



AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210

Contract

Children's Mental Health Screening Grant Contract Amendment

Objective

The grant provides state-appropriated funds to support children's mental health screening, assessment, and mental health services to children in the child welfare system. This contract specifies Aitkin County Health and Human Services responsibilities and obligations as well as DHS's obligations in regards to this grant award.

Opportunity

The grant money received (\$14,422.00 for CY 2021) assists with paying for clinical services for children, CMH respite, support services, clinical supervision and administration fees.

Existing or New Contract

This is an amendment to an existing contact budget.

Changes to Existing Contract

The amount of the grant award has not changed. An amendment is required to update the individual budget lines that will cover actual costs associated with this program grant.

Timeline for Execution

January 1, 2021 to December 31, 2021

Conclusion

ACHHS is seeking the board's approval of this grant contract.

Amendment No. 1 for Grant Contract No. 186804

Contract Start Date:	1/1/2021	Original Contract Amount:	\$14,422
Original Contract Expiration Date:	12/31/2021	Previous Amendment(s) Total:	\$ 0
Current Contract Expiration Date:	12/31/2021	This Amendment:	\$ 0
Requested Contract Expiration Date:	12/31/2021	Total Contract Amount:	\$ 14,422

This amendment (“Amendment”) is by and between the State of Minnesota, through its Commissioner of the Minnesota Department of Human Services, Behavioral Health Division (“STATE”) and Aitkin County, located at 204 1st Street NW, Aitkin, MN 56431-1291, an independent contractor, not an employee of the State of Minnesota (“GRANTEE”).

Recitals

1. STATE has a grant contract with GRANTEE identified as Grant No. 186804 for mental health screenings, assessments, and referrals for diagnostic assessment and/or treatment for children within the child welfare and juvenile justice populations (prioritizing funds for uninsured and underinsured children. (Original Grant Contract);
2. The Original Grant Contract is being amended because STATE and GRANTEE agree that a budget revision is necessary for the satisfactory completion of the grant contract;
3. STATE and GRANTEE agree to amend the contract as stated below:

Contract Amendment

In this Amendment, changes to Original Grant Contract language will use ~~strike through~~ for deletions and underlining for insertions.

The parties agree to the following revisions:

REVISION 1: Clause 3.1, subclause 3.1. (a)., “Compensation” is amended as follows:

- a. **Compensation.** COUNTY will be paid in accordance with Revised Attachment 1, Budget, which is attached and incorporated into this CONTRACT.
 1. COUNTY must obtain STATE written approval before changing any part of the budget. Notwithstanding Clause 16.1 of CONTRACT, shifting of funds between budget line items does not require an amendment if the amount shifted does not exceed 10% of the smaller line item and when the total obligation and salaries/fringe benefits remain unchanged.

2. If COUNTY's approved budget changes proceed without an amendment pursuant to this clause, COUNTY must record the budget change in EGMS or on a form provided by STATE.

EXCEPT AS AMENDED HEREIN, THE TERMS AND CONDITIONS OF THE ORIGINAL GRANT CONTRACT AND ALL PREVIOUS AMENDMENTS REMAIN IN FULL FORCE AND EFFECT AND ARE INCORPORATED INTO THIS AMENDMENT BY REFERENCE.

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Signature page follows

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.

By: _____

Date: _____

Grant No: _____

2. GRANTEE

Signatory certifies that Grantee's articles of incorporation, by-laws, or corporate resolutions authorize Signatory both to sign on behalf of and bind the Grantee to the terms of this Agreement. Grantee and Signatory agree that the State Agency relies on the Signatory's certification herein.

By: _____

Title: _____

Date: _____

3. STATE AGENCY

Individual certifies the applicable provisions of Minnesota Statutes, section 16B.97, subdivision 1 and Minnesota Statutes, section 16B.98 are reaffirmed.

By (with delegated authority): _____

Title: _____

Date: _____

Attachment 1 Budget

BUDGET SUMMARY AND JUSTIFICATION FORM

Specify the grant amount received and detail all proposed expenses. The below form will expand or contract as necessary. The information should provide sufficient detail to justify the total amount budgeted in each category. The program budget must be complete and reasonable, must link to the proposed program activities, and must specify how the amounts for each budget item were determined. All information should be contained on the budget workbook, with no further narrative submitted.

The budget must contain a complete breakdown of budget category items and must also contain summary calculations and formulas for each item of cost in a category and the basis for each calculation.

In any case where a category item is not clearly related to the project goals or activities, additional justification should be provided. Salaries should be listed as FTE, hours per week, number of week times the rate of pay, equal total salary.

Do not directly enter dollar amounts on this Budget Summary tab. Enter dollar amounts on Budget Justification tabs and it will automatically enter onto the amounts on the Budget Summary Tab.

