

RESOLUTION No. 16-559

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION ACCEPTING FUNDS IN THE AMOUNT OF \$15,948 FOR THE RENEWAL SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) CENTER FOR MENTAL HEALTH SERVICES (CMHS) FOR THE PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) GRANT PROGRAM FOR FISCAL YEAR 2016/17

WHEREAS, a SAMHSA (Substance Abuse and Mental Health Services Administration) Federal Block Grant is available to the Nevada County Behavioral Health Department; and

WHEREAS, the monies awarded for this program will be used to continue to provide outreach services to mentally ill citizens who are homeless, including mentally ill veterans; and

WHEREAS, the program components include: supporting outreach specifically to the severely mentally ill who are homeless and connecting such individuals to mental health services, and other key services such as medical care, benefits, social services, housing and employment resources; and

WHEREAS, the approved grant allocation for Fiscal Year 2016/17 is \$15,948.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Nevada County Board of Supervisors accepts funds in the amount of \$15,948 for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) for the Projects for Assistance in Transition from Homelessness (PATH) Grant Program for Fiscal Year 2016/17.

Funds to be deposited into revenue account: 1589-40110-493-8301/446250.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 13th day of December, 2016, by the following vote of said Board:

| Ayes: | Supervisors Nathan H. Beason, Edward Scofield, Dan Mille Hank Weston and Richard Anderson. | | | | | |
|----------|---|--|--|--|--|--|
| Noes: | None. | | | | | |
| Absent: | None. | | | | | |
| Abstain: | None. | | | | | |

ATTEST:

JULIE PATTERSON HUNTER Clerk of the Board of Supervisors

Bothenth

BH(1) AC* 12/13/2016 cc:

1

Dan Miller, Chair



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



EDMUND G. BROWN JR. GOVERNOR

November 9, 2016

Rebecca Slade, LMFT, Interim Director Nevada County Behavioral 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) Projects for Assistance in Transition from Homelessness (PATH) Formula Grant program for State 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 at <u>PATH@dhcs.ca.gov</u>.

Sincerely,

KIMBERLY WIMBERLY, Chief Grants Management Unit

Enclosures

Department of Health Care Services Mental Health Services Division Grants Management Unit 1500 Capitol Avenue, MS 2704 Sacramento, CA 95814

State of California - Health and Human Services Agency

Department of Health Care Services Enclosure 8

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR 2016-17

| TYPE | OF | GRANT: | PATH |
|------|----|--------|------|
| | | | |

| COUNTY: | NEVADA |
|---------|--------|
| | |

FISCAL CONTACT: Rebecca Fischer

TELEPHONE NUMBER: (530) 265-1287

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

PROGRAM NAME: PATH SUBMISSION DATE: March 13, 2016 PROGRAM CONTACT: Yvonne Foley TELEPHONE NUMBER: (530) 470-2542 E-MAIL ADDRESS: yvonne.foley@co.nevada.ca.us

