Sutter and County(ies): Fiscal Year: 2006-07 Yuba Program Workplan # 1/1/06 Date: Program Workplan Name 0-5 SED Page \_\_\_\_ of \_ 1. Full Service Partnershi Type of Funding p Months of Operation 12 Proposed Total Client Capacity of Program/Service: 10 m/Service or Expansion New Existing Client Capacity of Program/Service: 0 Prepared by: KΒ lient 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
A. Expenditures				
1. Client, Family Member and Caregiver Support	Expenditures	5		
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$3,105			\$3,105
c. Housing				
i. Master Leases				\$0
ii. Subsidies	\$3,105			\$3,105
iii. Vouchers	\$2,070			\$2,070
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports	3			\$0
e. Other Support Expenditures (Respite	<u>\$13,455</u>			<u>\$13,455</u>
f. Total Support Expenditures	\$21,735	\$0	\$0	\$21,735
2. Personnel Expenditures				<u>Mat</u>
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditur	\$122,726			\$122,726
c. Employee Benefits	<u>\$61,363</u>			\$61,363
d. Total Personnel Expenditures	\$184,089	\$0	\$0	\$184,089
3. Operating Expenditures				
a. Professional Services	\$135,110			\$135,110
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,105			\$3,105
d. General Office Expenditures	\$3,105			\$3,105
e. Rent, Utilities and Equipment	\$16,560			\$16,560
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide of	lescription in l	budget narrati	ve)	<u>\$0</u>
h. Total Operating Expenditures	\$157,880	\$0	\$0	\$157,880
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	<del>\$</del> 0
5. Estimated Total Expenditures when service pro	ovider is not			\$0

6. Total Proposed Program Budget	\$363,704	\$0	\$0	\$363,704
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insur	ance			\$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
2. New Revenues				
a. Medi-Cal (FFP only)	\$121,773			\$121,773
b. Medicare/Patient Fees/Patient Insur	ance			\$0
c. State General Funds	\$115,684			\$115,684
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$237,457	\$0	\$0	\$237,457
3. Total Revenues	\$237,457	\$0	\$0	\$237,457
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$126,247	\$0	\$0	\$126,247
E. Percent of Total Funding Requirements for Full Servi	d			100.0%

Sutter and			
County(ies): Yuba		Fiscal Year:	2006-07
Program Workplan # 2	•	Date:	1/1/06
Urgent	•	_	
Services			
Program Workplan Name for Youth		Page	of
2. System	•		
Developme			
Type of Funding <u>nt</u>	_	Months of Operation	12
Proposed Total Client Capacity of Program/Service:	45	m/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	KB
lient Capacity of Program/Service Expanded through MHSA:	45	Telephone Number:	30/822-720

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support	Expenditures	5		
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				<u>\$0</u>
d. Employment and Education Supports	<b>;</b>			\$0
e. Other Support Expenditures (Respite	care)			<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				<u>Mat</u>
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditur	\$133,076			\$133,076
c. Employee Benefits	<u>\$66,538</u>			<u>\$66,538</u>
d. Total Personnel Expenditures	\$199,614	\$0	\$0	\$199,614
3. Operating Expenditures				
a. Professional Services	\$5,175			\$5,175
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,140			\$4,140
d. General Office Expenditures	\$10,350			\$10,350
e. Rent, Utilities and Equipment	\$2,070			\$2,070
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide o	lescription in l	budget narrat	ive)	<u>\$0</u>
h. Total Operating Expenditures	\$21,735	\$0	\$0	\$21,735
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0

5. Estimated Total Expenditures when service p	rovider is not kno	wn		\$0
6. Total Proposed Program Budget	\$221,349	\$0	\$0	\$221,349
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insur	rance			\$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
2. New Revenues				
a. Medi-Cal (FFP only)	\$131,657			\$131,657
b. Medicare/Patient Fees/Patient Insur	rance			\$0
c. State General Funds	\$125,074			\$125,074
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$256,731	\$0	\$0	\$256,731
3. Total Revenues	\$256,731	\$0	\$0	\$256,731
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	-\$35,382	\$0	\$0	-\$35,382
E. Percent of Total Funding Requirements for Full Serv	id			5.0%

