

2021 Grant Work Plan

Department **Human Services** Division 005 Fund 124 Program 471

Purpose of Grant (Brief description of work to be performed) **Integrated Crisis Care Network.**

This Agreement with the North Sound Behavioral Health Administrative Service Organization/Washington State provides State funding for Snohomish County's Community Involuntary Treatment Administration Program and Voluntary Crisis & Stabilization Services Program.

Existing/ongoing program Yes New program Yes
 Source of grant funding: Federal State Local Other

Grant Term: From 1/1/2021 to 12/31/2022

Grantor: **North Sound Behavioral Health Administrative Services Org.** Grant Award **\$8,157,610***

**Includes State, Medicaid, MHBG, and SABG funding

Is match required: Yes No If yes, match amount required: _____

Match Source (General Fund, Patient Fees, In-Kind, etc.). If County funded, enter DAC.

_____	DAC _____	Amount _____
_____	DAC _____	Amount _____

Total Resources \$8,157,610

EXPENDITURES

1. Internal Operations (Admin., Operations, Direct Service, etc.) (Estimated cost) **\$8,157,610**

Who will complete the work? Existing FTE(s) Existing project FTE(s) New FTE(s)

If new FTEs are needed, complete the following. Attach additional sheet if needed.

	# FTEs	Classification
	_____	_____
	_____	_____
Total FTEs	_____	

2. Pass Thru (Estimated cost) **\$0**

Total Expenditures \$8,157,610

*Total grant amount anticipated for two year grant term. One half, \$4,078,805, is included in the 2021 budget request.