activity/Milestone:			

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c. Training Plan Strategy			
i. List specific strategies, activities and milestones			
1	Strategy: RUHS-BH employees will successfully complete two (2) weeks of mandatory training through the Work Force, Education and Training (WET) Program.	Beg. Date 08/09/18 for reassigned staff 09/10/18 for new staff	End Date 08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
1	Activity/Milestone: Complete attendance of Organizational and Program Service Overview	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
2	Activity/Milestone: Complete attendance of Basic HIPPA and Confidentiality	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
3	Activity/Milestone: Complete attendance of Specialty Mental Health Criteria	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
4	Activity/Milestone: Complete attendance of Recovery and Resilience Based-Services	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
5	Activity/Milestone: Complete attendance of Electronic Medical Health Records	08/09/18 for reassigned	08/27/18 reassigned

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		staff	staff
		09/10/18 for new staff	09/24/18 for new staff or make-ups for reassigned staff
6	Activity/Milestone: Complete attendance of Assessment, Treatment Plans, and Mental Health Progress Notes (Documentation)	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
7	Activity/Milestone: Complete attendance of Service and Billing Codes/Reimbursement	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
8	Activity/Milestone: Complete attendance of Discharge Documentation Requirements	08/09/18 for reassigned staff 09/10/18 for new staff	08/27/18 reassigned staff 09/24/18 for new staff or make-ups for reassigned staff
2	Strategy: All ROCKY Triage Personnel will receive the following two week program specific intensive staff training	Beg. Date 09/24/18	End Date 10/08/18
1	Activity/Milestone: Complete attendance of Introduction to all RUHS-BH youth and family programs by region, services provided, and access protocols	09/24/18	10/08/18
2	Activity/Milestone: Complete attendance of Specific Training on Acute Level Care such as Medical and Psychiatric Hospitals, ED's, Crisis Stabilization Units, Mental Health Urgent Cares, Crisis Residential Treatment, and Full Service Partnerships (FSP's)	09/24/18	10/08/18

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	3	Activity/Milestone: Complete attendance of Training for all triage staff (Certification for BHS and CT staff) for 5150 and 5585.5 evaluation and detainment.	09/24/18	10/08/18
	4	Activity/Milestone: Complete attendance of Community Resource Training/Experts.	09/24/18	10/08/18
	5	Activity/Milestone: Complete attendance of Triage/Crisis Program specific orientation and operation protocols.	09/24/18	10/08/18
	6	Activity/Milestone: Complete attendance of Introductory Site Visits/Kick Off Meetings.	09/24/18	10/08/18
	7	Activity/Milestone: Complete attendance of Overview of the proposed on-going training plan and participation in the development of the ongoing training plan.	09/24/18	10/08/18
	3	<p>Strategy:</p> <p>RUHS-BH will provide initial and advanced staff trainings for the clinical staff, behavioral health specialist, and peer staff. Below are a few of the trainings that are offered by RUHS-BH but is not exhaustive. (Please see Attachment 6 for more information on the triage staff training plan.)</p>	<p>Beg. Date</p> <p>09/10/18</p>	<p>End Date</p> <p>On-going</p>
	1	Activity/Milestone: Complete attendance of Laws and Ethics training	Ongoing throughout the year.	Ongoing throughout the year.
	2	Activity/Milestone: Complete attendance of Child Abuse/Elder Abuse training	Ongoing throughout the year	Ongoing throughout the year
	3	Activity/Milestone: Complete attendance of	Ongoing throughout	Ongoing throughout

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		Recovery Model/Peer Navigation/Family Advocacy training	the year	the year
	4	Activity/Milestone: Complete attendance of Substance Abuse Treatment training	Ongoing throughout the year	Ongoing throughout the year
	5	Activity/Milestone: Complete attendance of 5150/5585.5 Certification training	Ongoing throughout the year	Ongoing throughout the year
	6	Activity/Milestone: Complete attendance of Clinical Supervision training	Ongoing throughout the year	Ongoing throughout the year
	7	Activity/Milestone: Complete attendance of Crisis Intervention training	Ongoing throughout the year	Ongoing throughout the year
	8	Activity/Milestone: Behavioral Health Specialist training series	Ongoing throughout the year	Ongoing throughout the year
	4	Strategy	Beg. Date	End Date
	1	Activity/Milestone:		
	2	Activity/Milestone:		
	3	Activity/Milestone:		
	4	Activity/Milestone:		
	5	Activity/Milestone:		
	6	Activity/Milestone:		
	5	Strategy:	Beg. Date	End Date

If more space is needed, or if this is a joint application, make a copy of this page and insert behind this one.