Sutter and County(ies): Yuba Fiscal Year: 2006-07 Program Workplan # Date: 1/1/06 Program Workplan Name TAY FSP Page \_\_\_\_ of \_ 1. Full Service Partnershi Type of Funding p Months of Operation 12 Proposed Total Client Capacity of Program/Service: 15 m/Service or Expansion New Existing Client Capacity of Program/Service: Prepared by: 0 KΒ lient Capacity of Program/Service Expanded through MHSA: 15 Telephone Number: 30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support	Expenditure	S		
a. Clothing, Food and Hygiene	\$15,525			\$15,525
b. Travel and Transportation	\$2,588			\$2,588
c. Housing				
i. Master Leases	\$46,575			\$46,575
ii. Subsidies	\$16,301			\$16,301
iii. Vouchers	\$7,245			\$7,245
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures recreation				<u>\$12,110</u>
f. Total Support Expenditures	\$100,344	\$0	\$0	\$100,344
2. Personnel Expenditures				
a. Current Existing Personnel Expenditu				\$0
b. New Additional Personnel Expenditur	\$200,575			\$200,575
c. Employee Benefits	\$100,287			\$100,287
d. Total Personnel Expenditures	\$300,862	\$0	\$0	\$300,862
3. Operating Expenditures				
a. Professional Services	\$15,525			\$15,525
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,175			\$5,175
d. General Office Expenditures	\$7,763			\$7,763
e. Rent, Utilities and Equipment	\$29,808			\$29,808
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide d				<u>\$0</u>
h. Total Operating Expenditures	\$58,271	\$0	\$0	\$58,271
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service pro	ovider is not	known		\$0
6. Total Proposed Program Budget	\$459,477	\$0	\$0	\$459,477
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insura	nce			\$0

#### Sutter-Yuba Mental Health Services CSS Plan Draft

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
2. New Revenues				
a. Medi-Cal (FFP only)	\$91,510			\$91,510
b. Medicare/Patient Fees/Patient Insura	nce			\$0
c. State General Funds	\$0			\$0
d. Other Revenue	<u>\$1,350</u>			<u>\$1,350</u>
e. Total New Revenue	\$92,860	\$0	\$0	\$92,860
3. Total Revenues	\$92,860	\$0	\$0	\$92,860
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$366,617	\$0	\$0	\$366,617
E. Percent of Total Funding Requirements for Full Service				100.0%

Sutter and			
County(ies): Yuba		Fiscal Year:	2006-07
Program Workplan # 4		Date:	1/1/06
Adult/Older			
Adult			
Homeless			
Co-			
occurring			
Disorder			
Program Workplan NameFSP		Page _	of
1. Full			
Service			
Partnershi			
Type of Funding p		Months of Operation	12
Proposed Total Client Capacity of Program/Service:	30	_m/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	KB
lient 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
A. Expenditures				
1. Client, Family Member and Caregiver Support	Expenditure	S		
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies	\$10,350			\$10,350
iii. Vouchers				\$0
iv. Other Housing	<u>\$3,105</u>			<u>\$3,105</u>
d. Employment and Education Supports	3			\$0
e. Other Support Expenditures (Respite	care)			<u>\$0</u>
f. Total Support Expenditures	\$13,455	\$0	\$0	\$13,455
2. Personnel Expenditures				
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditur	\$164,303			\$164,303
c. Employee Benefits	\$82,151			<u>\$82,151</u>
d. Total Personnel Expenditures	\$246,454	\$0	\$0	\$246,454
3. Operating Expenditures				
a. Professional Services	\$0			\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$2,987			\$2,987
d. General Office Expenditures	\$3,623			\$3,623
e. Rent, Utilities and Equipment	\$40,655			\$40,655
f. Medication and Medical Supports	\$3,105			\$3,105
g. Other Operating Expenses (provide of	description in	budget narrat	ive)	<u>\$0</u>
h. Total Operating Expenditures	\$50,370	\$0	\$0	\$50,370
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0

5. Estimated Total Expenditures when service pro	ovider is not	known		\$0
6. Total Proposed Program Budget	\$310,279	\$0	\$0	\$310,279
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insura	nce			\$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
2. New Revenues				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insura	nce			\$0
c. State General Funds	\$0			\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$310,279	\$0	\$0	\$310,279
E. Percent of Total Funding Requirements for Full Service				100.0%

