



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



Nicole
Allison

EDMUND G. BROWN JR.
GOVERNOR

RECEIVED
FEB 13
BY:

February 10, 2017

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

Dear Ms. Slade,

We have reviewed your 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 2016-2017.

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: [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: 2016 - 2017

TYPE OF GRANT: MHBG

COUNTY: Nevada

SUBMISSION DATE: 02/02/17 (revised)

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-Occurring Disorders (Contracts)

STAFFING			1	2	3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ -	0.00	\$ -	\$ -	\$ -
13	Consultant / Contract Costs (Itemize):					\$ -
14	Detox Services (CoRR) - Contractor using evidence based practices					\$ 4,537
15	Peer Counselors (SPIRIT) - Contractor					\$ 7,231
16	COD Services (CoRR) - Contractor					\$ 8,842
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22	Supplies (Itemize):					\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ -
29						\$ -
30	Other Expenses (Itemize):					\$ -
31						\$ -
32						\$ -
33						\$ -
34						\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$ 2,289
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ -		\$ 22,899
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)				\$ -	\$ 22,899

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

PROGRAM NAME: Truckee Intake / Assessment

STAFFING			1	2	3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Behavioral Health Therapist	\$ 75,884	0.20			\$ 14,892
2	Behavioral Health Program Manager	\$ 92,714	0.02			\$ 1,778
3	Benefits					\$ 6,669
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 168,598	0.22			\$ 23,339
13	Consultant / Contract Costs (Itemize):					\$ -
14						\$ -
15						\$ -
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22	Supplies (Itemize):					\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease					\$ 1,000
29						
30	Other Expenses (Itemize):					\$ -
31						\$ -
32						\$ -
33						\$ -
34						\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$ 2,704
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)					\$ 27,043
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)					\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)					\$ 27,043

DHCS APPROVAL BY: Tom Bone

TELEPHONE: 916-440-7640

DATE: 2/8/2017

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2016 - 2017

TYPE OF GRANT: MHBG

COUNTY: Nevada

SUBMISSION DATE: 02/02/17 (revised)

FISCAL CONTACT: Rebecca Fischer

PROGRAM CONTACT: Cindy Morgan

TELEPHONE NUMBER: (530) 265-1287

TELEPHONE NUMBER: (530) 265-1779

EMAIL ADDRESS: rebecca.fischer@co.nevada.ca.us

E-MAIL ADDRESS: cindy.morgan@co.nevada.ca.us

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

STAFFING		1		2		3	
TITLE OF POSITION		ANNUAL SALARY	GRANT FTE	LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL	
1	Behavioral Health Therapist	\$ 75,884	0.23			\$	17,453
2	Behavioral Health Supervisor	\$ 88,203	0.015			\$	1,323
3	Benefits					\$	7,448
4						\$	-
5						\$	-
6						\$	-
7						\$	-
8						\$	-
9						\$	-
10						\$	-
11						\$	-
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 164,087	0.25	\$ -	\$ -	\$	26,224
13	Consultant / Contract Costs (Itemize):					\$	-
14						\$	-
15						\$	-
16						\$	-
17	Equipment (Where feasible lease or rent) (Itemize):					\$	-
18						\$	-
19						\$	-
20						\$	-
21						\$	-
22	Supplies (Itemize):					\$	-
23						\$	-
24						\$	-
25						\$	-
26						\$	-
27						\$	-
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease						
29						\$	262
30	Other Expenses (Itemize):					\$	-
31						\$	-
32						\$	-
33						\$	-
34						\$	-
35						\$	-
36						\$	-
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)					\$	2,943
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ -	\$ -	\$	29,429
39	OTHER FUNDING SOURCES: Federal Funds						
40	Non-Federal Funds						
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$	-
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ -	\$ -	\$	29,429

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PROGRAM NAME: Mental Health Court - Contract

STAFFING			1	2	3
TITLE OF POSITION			LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Behavioral Health Therapist	\$ 75,884	0.086		\$ 6,520
2	Behavioral Health Supervisor	\$ 88,203	0.043		\$ 3,817
3	Behavioral Health Program Manager	\$ 92,714	0.018		\$ 1,657
4	Benefits				\$ 4,798
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)		\$ 256,801	0.15	\$ 16,792
13	Consultant / Contract Costs (Itemize):				\$ -
14	Mental Health Services - Turning Point (Contractor)				\$ 3,968
15	(attends meetings, provides treatment summaries and recommendations,				\$ -
16	and consults)				\$ -
17	Equipment (Where feasible lease or rent) (Itemize):				\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22	Supplies (Itemize):				\$ -
23					\$ -
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease				\$ -
29					\$ -
30	Other Expenses (Itemize):				\$ -
31					\$ -
32					\$ -
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)				\$ 2,306
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)				\$ 23,066
39	OTHER FUNDING SOURCES: Federal Funds				
40	Non-Federal Funds				
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)				\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)				\$ 23,066

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PROGRAM NAME: Crisis Insight Respite Center - Contract FEP

STAFFING			1	2	3
TITLE OF POSITION			LAST APPROVED BUDGET	REQUEST OR CHANGE	TOTAL
1	Program Manager	\$ 116,014	0.022		\$ 2,608
2	Peer Counselors - Turning Point (Contractor)	\$ 25,426	1.587		\$ 40,350
3	Management - Turning Point (Contractor)	\$ 56,577	0.058		\$ 3,292
4	Benefits				\$ 18,540
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)		\$ 198,017	1.67	\$ 64,790
13	Consultant / Contract Costs (Itemize):				\$ -
14	Crisis Insight Respite Center - Turning Point (Contractor)				\$ -
15	Training		\$ -		\$ 1,350
16					\$ -
17	Equipment (Where feasible lease or rent) (Itemize):				\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22	Supplies (Itemize):				\$ -
23					\$ -
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease				\$ -
29					\$ -
30	Other Expenses (Itemize):				\$ -
31					\$ -
32					\$ -
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% MHBG)				\$ 7,345
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)		\$ -	\$ -	\$ 73,485
39	OTHER FUNDING SOURCES: Federal Funds				
40	Non-Federal Funds				
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)		\$ -	\$ -	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)		\$ -	\$ -	\$ 73,485