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|------------------------|---|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 1 | | Date: | 10/2/2007 |
| Program Workplan Name: | 0-5 SED | | Page: | 1 of 15 |
| Type of Funding | Full Service Partnership | | | 6 |
| Prop | posed Total Client Capacity of Program/Service: | 10 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 10 | Telephone Number: | 530-822-7200 |

| To be merged into Plan #7 Integrated FSP effective January 1, 2008 | | inty Mental Health partment | Other Governmental Agencies | Community Mental Health Contract Providers | | TOTAL |
|---|-----|-----------------------------------|-----------------------------------|---|----|---------|
| A. Expenditures | | | | | | |
| Client, Family Member and Caregiver Support Expenditures | | | | | | |
| a. Clothing, Food and Hygiene | | | | | \$ | = |
| b. Travel and Transportation | \$ | 4,185 | | | \$ | 4,185 |
| c. Housing | | • | | | \$ | - |
| i. Master Leases | | | | | \$ | - |
| ii. Subsidies | \$ | 4,185 | | | \$ | 4,185 |
| iii. Vouchers | \$ | 2,925 | | | \$ | 2,925 |
| iv. Other Housing | ' | , | | | \$ | - |
| d. Employment and Education Supports | | | | | \$ | = |
| e. Other Support Expenditures (Respite Care) | \$ | 18,406 | | | \$ | 18,406 |
| f. Total Support Expenditures | \$ | 29,701 | \$ - | \$ - | \$ | 29,701 |
| 2. Personnel Expenditures | Ť | -, - | • | * | • | -, - |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | \$ | 22,653 | | | \$ | 22,653 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | ľ | , | | | \$ | - |
| c. Employee Benefits | \$ | 11,158 | | | \$ | 11,158 |
| d. Total Personnel Expenditures | \$ | 33,811 | \$ - | \$ - | \$ | 33,811 |
| 3. Operating Expenditures | 7 | , | * | * | - | , |
| a. Professional Services | \$ | 70,699 | | | \$ | 70,699 |
| b. Translation and Interpreter Services | Ψ | 70,000 | | | \$ | 70,000 |
| c. Travel and Transportaion | \$ | 1,345 | | | \$ | 1,345 |
| d. General Office Expenditure | \$ | 1,345 | | | \$ | 1,345 |
| e. Rent, Utilities and Equipment | \$ | 7,176 | | | \$ | 7,176 |
| f. Medication and Medical Supports | Ψ | 7,170 | | | \$ | 7,170 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | | \$ | - |
| h. Total Operating Expenditures | \$ | 80,565 | \$ - | \$ - | \$ | 80,565 |
| 4 Program Management | Ψ | 00,000 | Ψ - | Ψ - | Ψ | 00,505 |
| a. Existing Program Management | | | | | \$ | |
| b. New Program Management | \$ | 12,769 | | | \$ | 12,769 |
| c. Total Program Management | φ | 12,709 | \$ - | \$ - | \$ | 12,769 |
| S. Estimated Total Expenditures when service provider in not known | | | φ - | Ψ - | φ | 12,709 |
| | \$ | 144.077 | * | ¢ | ¢ | 4EC 04C |
| 6. Total Proposed Program Budget | Þ | 144,077 | \$ - | \$ - | \$ | 156,846 |
| B. Revenues | | | | | | |
| 1. Existing Revenues | | | | | | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. Realignment | | | | | \$ | - |
| d. State General Funds | | | | | \$ | - |
| e. County Funds | | | | | \$ | - |
| f. Grants | | | | | \$ | = |
| g. Other Revenue | | | | | \$ | = |
| h. Total Existing Revenues | \$ | - | \$ - | \$ - | \$ | - |
| 2. New Revenues | | | | | | |
| a. Medi-Cal (FFP only) | \$ | 50,739 | | | \$ | 50,739 |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. State General Funds | \$ | 48,202 | | | \$ | 48,202 |
| d. Other Revenue | | | | | \$ | - |
| e. Total New Revenue | \$ | 98,941 | \$ - | \$ - | \$ | 98,941 |
| 3 Total Revenues | \$ | 98,941 | \$ - | \$ - | \$ | 98,941 |
| C. One-Time CSS Funding Expenditures | Ė | • | | - | Ė | • |
| • . | \$ | 58,662 | \$ - | \$ - | \$ | 57,905 |
| D. Total Funding Requirements | , D | JU.UUZ | | | | |

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|------------------------|--|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 1 | | Date: | 10/1/2007 |
| Program Workplan Name: | 0-5 SED | | Page: | 2 of 15 |
| Type of Funding | Full Service Partnership | | Months of Operation: | 6 |
| Prop | osed Total Client Capacity of Program/Service: | 10 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 10 | Telephone Number: | 530-822-7200 |

| To be merged into Plan #7 Integrated FSP effective January 1, 2008 | Client, FM & CG FTEs | Total Number of FTEs | and | ry, Wages Overtime er FTE | S Wa | TOTAL alaryes, ages and evertime |
|--|-------------------------|-------------------------|-----|---------------------------------|---------|---|
| A. Current Existing Positions | | | | | | |
| Employee: | | | | | | |
| Mental Health Therapist III | | 1.00 | \$ | 38,322 | \$ | 19,161 |
| Intervention Counselor I | | 1.00 | | 29,299 | | 14,650 |
| | | | | | | - |
| Contracted: | | | | | | - |
| Parent Partner | 1.00 | | \$ | 12,151 | \$ | 6,076 |
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| Total Existing Positions | 1.00 | 2.00 | \$ | 79,772 | \$ | 39,886 |
| B. New Additional Positions | | | | | | |
| Program Manager - Youth | | 0.21 | \$ | 121,614 | \$ | 12,769 |
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| Total Additional Desitions | | 0.04 | • | 404 04 4 | • | 40 700 |
| Total Additional Positions C. Total Program Positions | | 0.21 2.21 | | 121,614 201,386 | \$ | 12,769 52,655 |

