

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget**

Sutter and  
 County(ies): Yuba  
 Program Workplan # 1  
 Program Workplan Name 0-5 SED  
 1. Full  
 Service  
 Partnershi  
 Type of Funding p  
 Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 10 m/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: KB  
 Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: 30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$750			\$750
c. Housing				
i. Master Leases				\$0
ii. Subsidies	\$750			\$750
iii. Vouchers	\$500			\$500
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite)	\$3,250			\$3,250
f. Total Support Expenditures	\$5,250	\$0	\$0	\$5,250
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures	\$0			\$0
b. New Additional Personnel Expenditures	\$29,644			\$29,644
c. Employee Benefits	\$14,822			\$14,822
d. Total Personnel Expenditures	\$44,466	\$0	\$0	\$44,466
<b>3. Operating Expenditures</b>				
a. Professional Services	\$32,635			\$32,635
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$750			\$750
d. General Office Expenditures	\$750			\$750
e. Rent, Utilities and Equipment	\$4,000			\$4,000
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$38,135	\$0	\$0	\$38,135
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	<b>\$87,851</b>	<b>\$0</b>	<b>\$0</b>	<b>\$87,851</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0

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c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$29,414			\$29,414
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$27,943			\$27,943
d. Other Revenue				\$0
e. Total New Revenue	\$57,357	\$0	\$0	\$57,357
<b>3. Total Revenues</b>	\$57,357	\$0	\$0	\$57,357
<b>C. One-Time CSS Funding Expenditures</b>	\$101,000			\$101,000
<b>D. Total Funding Requirements</b>	\$131,494	\$0	\$0	\$131,494
<b>E. Percent of Total Funding Requirements for Full Service</b>				100.0%

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget**

Sutter and  
 County(ies): Yuba Fiscal Year: 2005-06  
 Program Workplan # 2 Date: 1/1/06

Urgent  
 Services  
 Program Workplan Name for Youth Page      of     

2. System  
 Developme

Type of Funding nt Months of Operation 3

Proposed Total Client Capacity of Program/Service: 45 m/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: KB

Client Capacity of Program/Service Expanded through MHSA: 45 Telephone Number: 30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite care)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditu	\$32,144			\$32,144
c. Employee Benefits	\$16,072			\$16,072
d. Total Personnel Expenditures	\$48,216	\$0	\$0	\$48,216
<b>3. Operating Expenditures</b>				
a. Professional Services	\$1,250			\$1,250
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,000			\$1,000
d. General Office Expenditures	\$2,500			\$2,500
e. Rent, Utilities and Equipment	\$500			\$500
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$5,250	\$0	\$0	\$5,250
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	<b>\$53,466</b>	<b>\$0</b>	<b>\$0</b>	<b>\$53,466</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0

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b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$31,801			\$31,801
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$30,211			\$30,211
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$62,013	\$0	\$0	\$62,013
<b>3. Total Revenues</b>	\$62,013	\$0	\$0	\$62,013
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$25,000</b>			<b>\$25,000</b>
<b>D. Total Funding Requirements</b>	<b>\$16,454</b>	<b>\$0</b>	<b>\$0</b>	<b>\$16,454</b>
<b>E. Percent of Total Funding Requirements for Full Service</b>				<b>5.0%</b>

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget**

Sutter and  
 County(ies): Yuba  
 Program Workplan # 3  
 Program Workplan Name TAY FSP  
 1. Full  
 Service  
 Partnershi  
 Type of Funding p  
 Months of Operation 3  
 Proposed Total Client Capacity of Program/Service: 15 m/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0  
 Client Capacity of Program/Service Expanded through MHSA: 15  
 Fiscal Year: 2005-06  
 Date: 1/1/06  
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 Prepared by: KB  
 Telephone Number: 30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite care)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditu	\$48,448			\$48,448
c. Employee Benefits	\$24,224			\$24,224
d. Total Personnel Expenditures	\$72,672	\$0	\$0	\$72,672
<b>3. Operating Expenditures</b>				
a. Professional Services	\$1,250			\$1,250
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$417			\$417
d. General Office Expenditures	\$625			\$625
e. Rent, Utilities and Equipment	\$2,400			\$2,400
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$4,692	\$0	\$0	\$4,692
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$77,364	\$0	\$0	\$77,364
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0

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c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$0			\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$92,700</b>			<b>\$92,700</b>
<b>D. Total Funding Requirements</b>	<b>\$170,064</b>	<b>\$0</b>	<b>\$0</b>	<b>\$170,064</b>
<b>E. Percent of Total Funding Requirements for Full Service</b>				<b>100.0%</b>

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget**

Sutter and  
 County(ies): Yuba Fiscal Year: 2005-06  
 Program Workplan # 4 Date: 1/1/06

Adult/Older  
 Adult  
 Homeless  
 Co-  
 occurring  
 Disorder  
 Program Workplan Name FSP Page      of     

1. Full  
 Service  
 Partnershi

Type of Funding p Months of Operation 3

Proposed Total Client Capacity of Program/Service: 30 m/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: KB