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			1 Activity/Milestone:		
			2 Activity/Milestone:		
			3 Activity/Milestone:		
			4 Activity/Milestone:		
			5 Activity/Milestone:		
			6 Activity/Milestone:		

If more space is needed, or if this is a joint application, make a copy of this page and insert behind this one.

## **EXHIBIT B**

### **BUDGET DETAIL AND PAYMENT PROVISIONS**

#### **1. INVOICING AND PAYMENT**

- A. The amount payable by the Commission to the Grantee is specified in Section 5, Payment Schedule.
- B. Grant Award Claim Form (Attachment B.1) shall be submitted no later than the first week after each quarterly reporting period and is subject to the Commission's review and approval before being paid.

#### **2. INSTRUCTION TO THE GRANTEE**

- A. To expedite the processing of the Grant Award Claim Form submitted to the Commission for fund distribution, Grantee shall submit one original and two copies of each Grant Award Claim Form to the Commission Grant Manager at the following address:

Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA, 95814

#### **3. BUDGET CONTINGENCY CLAUSE**

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall no longer be in full force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.
- C. If this contract overlaps federal and State fiscal years, should funds not be appropriated by or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.

D. In addition, this grant is subject to any additional restrictions, limitations, or conditions enacted by the Legislature which may affect the provisions or terms of funding of this grant in any manner.

#### 4. BUDGET DETAIL

The total amount of this Agreement shall not exceed \$2,035,073. Payment shall be made in accordance with the payment schedule below. The funds used for this Agreement may be used without regard to fiscal year.

#### 5. PAYMENT SCHEDULE

Grantee was approved for a grant cycle that covers three fiscal years (See Attachment B.2 – Budget Worksheet for approved funding amounts), with funds allocated annually at the beginning of each fiscal year. Payments will be made quarterly and the total amount of payments made in any fiscal year is to not exceed the amounts stated below. For each grant year Grantee may not exceed the total funds allocated for that grant year.

<b>Grant Year Disbursement</b>	<b>Grant Funding</b>
Grant Year 1	\$584,861
Grant Year 2	\$740,239
Grant Year 3	\$709,973
Grant Total	\$2,035,073

**ATTACHMENT B.1**  
**Investment in Mental Health Wellness Act of 2013 (Children 0-21)**  
**GRANT AWARD CLAIM FORM**

<b>To: Mental Health Services</b> Oversight and Accountability Commission 1325 J Street, Suite 1700 Sacramento, CA 95814 Attn: <u>Accounting Office</u>	<b>Check One</b> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/>	<b>Check One</b> Quarter 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Quarter 3 <input type="checkbox"/> Quarter 4 <input type="checkbox"/>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**From:** \_\_\_\_\_ **Contract No.:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Costs	A	B	C	D	
	Budget Amount	Beginning Balance	Adjustments	Current Expense	Ending Balance
Personnel					
Administration					

**Total Allowable Costs \$** \_\_\_\_\_

MHSOAC USE ONLY	FOR GRANTEE'S USE – Please use blue ink
I hereby certify that all services and required reports have been received pursuant to the contract/grant.  X _____ Signature Program Coordinator                      DATE  _____ Name of Signatory  _____ Phone	I CERTIFY that I am a duly appointed and acting officer of the herein named county/lead agency: that the costs being claimed are in all respects true, correct, and in accordance with the grant provisions, and that the funds were expended or obligated during the project year.  X _____ Signature of Mental Health/Behavioral                      DATE Health Director or designee/Grant Lead  _____ Name of Signatory  _____ Title