| STAFFING | 1 | | | T | 1 | <u> </u> | 2 | T | 3 |
|---|--------------------------------------|-------------|-------|-------|--|----------|--------------|----------|----------|
| | F | ANNUAL | GRANT | | FEDERAL PATH | NONF | EDERAL MATCH | | 3 |
| TITLE OF POSITION | 3 | SALARY | FTE | | AMOUNT | | AMOUNT | i i | TOTAL |
| Case Manager (includes veterans) | \$ | 34,750 | 0.286 | | 9,951 | | | \$ | 9,951.00 |
| Bookkeeper (includes veterans) | \$ | 55,000 | 0.01 | \$ | 550 | 1 | | \$ | 550.00 |
| Program Manager (includes veterans) | \$ | 138,713 | 0.017 | | | \$ | 2,358 | \$ | 2,358.12 |
| Accountant (includes veterans) | \$ | 53,186 | 0.018 | | | \$ | 957 | \$ | 957.35 |
| Benefits | _ | | | \$ | 2,014 | \$ | 1,826 | \$ | 3,839.88 |
| | | | | L | | | | \$ | - |
| | | | | | | | | \$ | - |
| | | | | | | | | \$ | - |
| | | | | | | | | \$ | - |
| | | | | | | | | \$ | - |
| TOTAL STAFF EXPENSES (sum lines 1 thru 11) | \$ | 281,649 | 0.33 | \$ | 12,515 | \$ | 5,141 | \$ | 47.050 |
| Consultant Costs (Itemize): | • | | 0100 | | 12,010 | Ψ | 5,141 | | 17,650 |
| | | | | | 1997d-0000 | | | \$ \$ | |
| | | | | | | | | \$ | - |
| | | | | | | | | \$ | |
| Equipment (Where feasible lease or rent) (Itemiz | e): | | | | | | | \$ | - |
| | | | | | W | | | \$ | |
| | | | | | | | | \$ | - |
| | | | | | | | | \$ | - |
| | | | | | | | | \$ | - |
| Supplies (Itemize): | | | | | | | | \$ | - |
| General office supplies, client related supplies (in | icluc | des veteran | s) | \$ | 400 | \$ | 100 | \$ | 500 |
| | | 5.0 | | | | | | \$ | - |
| | | | | | | | - | \$ | - |
| | | | | | | | | \$ | - |
| Travel -Per diem, Mileage, & Vehicle Rental/Leas | 20 | | | | | | | \$ | - |
| | | | | \$ | 1,511 | | | \$ | 4 544 |
| Other Expenses (Itemize): | | | | Ψ | 1,011 | | | | 1,511 |
| | | | | | | | | \$ \$ | - |
| | | | | | | | | \$ | - |
| | | | | | ······································ | | | \$ | - |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | \$ | 1,522 | \$ | 75 | \$ | 1,597 | |
| NET PROGRAM EXPENSES (sum lines 12 | thr | u 37) | | \$ | 15,948 | \$ | 5,316 | \$ | 21,264 |
| | OTHER FUNDING SOURCES: Federal Funds | | | | | | | | |
| OTHER FUNDING SOURCES: Federal Funds | | | | | | | | | |
| OTHER FUNDING SOURCES: Federal Funds Non-Federal Funds | | «x | | | ********* | | | | |
| OTHER FUNDING SOURCES: Federal Funds | 39 | & 40) | | | | \$ | - | \$ | - |

DHCS APPROVAL BY: Marilyn Abero TELEPHONE: 916 650-6538 DATE: 5/25/2016

DHCS 1779 P (4/13)

State of California - Health and Human Services Agency

Department of Health Care Services Enclosure 7

FEDERAL BUDGET SUMMARY TYPE OF GRANT: PATH

NEVADA

STATE FISCAL YEAR: 2016-17

COUNTY: FISCAL CONTACT: E-MAIL ADDRESS:

Rebecca Fischer TELEPHONE NUMBER: (530) 265-1287 rebecca.fischer@co.nevada.ca.us

| Barrana da ser da la compañía de la comp | UDGE | CATEGORIES | | | | |
|--|------|-------------------------------------|-----------------|-------|--|--|
| | | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | |
| Object Class Categories | | (1) Federal | (2) Non-Federal | | | |
| a. Personnel | \$ | 10,501 | \$ | 3,315 | | |
| b. Fringe Benefits | \$ | 2,014 | \$ | 1,826 | | |
| c. Travel | \$ | 1,511 | \$ | - | | |
| d. Equipment | \$ | - | \$ | - | | |
| e. Supplies | \$ | 400 | \$ | 100 | | |
| f. Contractual | \$ | - | \$ | - | | |
| g. Construction | \$ | - | \$ | - | | |
| h. Other | \$ | - | \$ | - | | |
| i. Total Direct Charges (sum of a -h) | \$ | 14,426 | \$ | 5,241 | | |
| j. Indirect Charges | \$ | 1,522 | \$ | 75 | | |
| k. TOTALS (sum of i and j) | \$ | 15,948 | \$ | 5,316 | | |

DHCS APPROVAL BY:Marilyn AberoTELEPHONE:916 650-6538DATE:5/25/2016

PATH 2016-17 Request for Application DHCS 1757 (4/13)