Client Capacity of Program/Service Expanded through MHSA: 30 Telephone Number: 30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies	\$2,500			\$2,500
iii. Vouchers				\$0
iv. Other Housing	\$750			\$750
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite care)				\$0
f. Total Support Expenditures	\$3,250	\$0	\$0	\$3,250
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditure	\$0			\$0
b. New Additional Personnel Expenditure	\$39,687			\$39,687
c. Employee Benefits	\$19,843			\$19,843
d. Total Personnel Expenditures	\$59,530	\$0	\$0	\$59,530
<b>3. Operating Expenditures</b>				
a. Professional Services	\$0			\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$722			\$722
d. General Office Expenditures	\$875			\$875
e. Rent, Utilities and Equipment	\$9,820			\$9,820
f. Medication and Medical Supports	\$750			\$750
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$12,167	\$0	\$0	\$12,167
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0

<b>5. Estimated Total Expenditures when service provider is not known</b>				<b>\$0</b>	
<b>6. Total Proposed Program Budget</b>		<b>\$74,947</b>	<b>\$0</b>	<b>\$0</b>	<b>\$74,947</b>
<b>B. Revenues</b>					
<b>1. Existing Revenues</b>					
a. Medi-Cal (FFP only)					\$0
b. Medicare/Patient Fees/Patient Insurance					\$0
c. Realignment					\$0
d. State General Funds					\$0
e. County Funds					\$0
f. Grants					
g. Other Revenue					\$0
h. Total Existing Revenues					\$0
<b>2. New Revenues</b>					
a. Medi-Cal (FFP only)					\$0
b. Medicare/Patient Fees/Patient Insurance					\$0
c. State General Funds					\$0
d. Other Revenue					\$0
e. Total New Revenue					\$0
<b>3. Total Revenues</b>					<b>\$0</b>
<b>C. One-Time CSS Funding Expenditures</b>		<b>\$70,000</b>			<b>\$70,000</b>
<b>D. Total Funding Requirements</b>		<b>\$144,947</b>	<b>\$0</b>	<b>\$0</b>	<b>\$144,947</b>
<b>E. Percent of Total Funding Requirements for Full Service</b>					<b>100.0%</b>



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget**

Sutter and  
 County(ies): Yuba Fiscal Year: 2005-06  
 Program Workplan # 5 Date: 1/1/06

Older Adult  
 Mobile  
 Assistance  
 Program Workplan Name Team Page      of     

2. System  
 Developme  
 Type of Funding nt Months of Operation 3

Proposed Total Client Capacity of Program/Service: 200 m/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: KB

Client Capacity of Program/Service Expanded through MHSA: 200 Telephone Number: 30822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite care)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditu	\$29,691			\$29,691
c. Employee Benefits	\$14,846			\$14,846
d. Total Personnel Expenditures	\$44,537	\$0	\$0	\$44,537
<b>3. Operating Expenditures</b>				
a. Professional Services	\$750			\$750
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$1,250			\$1,250
d. General Office Expenditures	\$750			\$750
e. Rent, Utilities and Equipment	\$8,520			\$8,520
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide d	\$1,250			\$1,250
h. Total Operating Expenditures	\$12,520	\$0	\$0	\$12,520
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	\$57,057	\$0	\$0	\$57,057
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				

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a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$30,359			\$30,359
b. Medicare/Patient Fees/Patient Insurance	\$5,337			\$5,337
c. State General Funds	\$0			\$0
d. Other Revenue				\$0
e. Total New Revenue	\$35,696	\$0	\$0	\$35,696
<b>3. Total Revenues</b>	<b>\$35,696</b>	<b>\$0</b>	<b>\$0</b>	<b>\$35,696</b>
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$49,000</b>			<b>\$49,000</b>
<b>D. Total Funding Requirements</b>	<b>\$70,361</b>	<b>\$0</b>	<b>\$0</b>	<b>\$70,361</b>
<b>E. Percent of Total Funding Requirements for Full Service</b>				<b>10.0%</b>

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget**

Sutter and  
 County(ies): Yuba Fiscal Year: 2005-06  
 Program Workplan # 6 Date: 1/1/06

Ethnic  
 Program Workplan Name Outreach Page      of     

2. System  
 Developme

Type of Funding nt Months of Operation 3

Proposed Total Client Capacity of Program/Service: 280 m/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: KB

Client Capacity of Program/Service Expanded through MHSA: 280 Telephone Number: 30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite care)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures	\$0			\$0
b. New Additional Personnel Expenditures	\$62,624			\$62,624
c. Employee Benefits	\$31,312			\$31,312
d. Total Personnel Expenditures	\$93,936	\$0	\$0	\$93,936
<b>3. Operating Expenditures</b>				
a. Professional Services	\$19,850			\$19,850
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,500			\$2,500
d. General Office Expenditures	\$2,000			\$2,000
e. Rent, Utilities and Equipment	\$10,700			\$10,700
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provided)	\$0			\$0
h. Total Operating Expenditures	\$35,050	\$0	\$0	\$35,050
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
<b>6. Total Proposed Program Budget</b>				
	<b>\$128,986</b>	<b>\$0</b>	<b>\$0</b>	<b>\$128,986</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0

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c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$12,885			\$12,885
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. State General Funds	\$1,530			\$1,530
d. Other Revenue				\$0
e. Total New Revenue	\$14,415	\$0	\$0	\$14,415
<b>3. Total Revenues</b>	\$14,415	\$0	\$0	\$14,415
<b>C. One-Time CSS Funding Expenditures</b>	<b>\$203,000</b>			<b>\$203,000</b>
<b>D. Total Funding Requirements</b>	<b>\$317,571</b>	<b>\$0</b>	<b>\$0</b>	<b>\$317,571</b>
<b>E. Percent of Total Funding Requirements for Full Service</b>				<b>20.0%</b>