

## Grant Work Plan

Department **Human Services** Division 005 Fund 124 Program 411, 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 1/1/2020 to 12/31/2021

Grantor: **North Sound Behavioral Health Administrative Services Org.** Grant Award **\$10,500,000\***

\*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      \$10,500,000**

### EXPENDITURES

**1. Internal Operations** (Admin., Operations, Direct Service, etc.) (Estimated cost)      **\$10,500,000\*\***

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      \$10,500,000**

\*\*Budgeted in 2020. Remainder of funds will be included in 2021 budget.