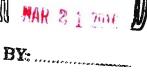


State of California—Health and Human Services Agency

Department of Health Care Services







March 11, 2016

Rebecca Slade, LMFT, BH Director Nevada County Behavioral Health 500 Crown Point Circle, Suite 120 Grass Valley, CA 95945

Dear Rebecca Slade:

We have reviewed Nevada county's original application package for renewal of your Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Community Mental Health Services Block Grant (MHBG) program for Fiscal Year 2015-2016.

All of the required documents have been received and are in compliance with the applicable federal and state requirements. Your program description and your enclosed budget(s) have been reviewed and approved.

Should you have any questions or plan on making revisions to the program or budget submitted, contact your Grants Management Analyst. To locate the analyst for your county, you may download the County Analyst Assignment List at the following link:

MHBG County Analyst Assignment List. If you have further questions or would like more information, you may email your analyst at MHBG@dhcs.ca.gov.

Sincerely,

Kimberly Wimberly, Chief Grants Management Unit

Enclosure(s)

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2015 - 2016

TYPE OF GRANT: MHBG	
COUNTY: Nevada	SUBMISSION DATE: 10/20/15 REV. 3/10/16
FISCAL CONTACT: Rebecca Fischer	PROGRAM CONTACT: Darryl Quinn
TELEPHONE NUMBER: (530)265-1287	TELEPHONE NUMBER: (530)265-2559
'EMAIL ADDRESS: rebecca.fischer@co.nevada.ca.us	E-MAIL ADDRESS: darryl.quinn@co.nevada.ca.us

PROGRAM NAME: Co-Occuring Disorders [County & Contracts] DDX

STAFFING	Ι			1	2		3
0	A	NNUAL	GRANT	LAST APPROVED	REQUEST OR		
TITLE OF POSITION		SALARY	FTE	BUDGET	CHANGE		TOTAL
Behavioral Health Therapist	\$	71,015	0.064		\$ 4,54	5 \$	4,545
2 Behavioral Health Worker	\$	45,003	0.004			0 \$	
3 Behavioral Health Program Manager	\$	88,335	0.018		\$ 1,59	0 \$	1,590
4 Benefits	\$	81,610			\$ 2,52	7 \$	2,527
5			_			\$	
6						\$	
7						\$	
B	ļ					- \$	
9						\$	
	<u> </u>					\$	
TOTAL STAFF EVENUES (227.222		_		\$	
TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$	285,963	0.09	-	\$ 8,84	==	
Consultant / Contract Costs (Itemize):						\$	
Detox Services (CoRR)-Contractor using evidence	bas	ed practice	S		\$ 4,53		
Peer Counselors (SPIRIT)-Contractor					\$ 7,23	_	
6						\$	
7 Equipment (Where feasible lease or rent) (Itemize)):					- \$	
<u> </u>						\$	
9 ==						\$	=
<u> </u>						\$	
1						\$	
Supplies (Itemize):						\$	
3						\$	
4						\$	
						\$	
						\$	-
Troval Dondier Milegra 9 Vahiala Daut-I/I again		_				\$	
Travel -Per diem, Mileage, & Vehicle Rental/Lease	:					_	
		_				\$	
Other Expenses (Itemize):						\$	<u> </u>
1						\$	
3						\$ \$	<u></u>
4						\$	
5						\$	
						\$	
COUNTY ADMINISTRATIVE COSTS (10% MHBC	3)				\$ 2,28	_	2,289
NET PROGRAM EXPENSES (sum lines 12 t		37)		\$ -	\$ 22,89	_	
OTHER FUNDING SOURCES: Federal Funds						+	
*Non-Federal Funds			_	<u></u>	<u> </u>	+	
TOTAL OTHER FUNDING SOURCES (sum lines 3	39 &	40)		\$ -	\$	- \$	
						T	
GROSS COST OF PROGRAM (sum lines 38 and	41)				\$ 22,89	9 \$	22,899

DHCS APPROVAL BY: D. Sutton TELEPHONE: 916 440 7498 DATE:

DHCS 1779 (06/15)

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FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2015 - 2016

