EXHIBIT 5c--Mental Health Services Act Community Services and Supports

Sutter and

County(ies):	Yuba	Fiscal Year:	2005-06
_		Date:	

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditur es
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff - Administrative	Analyst	0.50	\$6,291
c. Other Personnel (list below)			
i. Medical Records Staff		1.00	\$5,457
ii. Billing Staff		0.50	\$3,042
iii. Quality Assurance Staff		0.25	\$3,815
iv.			
<u>V.</u>			
<u>vi.</u>			
vii.			
d. Total FTEs/Salaries	0.00	2.25	\$18,604
e. Employee Benefits			\$9,302
f. Total Personnel Expenditures			\$27,907
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide d	escription in b	oudget narrati	i '
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			<u>\$18,142</u>
b. Other Administration (provide descrip	_	narrative)	\$54,504
c. Total County Allocated Administration			\$72,646
4. Total Proposed County Administration Budget			\$100,552
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			**
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			6400 550
D. Total County Administration Funding Requirements			\$100,552

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the				
Date:	Si	nature		
	_	Local Men	tal Health Director	
	Executed at	, California		

EXHIBIT 5c--Mental Health Services Act Community Services and Supports

Sutter and

County(ies):	Yuba	Fiscal Year:	2006-07
_		Date:	

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditur es
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff - Administrative	Analyst	0.50	\$26,043
c. Other Personnel (list below)			
i. Medical Records Staff		1.00	\$22,590
ii. Billing Staff		0.50	. ,
iii. Quality Assurance Staff		0.25	\$15,796
iv.			
<u>V.</u>			
<u>vi.</u>			
vii.			
d. Total FTEs/Salaries	0.00	2.25	\$77,022
e. Employee Benefits			\$38,511
f. Total Personnel Expenditures			\$115,534
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide d	escription in t	oudget narrati	i '
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			\$75,109
b. Other Administration (provide descrip	•	narrative)	\$225,644
c. Total County Allocated Administration			\$300,753
4. Total Proposed County Administration Budget			\$416,287
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			**
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			6440.00=
D. Total County Administration Funding Requirements			\$416,287

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the				
Date:	Si	nature		
	_	Local Men	tal Health Director	
	Executed at	, California		

EXHIBIT 5c--Mental Health Services Act Community Services and Supports

Sutter and

County(ies):	Yuba	Fiscal Year:	2007-08	
		Date:		_

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditur es
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff - Administrative	Analyst	0.50	\$27,085
c. Other Personnel (list below)			
i. Medical Records Staff		1.00	. ,
ii. Billing Staff		0.50	. ,
iii. Quality Assurance Staff		0.25	\$16,428
iv.			
<u>V.</u>			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	2.25	\$80,103
e. Employee Benefits			\$40,052
f. Total Personnel Expenditures			\$120,155
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide d	escription in t	oudget narrati	i .
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			\$78,113
b. Other Administration (provide descrip	_	narrative)	\$234,670
c. Total County Allocated Administration			\$312,784
4. Total Proposed County Administration Budget			\$432,938
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			ا م
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			0.460.000
D. Total County Administration Funding Requirements			\$432,938

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the				
Date:	Si	nature		
	_	Local Men	tal Health Director	
	Executed at	, California		