

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
 Proposed Total Client Capacity of Program/Service: 10 m/Service or Expansion New
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSA: 10
 Fiscal Year: 2007-08
 Date: 1/1/06
 Page of
 Months of Operation 12
 Prepared by: KB
 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				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation	\$3,229			\$3,229
c. Housing				
i. Master Leases				\$0
ii. Subsidies	\$3,229			\$3,229
iii. Vouchers	\$2,153			\$2,153
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite)	\$13,993			\$13,993
f. Total Support Expenditures	\$22,604	\$0	\$0	\$22,604
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$0			\$0
b. New Additional Personnel Expenditures	\$127,635			\$127,635
c. Employee Benefits	\$63,818			\$63,818
d. Total Personnel Expenditures	\$191,453	\$0	\$0	\$191,453
3. Operating Expenditures				
a. Professional Services	\$140,514			\$140,514
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,229			\$3,229
d. General Office Expenditures	\$3,229			\$3,229
e. Rent, Utilities and Equipment	\$17,223			\$17,223
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$164,195	\$0	\$0	\$164,195
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$378,252	\$0	\$0	\$378,252
B. Revenues				
1. Existing Revenues				
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
2. New Revenues				
a. Medi-Cal (FFP only)	\$121,773			\$121,773
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$115,684			\$115,684
d. Other Revenue				\$0
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	\$140,795	\$0	\$0	\$140,795
E. Percent of Total Funding Requirements for Full Service				100.0%

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

Sutter and
 County(ies): Yuba Fiscal Year: 2007-08
 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 12

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: 30822-7200

	County Mental Health Department	Other Governmen tal Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditu	\$138,399			\$138,399
c. Employee Benefits	\$69,200			\$69,200
d. Total Personnel Expenditures	\$207,599	\$0	\$0	\$207,599
3. Operating Expenditures				
a. Professional Services	\$5,382			\$5,382
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,306			\$4,306
d. General Office Expenditures	\$10,764			\$10,764
e. Rent, Utilities and Equipment	\$2,153			\$2,153
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$22,605	\$0	\$0	\$22,605
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$230,204	\$0	\$0	\$230,204
B. Revenues				
1. Existing Revenues				
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
2. New Revenues				
a. Medi-Cal (FFP only)	\$136,923			\$136,923
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$130,077			\$130,077
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$267,000	\$0	\$0	\$267,000
3. Total Revenues	\$267,000	\$0	\$0	\$267,000
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	-\$36,796	\$0	\$0	-\$36,796
E. Percent of Total Funding Requirements for Full Service				5.0%

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
 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: 2007-08
 Date: 1/1/06
 Page of
 Months of Operation 12
 Prepared by: KB
 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				
a. Clothing, Food and Hygiene	\$16,146			\$16,146
b. Travel and Transportation	\$2,691			\$2,691
c. Housing				
i. Master Leases	\$48,438			\$48,438
ii. Subsidies	\$16,953			\$16,953
iii. Vouchers	\$7,535			\$7,535
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures recreational	\$12,594			\$12,594
f. Total Support Expenditures	\$104,357	\$0	\$0	\$104,357
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$0			\$0
b. New Additional Personnel Expenditures	\$208,597			\$208,597
c. Employee Benefits	\$104,299			\$104,299
d. Total Personnel Expenditures	\$312,896	\$0	\$0	\$312,896
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 description in budget narrative)				\$0
h. Total Operating Expenditures	\$58,271	\$0	\$0	\$58,271
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$475,524	\$0	\$0	\$475,524
B. Revenues				
1. Existing Revenues				
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
2. New Revenues				
a. Medi-Cal (FFP only)	\$91,510			\$91,510
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$0			\$0
d. Other Revenue	\$1,350			\$1,350
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	\$382,664	\$0	\$0	\$382,664
E. Percent of Total Funding Requirements for Full Service				100.0%

