



County of Siskiyou

Notice of Intent (NOI)

Department:	Behavioral Health
Project Manager/Contact No.	Tara Ames 530-841-4160
Department Director/Contact No.	Sarah Collard 530-841-2761
Project Name:	Mobile Crisis Siskiyou
Amount of Grant:	\$ 40,400
Last Updated:	2/3/2022

Project Description:

BH will contract with a consultant to assess the county's crisis needs, research best practices for mobile crisis services in rural areas, and develop the Mobile Crisis Action Plan. The goal for Track 1 funding is to identify the crisis needs of each quadrant of the county and how those communities can best utilize crisis services.

Summary:

Planning grants from DHCS are intended to assess the need, and develop an Action Plan to address the need, of crisis and non-crisis mobile programs. The focus of this funding opportunity is to support development and expansion of behavioral health crisis care mobile units (CCMUs) throughout California.

Approvals

Prepared by:

TARA AMES
Project Manager

Approved by:

SARAH COLLARD
Department Director

STEPHEN LEE
County Administrator Officer

ATTACHMENT
Grant Summary Form

This form is available on the County's Intranet.

County of Siskiyou
GRANT SUMMARY FORM

GENERAL INFORMATION

Grant Title		Grant No.(CFDA)	
Mobile Crisis Siskiyou			
General Description of Grant Work scope			
BH will contract with a consultant to assess the county's crisis needs, research best practices for mobile crisis services in rural areas, and develop the Mobile Crisis Action Plan. The goal for Track 1 funding is to identify the crisis needs of each quadrant of the county and how those communities can best utilize crisis services.			
Granting Agency <input checked="" type="checkbox"/> FED <input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER		Agency Contact	Phone No.
Department of Health Care Services		Monica Reeves	978-261-1483
Responsible Department		Department Contact	Extension No.
Behavioral Health		Sarah Collard	530-841-2761
Board Approval Date	Application Date	Award Date	Est'd Completion Date
	8/23/2021	10/11/2021	2/14/2023

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		
Soft/hard cash match or In kind (<>)		
Staffing	6,000.00	6,000.00
Contract Services	34,400.00	34,400.00
Supplies & Other Operating Expenditures	0.00	0.00
Capital Outlay	0.00	0.00
Indirect Cost@ % of Direct Costs	0.00	0.00
TOTAL GRANT COSTS AND REVENUES	\$ 40,400.00	\$ 40,400.00
How Was Grant Portion Determined?		
Grant portion was determined by the Department of Health Care Services (DHCS)		

Budget Amendment Request Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of Budget Appropriation Transfer

Does this grant allow for supplanting? Yes No
Does this grant allow for program income? Yes No
Will this require an advance of grant dollars? Yes No

OTHER COMMENTS (note any significant or unusual compliance requirements)

DHCS has contracted the oversight of this grant out to Advocates for Human Potential (AHP)

Use reverse side if necessary to provide additional information

Prepared By: 

Date: 2/3/2022

***Please attach a copy of the grant guidelines and all supporting documents that relate to the program cost summary section.