Sutter and			
County(ies): Yuba		Fiscal Year:	2005-06
Program Workplan # 1		Date:	1/1/06
0-5 SED		_	
Program Workplan Name <u>Children</u>		Page	of
1. Full			
Service			
Type of Funding Partnership		Months of Operation	3
city of Program/Service:	10	m/Service or Expansion_	New
city of Program/Service:	0	Prepared by:	KB
(nanded through MHSA)	10	Telephone Number:	1/822_7200

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					Φ0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
	g Positions	0.00	0.00		\$0
B. New Additional Positions MHT III			4.00	¢ 00.153	¢44.050
			1.00 1.00		\$14,859 \$10,619
Parent Partner			1.00 1.00	-	\$4,167
				4 ==,,,,,	\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
	I Positions	0.00	3.00		\$29,644
C. Total Program Positions		0.00	3.00		\$29,644

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Sutter ar	nd		
County(ies): Yuba		Fiscal Year:	2005-06
Program Workplan # 1		Date:	1/1/06
0-5 SEI)		
Program Workplan Name Children	<u>n</u>	Page _	of
2. Syster	n		
Developr	ne		
Type of Funding nt		Months of Operation	3
city of Program/Service	e: 45	_m/Service or Expansion	New
city of Program/Service	e: 0	Prepared by:	KB
panded through MHS	A: 45	Telephone Number:	0/822-7200

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					# 0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					<u>\$0</u>
	g Positions	0.00	0.00		\$0
B. New Additional Positions MHT III			1.00	\$59,435	\$14,859
IC1			1.00	\$42,475	\$10,619
Parent Partner		<u>1.00</u>		\$16,667	\$4,167
Youth Mentor		1.00		\$10,000	\$2,500
Rehab Specialist					\$0 ©0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
	l Dooltier:	0.00	0.00		\$0 \$22.444
C. Total Program Positions	I Positions	2.00 2.00	2.00 2.00		\$32,144 \$32,144
C. Total Program Positions		∠.00	2.00		\$32,144

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

	Sutter and			
County(ies):	Yuba		Fiscal Year:	2005-06
Program Workplan #	3		Date:	1/1/06
Program Workplan Name	TAY FSP		Page _	of
	1. Full			
	Service			
	Partnershi			
Type of Funding	p		Months of Operation	3
city of Progra	am/Service:	15	m/Service or Expansion	New
city of Progra	am/Service:	0	Prepared by:	KE
panded thro	ugh MHSA:	15	Telephone Number:	0/822-7200

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
	g Positions	0.00	0.00		\$0
B. New Additional Positions					
IC1	PSC		2.00		
IC1 MHT III	Housing Liais Therapist	son 	1.00 <u>1.00</u>		
Peer Mentor	Mentor, PSC	0.50		\$13,867	\$1,733
	,			, .,	\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 <u>\$0</u>
	l Positions	0.50	4.00		\$48,448
C. Total Program Positions	·	0.50			\$48,448

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Sutter and County(ies): Yuba Fiscal Year: 2005-06 Program Workplan # Date: 1/1/06 Adult/Older Adult Homeless Cooccurring Disorder FSP Program Workplan Name Page ____ of ___ 1. Full Service Type of Funding Partnership Months of Operation 3 icity of Program/Service: 30 m/Service or Expansion New icity of Program/Service: 0 Prepared by: rpanded through MHSA: 30 Telephone Number: 30/822-7200

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
	g Positions	0.00	0.00		\$0
B. New Additional Positions					
IC1		mployment S _l		\$42,475	\$10,619
LPT	Licensed Psy			\$44,955	\$11,239
MHT III	Therapist - B		<u>0.50</u>	\$59,435	\$7,429
3 Peer Mentors	Mentor, PSC	3.00		\$13,867	\$10,400 \$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
	I Positions	3.00	2.50		\$39,687
C. Total Program Positions		3.00	2.50		\$39,687

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Sutter and			
County(ies): Yuba		Fiscal Year	2005-06
Program Workplan # 5		Date:	1/1/06
Older Adult			
Mobile			
Assistance			
Program Workplan NameTeam		Page _	of
2. System			
Developme			
Type of Funding <u>nt</u>		Months of Operation	3
city of Program/Service:	200	_m/Service or Expansion	New
city of Program/Service:	0	Prepared by:	KB
panded through MHSA:	200	Telephone Number:	0/822-7200

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
					<u>\$0</u>
	g Positions	0.00	0.00		\$0
B. New Additional Positions					
MHW	PSC		1.00	\$37,476	\$9,369
LPT	Licensed Psy	∕chiatric Tech I		\$43,709	\$5,464
MHT III	Therapist		<u>1.00</u>	\$59,435	\$14,859 \$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					<u>\$0</u>
	I Positions	0.00	2.50		\$29,691
C. Total Program Positions		0.00	2.50		\$29,691

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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
city of Program/Service:	280	_m/Service or Expansion	New
city of Program/Service:	0	Prepared by:	KB
panded through MHSA:	280	Telephone Number:	0/822-7200

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0 \$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
	g Positions	0.00	0.00		<u>\$0</u> \$0
B. New Additional Positions	j : coc.	0.00	0.00		Ψ0
IC1	PSC		1.00	\$42,475	\$10,619
MHT III	Therapist		<u>3.50</u>	\$59,435	\$52,005
		Ī	Ī	Ī	ا م
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 ©0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
	. D	0.00	4.50		<u>\$0</u>
C. Total Bragram Bositions	I Positions	0.00			\$62,624 \$62,624
C. Total Program Positions		0.00	4.50		\$62,624

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.