FOR MHSOAC ACCOUNTING USE ONLY		GRANTEE'S CONTACT INFORMATION
<b>SFY:</b> _____  <b>Grant Title:</b> MHSOAC Triage Grant <b>MHSA Grant</b> <b>Award:</b> _____ <b>PCA: 30118 INDEX: 1300 OBJECT CODE: 701</b>	FY 2013-14 <input type="checkbox"/> FY 2017-18 <input type="checkbox"/> FY 2014-15 <input type="checkbox"/> FY 2018-19 <input type="checkbox"/> FY 2015-16 <input type="checkbox"/> FY 2019-20 <input type="checkbox"/> FY 2016-17 <input type="checkbox"/> FY 2020-21 <input type="checkbox"/>	_____ Contact Person (Print)  _____ Phone

**ATTACHMENT B.2  
 BUDGET WORKSHEET**

**1. Grantee's Application Budget Worksheet (Attachment 11)**

MHSOAC  
 Mental Health Triage Personnel Children RFA

RFA 5882\_TRIAGE\_003  
 ATTACHMENT 11 - Budget Worksheet

<b>ATTACHMENT 11 BUDGET WORKSHEET</b>					
<b>County/Applicant: Riverside</b>					
(1) Hire Triage Staff (list individual role/classification) (add rows as needed)	(2) Hiring Month	(3) FY 1	(4) FY 2	(5) FY 3	(6) Total All Fys
Clinical Therapist II	1.5	59,743	70,325	72,435	202,503
Clinical Therapist II	1.5	59,743	70,325	72,435	202,503
Clinical Therapist II	2.5	54,053	70,325	72,435	196,813
Clinical Therapist II	2.5	54,053	70,325	72,435	196,813
MH Peer Specialist	1.5	31,993	37,661	38,791	108,445
MH Peer Specialist	1.5	31,993	37,661	38,791	108,445
MH Peer Specialist	2.5	28,946	37,661	38,791	105,398
MH Peer Specialist	2.5	28,946	37,661	38,791	105,398
MH Peer Specialist	2.5	28,946	37,661	38,791	105,398
MH Peer Specialist	2.5	28,946	37,661	38,791	105,398
Behavioral Health Specialist II	2.5	35,379	46,030	47,411	128,820
Behavioral Health Svcs Supv	1.5	73,867	86,951	89,560	250,378
Office Assistant II	2.5	26,884	34,977	36,027	97,888
<b>Subtotal - (7) Personal Services Salaries</b>		<b>543,492</b>	<b>675,224</b>	<b>695,483</b>	<b>1,914,199</b>
<b>Add: (8) Personal Services Benefits</b>		<b>261,581</b>	<b>343,730</b>	<b>354,042</b>	<b>959,353</b>
<b>(9) Total Personal Services</b>		<b>805,073</b>	<b>1,018,954</b>	<b>1,049,525</b>	<b>2,873,552</b>
(10) Hire Triage Contractors (if applicable, list individual role/classification) (Add rows as needed)	(7) Hiring Month	(11) FY1	(12) FY2	(13) FY3	(10) Total All Fys
					-
					-
					-
					-
					-
					-
					-
					-
<b>(14) Total Contracted Services</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>(15) Total Personal/Contracted Services</b>		<b>805,073</b>	<b>1,018,954</b>	<b>1,049,525</b>	<b>2,873,552</b>
<b>(16) Administration (includes indirect costs, overhead)</b>		<b>142,071</b>	<b>179,815</b>	<b>185,210</b>	<b>507,096</b>
<b>(17) Total Proposed Program Costs</b>		<b>947,144</b>	<b>1,198,769</b>	<b>1,234,735</b>	<b>3,380,648</b>



MHSOAC  
 Mental Health Triage Personnel Children RFA

RFA 5882\_TRIAGE\_003  
 ATTACHMENT 11 - Budget Worksheet

<b>ATTACHMENT 11 BUDGET WORKSHEET</b>				
<b>County/Applicant: Riverside</b>				
(18) Reimbursements, Offsets, Other Funding Sources				
County Budget Funds				-
Medi-Cal Reimbursements	201,268	254,739	262,381	718,388
Private Matching Funds	161,015	203,791	262,381	627,187
Other (list)				-
(19) Total Reimbursements, Offsets, Other Funding Sources	362,283	458,530	524,762	1,345,575
(20) Total Grant Funding Requested	584,861	740,239	709,973	2,035,073