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

Sutter and
 County(ies): Yuba Fiscal Year: 2007-08
 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 12

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
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies	\$10,764			\$10,764
iii. Vouchers				\$0
iv. Other Housing	\$3,229			\$3,229
d. Employment and Education Supports				\$0
e. Other Support Expenditures (Respite care)				\$0
f. Total Support Expenditures	\$13,993	\$0	\$0	\$13,993
2. Personnel Expenditures				
a. Current Existing Personnel Expenditure	\$0			\$0
b. New Additional Personnel Expenditure	\$170,875			\$170,875
c. Employee Benefits	\$85,437			\$85,437
d. Total Personnel Expenditures	\$256,312	\$0	\$0	\$256,312
3. Operating Expenditures				
a. Professional Services	\$0			\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$3,106			\$3,106
d. General Office Expenditures	\$3,623			\$3,623
e. Rent, Utilities and Equipment	\$42,281			\$42,281
f. Medication and Medical Supports	\$3,229			\$3,229
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$52,239	\$0	\$0	\$52,239
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0

5. Estimated Total Expenditures when service provider is not known				\$0	
6. Total Proposed Program Budget		\$322,544	\$0	\$0	\$322,544
B. Revenues					
1. Existing Revenues					
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
2. New Revenues					
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
3. Total Revenues					\$0
C. One-Time CSS Funding Expenditures					
D. Total Funding Requirements					
		\$322,544	\$0	\$0	\$322,544
E. Percent of Total Funding Requirements for Full Service					
					100.0%

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

Sutter and
 County(ies): Yuba Fiscal Year: 2007-08
 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 12
 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
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditu	\$0			\$0
b. New Additional Personnel Expenditu	\$127,839			\$127,839
c. Employee Benefits	\$63,920			\$63,920
d. Total Personnel Expenditures	\$191,759	\$0	\$0	\$191,759
3. Operating Expenditures				
a. Professional Services	\$3,229			\$3,229
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,382			\$5,382
d. General Office Expenditures	\$3,229			\$3,229
e. Rent, Utilities and Equipment	\$36,684			\$36,684
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide c	\$5,382			\$5,382
h. Total Operating Expenditures	\$53,906	\$0	\$0	\$53,906
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$245,665	\$0	\$0	\$245,665
B. Revenues				
1. Existing Revenues				

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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
2. New Revenues				
a. Medi-Cal (FFP only)	\$121,435			\$121,435
b. Medicare/Patient Fees/Patient Insurance	\$21,348			\$21,348
c. State General Funds	\$0			\$0
d. Other Revenue				\$0
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	\$102,882	\$0	\$0	\$102,882
E. Percent of Total Funding Requirements for Full Service				10.0%

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

Sutter and
 County(ies): Yuba Fiscal Year: 2007-08
 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

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
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures	\$0			\$0
b. New Additional Personnel Expenditures	\$269,634			\$269,634
c. Employee Benefits	\$134,817			\$134,817
d. Total Personnel Expenditures	\$404,451	\$0	\$0	\$404,451
3. Operating Expenditures				
a. Professional Services	\$85,466			\$85,466
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$10,764			\$10,764
d. General Office Expenditures	\$8,611			\$8,611
e. Rent, Utilities and Equipment	\$46,070			\$46,070
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provided)	\$0			\$0
h. Total Operating Expenditures	\$150,911	\$0	\$0	\$150,911
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$555,362	\$0	\$0	\$555,362
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$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				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$55,479			\$55,479
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. State General Funds	\$6,588			\$6,588
d. Other Revenue				\$0
e. Total New Revenue	\$62,067	\$0	\$0	\$62,067
3. Total Revenues	\$62,067	\$0	\$0	\$62,067
C. One-Time CSS Funding Expenditures	\$0			\$0
D. Total Funding Requirements	\$493,295	\$0	\$0	\$493,295
E. Percent of Total Funding Requirements for Full Service				20.0%