BUDGET SUMMARY Year 1		BUDGET SUMMARY Year 2		PROJECT TOTAL
January 1, 2021 to June 30, 2021		July 1, 2021 to December 31, 2021		
CATEGORY	TOTAL BUDGET FY21	CATEGORY	TOTAL BUDGET FY22	
Administration and Operating Expenses (Up to 25%)	\$ 1,252.75	Administration and Operating Expenses (Up to 25%)	\$ 1,252.75	
Data Collection and Reporting (up to 10%)	\$ 300.00	Data Collection and Reporting (up to 10%)	\$ 300.00	
Clinical Services Provided to Clients	\$ 3,000.00	Clinical Services Provided to Clients	\$ 3,800.00	
Ancillary or Supportive Services Provided to Clients	\$ 2,408.25	Ancillary or Supportive Services Provided to Clients	\$ 1,858.25	
Clinical Supervision of Screening Staff (up to 10%)	\$ -	Clinical Supervision of Screening Staff (up to 10%)	\$ -	
Training for Screening Staff (up to 10%)	\$ 250.00	Training for Screening Staff (up to 10%)	\$ -	
TOTAL FUNDS State FY 2021	\$ 7,211.00	TOTAL FUNDS State FY 2022	\$ 7,211.00	\$ 14,422.00

BUDGET SUMMARY AND JUSTIFICATION FORM

A separate budget justification is required for each State fiscal year (i.e. 1/1/21 - 6/30/21 =FY 1, 7/1/21 - 12/31/21 = FY 2). The tables below will expand as necessary. The budget justification must contain a complete breakdown of budget category items. The budget justification must also contain summary calculations and formulas for each item of cost in a category and the basis for each calculation. You may only use the categories below for allowable costs as stated in the category descriptions and/or DHS Bulletin #19-53-05. Salaries should be listed as FTE, hours per week, number of week times the rate of pay, equal total salary.

BUDGET JUSTIFICATION FY21: January 1, 2021 to June 30, 2021		
CATEGORY	JUSTIFICATION NARRATIVE	Year 1
Administration and Operating Expenses. (restricted to 25% of total grant) Only includes staff time in administering screens and entering data into SSIS or other database, and costs associated with purchasing approved screening tools and making copies. Does not include costs for hardware such as computers and cell phones.)	Staff time to complete assessments, costs to make copies, and costs of entering data into SSIS.	\$ 1,252.75
Data Collection and Reporting. (restricted to 10% of grant) Only includes staff time in collecting and reporting data to DHS through other means than SSIS.	Accounting and Child Protection Supervisor time to collect and report data. Accounting Supervisor 2 hours x \$30.29 Child Protection Worker 6 hours x \$37.84	\$ 300.00
Clinical Client Services. Includes only those services directly provided to clients and families such as diagnostic assessments, psychotherapy and other mental health treatment not reimbursable through MHCP or other insurance. May be used for co-pays for underinsured clients.	Diagnostic Assessments, therapy, family based services, medication management, and travel expenses to appointment for eligible clients.	\$ 3,000.00
Ancillary or Supportive Services. Includes services for clients and families such as respite care, skills/support groups, parent coaching/training, and other costs not reimbursable through MHCP or other insurance. May be used for co-pays for underinsured clients.	Client outreach and community education at health fairs and other community activities, parent education and respite for qualifying clients.	\$ 2,408.25
Clinical Supervision. (restricted to 10% of grant) Clinical supervision provided to only those staff who complete mental health screenings for grant purposes. (restricted to 10% of grant)	NA	\$ -
Staff Training. (restricted to 10% of grant) Trainings on mental health screenings, interpretation of results and other similar mental health focused trainings (allowable only for those staff who conduct screenings for grant purposes.)	Mental Health and Trauma informed training for staff.	\$ 250.00
TOTAL Budget Fiscal Year 1		\$ 7,211.00

BUDGET SUMMARY AND JUSTIFICATION FORM

A separate budget justification is required for each fiscal year (i.e. 1/1/21 - 6/30/21 =FY 1, 7/1/21 - 12/31/21 = FY 2). The tables below will expand as necessary. The budget justification must contain a complete breakdown of budget category items. The budget justification must also contain summary calculations and formulas for each item of cost in a category and the basis for each calculation. You may only use the categories below for allowable costs as stated in the category descriptions and/or DHS Bulletin #19-53-05. Salaries should be listed as FTE, hours per week, number of week times the rate of pay, equal total salary.

BUDGET JUSTIFICATION Year 2: July 1, 2021 to December 31, 2021		
CATEGORY	JUSTIFICATION NARRATIVE	Year 2
Administration and Operating Expenses. (restricted to 25% of total grant) Only includes staff time in administering screens and entering data into SSIS or other database, and costs associated with purchasing approved screening tools and making copies. Does not allow costs for hardware such as computers and cell phones.	Staff time to complete assessments, costs to make copies, and costs of entering data into SSIS.	\$ 1,252.75
Data Collection and Reporting. (restricted to 10% of grant) Only includes staff time in collecting and reporting data to DHS through other means than SSIS.	Accounting and Child Protection Supervisor time to collect and report data. Accounting Supervisor 2 hours x \$30.29 Child Protection Worker 6 hours x \$37.84	\$ 300.00
Clinical Client Services. Includes only those services directly provided to clients and families such as diagnostic assessments, psychotherapy and other mental health treatment not reimbursable through MHCP or other insurance. May be used for co-pays for underinsured clients.	Diagnostic Assessments, therapy, family based services, medication management, and travel expenses to appointment for eligible clients.	\$ 3,800.00
Ancillary or Supportive Services. Includes services for clients and families such as respite care, skills/support groups, parent coaching/training, and other costs not reimbursable through MHCP or other insurance. May be used for co-pays for underinsured clients.	Client outreach and community education at health fairs and other community activities, family based services/parenting education and respite for qualifying clients.	\$ 1,858.25
Clinical Supervision. (restricted to 10% of grant) Clinical supervision provided to only those staff who complete mental health screenings for grant purposes. (restricted to 10% of grant)	NA	\$ -
Staff Training. (restricted to 10% of grant) Trainings on mental health screenings, interpretation of results and other similar mental health focused trainings (allowable only for those staff who conduct screenings for grant purposes.)	Mental Health and Trauma informed training for staff.	\$ -
TOTAL Budget Fiscal Year 2		\$ 7,211.00