TYPE OF GRANT:	MHBG

COUNTY: Nevada SUBMISSION DATE; 10/20/15 REV, 3/10/16

FISCAL CONTACT: Rebecca Fischer PROGRAM CONTACT: Darryl Quinn

TELEPHONE NUMBER: (530)265-1287 TELEPHONE NUMBER: (530)265-2559

PROGRAM NAME: Truckee Intake/Assessment

STAFFING				1		2		3
		NNUAL	GRANT	LAST APPROVED	REQU	EST OR		
TITLE OF POSITION		SALARY	FTE	BUDGET	CH	ANGE		TOTAL
Behavioral Health Therapist	\$	71,015	0.200		\$	14,247	\$	14,247.00
Behavioral Health Program Manager	\$	88,335	0.019	At-	\$	1,693	\$	1,693.00
Benefits	\$	63,740			\$	6,376	\$	6,376.00
<u>-</u>							\$ 6	
5							\$	
						-	\$	<u>-</u>
		_					\$	
			_		_		\$	-
							\$	
							\$	-
TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$	223,090	0.22	-	\$	22,316	\$	22,316
Consultant / Contract Costs (Itemize):						·	\$	-
						_	\$	
5							\$	
The sign and (AM) and for a library and (M)							\$	-
Equipment (Where feasible lease or rent) (Itemize):	:						\$	<u>-</u>
3							\$	
			-				\$	<u>-</u>
							\$	<u>-</u>
Supplies (Itemize):							\$	
3							\$	
							\$	
							\$	-
<u> </u>	_						\$	
							\$	
Travel -Per diem, Mileage, & Vehicle Rental/Lease					4		_	
Other France (Italian)				200	\$	949	\$	949
Other Expenses (Itemize):				-	_		\$	-
						<u> </u>	\$ \$	
				<u></u>			\$	
							\$	<u>-</u>
							\$	-
							\$	
COUNTY ADMINISTRATIVE COSTS (10% MHBG	3)			-	\$	2,585	\$	2,585
NET PROGRAM EXPENSES (sum lines 12 tl	hru	37)		\$ -	\$	25,850	\$	25,850
OTHER FUNDING SOURCES: Federal Funds								
Non-Federal Funds								
FOTAL OTHER FUNDING SOURCES (sum lines 3	39 &	40)		\$ -	\$	-	\$	
GROSS COST OF PROGRAM (sum lines 38 and	41)			\$	\$	25,850	\$	25,850

10/20/15 REV. 3/10/16

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2015 - 2016

TYPE OF GRANT:	MHBG		
		_	
COUNTY: Nevada	1		SUBMISSION DA

FISCAL CONTACT: Rebecca Fischer PROGRAM CONTACT: Darryl Quinn

TELEPHONE NUMBER: (530)265-1287 _______ TELEPHONE NUMBER: (530)265-2559

PROGRAM NAME: Children's System of Care-SMART Team

STAFFING			1		2		3
	ANNUAL	GRANT	LAST APPROVED		QUEST OR		
TITLE OF POSITION	SALARY	FTE	BUDGET		HANGE		TOTAL
Behavioral Health Therapist	\$ 70,95			\$	16,674	\$	16,674
Behavioral Health Supervisor	\$ 81,53			\$	1,223	\$	1,223
Benefits	\$ 61,01	8		\$	7,159	\$	7,159
						\$	
						\$	
						\$	
						\$	
-					=	\$	
						\$	
						\$	-
TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 213,50	1 0.25	\$ -	\$	25,056	\$	25,056
Consultant / Contract Costs (Itemize):					-,	\$	
Obligation Contract Cooks (Normacs).						\$	-
				_		\$	-
						\$	
Equipment (Where feasible lease or rent) (Itemize):					\$	
						\$	-
						\$:
0: 7						\$	
, V						\$	
Supplies (Itemize):						\$:
						\$	
·						\$	
						\$	•
						\$	
						\$	•
Travel -Per diem, Mileage, & Vehicle Rental/Lease	9				000	_	000
			-319	\$	262	\$	262
Other Expenses (Itemize):				-		\$	
				-		\$	•
						\$	
						\$	
						\$	<u>.</u>
						\$	
COUNTY ADMINISTRATIVE COSTS (10% MHB	G)			\$	2,813	\$	2,813
· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·
NET PROGRAM EXPENSES (sum lines 12	tnru 37)	_	-	\$	28,131	\$	28,131
OTHER FUNDING SOURCES: Federal Funds							·-
_Non-Federal Funds							
TOTAL OTHER FUNDING SOURCES (sum lines	39 & 40)		\$ -	\$		\$	
GROSS COST OF PROGRAM (sum lines 38 and	4 44)		\$ -	\$	28,131	\$	28,131

DHCS APPROVAL BY: D. Sutton TELEPHONE: 916 440 7498

DATE:

3/10/2016

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Page	1	

JEEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2015 - 2016

TYPE OF GRANT: MHBG

COUNTY: Nevada SUBMISSION DATE: 10/20/15 REV. 3/10/16

FISCAL CONTACT: Rebecca Fischer PROGRAM CONTACT: Darryl Quinn

TELEPHONE NUMBER: (530)265-1287 TELEPHONE NUMBER: (530)265-2559

EMAIL_ADDRESS: rebecca.fischer@co.nevada.ca.us E-MAIL ADDRESS: darryl.quinn@co.nevada.ca.us