Sutter and			
County(ies): Yuba		Fiscal Year:	2006-07
Program Workplan # 5		Date:	1/1/06
Older Adult		_	_
Mobile			
Assistance			
Program Workplan NameTeam		Page	of
2. System			
Developme			
Type of Funding nt		Months of Operation	12
Proposed Total Client Capacity of Program/Service:	200	m/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	KB
lient Capacity of Program/Service Expanded through MHSA:	200	Telephone Number:	30/822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support	Expenditures	S		
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				<u>\$0</u>
d. Employment and Education Supports	3			\$0
e. Other Support Expenditures (Respite	care)			<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expendite	\$0			\$0
b. New Additional Personnel Expenditu	\$122,922			\$122,922
c. Employee Benefits	\$61,461			<u>\$61,461</u>
d. Total Personnel Expenditures	\$184,383	\$0	\$0	\$184,383
3. Operating Expenditures				
a. Professional Services	\$3,105			\$3,105
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,175			\$5,175
d. General Office Expenditures	\$3,105			\$3,105
e. Rent, Utilities and Equipment	\$35,273			\$35,273
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide of	\$5,17 <u>5</u>			\$5,175
h. Total Operating Expenditures	\$51,833	\$0	\$0	\$51,833
4. Program Management			·	
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service pr	ovider is not			\$0
6. Total Proposed Program Budget	\$236,216		\$0	\$236,216
B. Revenues			, ,	,
1. Existing Revenues				

#### Sutter-Yuba Mental Health Services CSS Plan Draft

a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insura	nce			\$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
2. New Revenues				
a. Medi-Cal (FFP only)	\$121,435			\$121,435
b. Medicare/Patient Fees/Patient Insura	\$21,348			\$21,348
c. State General Funds	\$0			\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$142,783	\$0	\$0	\$142,783
3. Total Revenues	\$142,783	\$0	\$0	\$142,783
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$93,433	\$0	\$0	\$93,433
E. Percent of Total Funding Requirements for Full Service				10.0%

Sutter and			
County(ies): Yuba		Fiscal Year:	2006-07
Program Workplan # 6		Date:	1/1/06
Ethnic			
Program Workplan Name Outreach		Page _	of
2. System			
Developme			
Type of Funding nt		Months of Operation	12
Proposed Total Client Capacity of Program/Service:	280	_m/Service or Expansion	New
Existing Client Capacity of Program/Service:	0	Prepared by:	KB
lient 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
A. Expenditures					
1. Client, Fan	nily Member and Caregiver Support	Expenditure	S		
а	. 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				<u>\$0</u>
d	. Employment and Education Supports	3			\$0
e	. Other Support Expenditures (Respite	care)			<u>\$0</u>
f.	Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel	Expenditures				
а	. Current Existing Personnel Expendito	\$0			\$0
b	. New Additional Personnel Expenditu	\$259,263			\$259,263
C	. Employee Benefits	\$129,632			\$129,632
d	. Total Personnel Expenditures	\$388,895	\$0	\$0	\$388,895
3. Operating	Expenditures				
а	. Professional Services	\$82,179			\$82,179
b	. Translation and Interpreter Services				\$0
C	. Travel and Transportation	\$10,350			\$10,350
d	. General Office Expenditures	\$8,280			\$8,280
e	. Rent, Utilities and Equipment	\$44,298			\$44,298
f.	Medication and Medical Supports	\$0			\$0
g	. Other Operating Expenses (provide of	<u>\$0</u>			\$0
h	. Total Operating Expenditures	\$145,107	\$0	\$0	\$145,107
4. Program N					•
_	. Existing Program Management				\$0
	. New Program Management				<u>\$0</u>
	. Total Program Management		\$0	\$0	\$0
	Total Expenditures when service pr	ovider is not			\$0
	osed Program Budget	\$534,002	\$0	\$0	\$534,002
B. Revenues	<u> </u>				-
1. Existing Re	evenues				
	. Medi-Cal (FFP only)				\$0
	. Medicare/Patient Fees/Patient Insura	1			\$0

### Sutter-Yuba Mental Health Services CSS Plan Draft

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
2. New Revenues				
a. Medi-Cal (FFP only)	\$53,345			\$53,345
b. Medicare/Patient Fees/Patient Insura	\$0			\$0
c. State General Funds	\$6,334			\$6,334
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$59,679	\$0	\$0	\$59,679
3. Total Revenues	\$59,679	\$0	\$0	\$59,679
C. One-Time CSS Funding Expenditures	\$0			\$0
D. Total Funding Requirements	\$474,323	\$0	\$0	\$474,323
E. Percent of Total Funding Requirements for Full Service				20.0%