PROGRAM NAME: Mental Health Court - Contract

STAFFING				1		2		3
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET		QUEST OR CHANGE		TOTAL
Behavioral Health Therapist	\$	71,015	0.087		\$		\$	6,178
Behavioral Health Supervisor	\$	81,530	0.045		\$	3,669	\$	3,669
Behavioral Health Program Manager	\$	88,335	0.018	127	\$	1,590	\$	1,590
Benefits	\$	96,352			\$	4,575	\$	4,575
				•	-		\$	
							\$	
							\$	
							\$	-
							\$	
							\$	
							\$	
TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$	337,232	0.15	\$·	\$	16,012	\$	16,012
Consultant / Contract Costs (Itemize):							\$	-
Mental Health Services-Turning Point-Contractor					\$	3,833	\$	3,833
(attends meetings, provides treatment summaries 8	k re	<u>conmendati</u>	ons				\$	<u> </u>
and consults)							\$	
Equipment (Where feasible lease or rent) (Itemize)	: <u> </u>						\$	
							\$	
<u> </u>							\$	
					_		\$	
Cupaline (there's a)							\$	<u> </u>
Supplies (Itemize):							\$	
							\$	-
							\$	
							\$	_
						-	\$ \$	-
Travel -Per diem, Mileage, & Vehicle Rental/Lease							Ф	
Travel - Fer diem, Mileage, & Verlicle Nerital/Lease							\$	
Other Expenses (Itemize):		_					\$	
Said: Experiodo (iterinizo).							\$	-
				<u> </u>			\$	<u>-</u>
							\$	
					3'		\$	-
							\$	
							\$	
COUNTY ADMINISTRATIVE COSTS (10% MHBC	3)				\$	2,205	\$	2,205
NET PROGRAM EXPENSES (sum lines 12 t	hru	37)		\$ -	\$	22,050	\$	22,050
OTHER FUNDING SOURCES: Federal Funds								
Non-Federal Funds								
TOTAL OTHER FUNDING SOURCES (sum lines 3	9 &	40)		\$ -	\$		\$	
	<u>4</u> 1)			\$ -	\$	22,050	\$	22,050-
EY. LL								

DHCS APPROVAL BY: D. Sutton 916 440 7498 TELEPHONE:

DATE:

3/10/2016

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2015 - 2016

TYPE OF GRANT:	MHBG

'COUNTY: Nevada SUBMISSION DATE: 10/20/15 REV. 3/10/16

FISCAL CONTACT: Rebecca Fischer PROGRAM CONTACT: Darryl Quinn

TELEPHONE NUMBER: (530)265-1287 TELEPHONE NUMBER: (530)265-2559

EMAIL ADDRESS: rebecca.fischer@co.nevada.ca.us E-MAIL ADDRESS: darryl.quinn@co.nevada.ca.us

PROGRAM NAME: Crisis Insight Respite Center		Contract	· FEP			
STAFFING			1	2	T	3
TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE		TOTAL
Peer Counselor	\$ 20,796			\$ 12,358	<u></u>	12,358
2 Benefits				\$ 9,916		9,916
3				, ,	\$	
4					\$	
5	_				\$	
6	ļ				\$	
/					\$	
o		 			\$	
0					\$ \$	
1					\$	
TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 20,796	0.59	\$ -	\$ 22,274		22,274
Consultant / Contract Costs (Itemize):					 	<u> </u>
Crisis Insight Respite Center-Turning Point-Contra	ctor			\$ 5,000	\$	5,000
(rent, utilities, insurance, startup costs)					\$	
6					\$	
7 Equipment (Where feasible lease or rent) (Itemize)	<u>):</u>				\$	
					\$	
					\$	
j					\$	
Supplies (Itemize):					\$	
3					\$	
1				<u> </u>	\$	
5					\$	·
3					\$	
7					\$	
Travel -Per diem, Mileage, & Vehicle Rental/Lease				_		
					\$	
Other Expenses (Itemize):					\$	
					\$	
2					\$	
					\$ \$	
					\$	
					\$	
COUNTY ADMINISTRATIVE COSTS (10% MHBC	3)		\$ -	\$ 3,030		3,030
NET PROGRAM EXPENSES (sum lines 12 t	hru 37)		\$ -	\$ 30,304		30,304
OTHER FUNDING SOURCES: Federal Funds					Ť	
Non-Federal Funds						
TOTAL OTHER FUNDING SOURCES (sum lines 3	39 & 40)		\$ -	\$ -	\$	
GROSS COST OF PROGRAM (sum lines 38 and	41)		\$ -	\$ 30,304	\$	30,304
The state of the s	•••		Ψ	Ψ 30,304	Ι Ψ	30,30

DHCS APPROVAL BY: D. Sutton

TELEPHONE:

916 440 7498

DATE:

3/10/2016