| | | | | •• |
|------------------------|---|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 2 | | Date: | 10/1/2007 |
| Program Workplan Name: | Urgent Services for Youth | | Page: | 3 of 15 |
| Type of Funding | System Development | | Months of Operation: | 12 |
| Prop | posed Total Client Capacity of Program/Service: | 45 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | y of Program/Service Expanded through MHSA: | 45 | Telephone Number: | 530-822-7200 |
| | | | | |

| | | unty Mental Health epartment | Other Governmental Agencies | lм | Community lental Health Contract Providers | | TOTAL |
|---|-----------------------|------------------------------------|-----------------------------------|---------------------|---|----------------------|-------------------------|
| A. Expenditures | | | | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | | | | |
| a. Clothing, Food and Hygiene | | | | | | \$ | - |
| b. Travel and Transportation | | | | | | \$ | - |
| c. Housing | | | | | | \$ | - |
| i. Master Leases | | | | | | \$ | - |
| ii. Subsidies | | | | | | \$ | - |
| iii. Vouchers | | | | | | \$ | - |
| iv. Other Housing | | | | | | \$ | - |
| d. Employment and Education Supports | | | | | | \$ | - |
| e. Other Support Expenditures (Respite Care) | | | | | | \$ | - |
| f. Total Support Expenditures | \$ | _ | \$ | . \$ | _ | \$ | _ |
| 2. Personnel Expenditures | T | | <u> </u> | + | | * | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | \$ | 73,496 | | | | \$ | 73,496 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | \$ | 173,714 | | | | \$ | 173,714 |
| c. Employee Benefits | \$ | 121,759 | | | | \$ | 121,759 |
| d. Total Personnel Expenditures | \$ | 368,969 | \$ | - \$ | _ | \$ | 368,969 |
| 3. Operating Expenditures | Ψ | 300,909 | Ψ | Ψ | - | Ą | 300,303 |
| a. Professional Services | φ. | 100 267 | | | | Ф | 100 267 |
| | \$ | 188,367 | | | | \$ | 188,367 |
| b. Translation and Interpreter Services | _ | 44.050 | | | | \$ | 44.050 |
| c. Travel and Transportaion | \$ | 44,059 | | | | \$ | 44,059 |
| d. General Office Expenditure | \$ | 104,561 | | | | \$ | 104,561 |
| e. Rent, Utilities and Equipment | \$ | 90,887 | | | | \$ | 90,887 |
| f. Medication and Medical Supports | | | | | | \$ | - |
| g. Other Operating Expenses (provide description in budget narrative) | | | | | | \$ | - |
| h. Total Operating Expenditures | \$ | 427,874 | \$ | - \$ | - | \$ | 427,874 |
| 4 Program Management | | | | | | | |
| a. Existing Program Management | | | | | | \$ | - |
| b. New Program Management | \$ | 10,945 | | | | \$ | 10,945 |
| c. Total Program Management | | | \$ | - \$ | - | \$ | 10,945 |
| 5. Estimated Total Expenditures when service provider in not known | | | | | | | |
| 6. Total Proposed Program Budget | \$ | 796,843 | \$ - | \$ | - | \$ | 807,788 |
| B. Revenues | | | | | | | |
| 1. Existing Revenues | | | | | | | |
| a. Medi-Cal (FFP only) | | | | | | \$ | _ |
| b. Medicare/Patient Fees/Patient Insurance | | | | | | \$ | _ |
| | | | | | | \$ | _ |
| c Realignment | | | | | | \$ | _ |
| c. Realignment | | | | | | \$ | _ |
| d. State General Funds | | | | | | Ψ | |
| d. State General Funds e. County Funds | | | | | | Φ. | |
| d. State General Funds e. County Funds f. Grants | | | | | | \$ | - |
| d. State General Funds e. County Funds f. Grants g. Other Revenue | ¢ | | ¢ | • | | \$ | - |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues | \$ | - | \$ | - \$ | | | - - - |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues | | - | \$ - | - \$ | - | \$ | |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) | \$ | 136,923 | \$ - | - \$ | | \$ \$ | 136,923 |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance | \$ | | \$ - | - \$ | - | \$ \$ \$ | - |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds | | - 136,923 130,077 | \$ | - \$ | - | \$ \$ \$ | 136,923 - 130,077 |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue | \$ | 130,077 | | | | \$ \$ \$ \$ \$ \$ | - 130,077 - |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue | \$ \$ | 130,077 267,000 | \$ | - \$ | - | \$ \$ \$ \$ \$ \$ \$ | 130,077 - 267,000 |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3 Total Revenues | \$ | 130,077 | | | - | \$ \$ \$ \$ \$ \$ | - 130,077 - |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3 Total Revenues C. One-Time CSS Funding Expenditures | \$ \$ | 130,077 267,000 | \$ | - \$ | - | \$ \$ \$ \$ \$ \$ \$ | 130,077 - 267,000 |
| d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3 Total Revenues | \$ \$ \$ | 130,077 267,000 | \$ | - \$ - \$ | | \$ \$ \$ \$ \$ \$ \$ | 130,077 - 267,000 |

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|------------------------|--|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 2 | | Date: | 10/1/2007 |
| Program Workplan Name: | Urgent Services for Youth | | Page: | 4 of 15 |
| Type of Funding | System Development | | Months of Operation: | 12 |
| Prop | osed Total Client Capacity of Program/Service: | 45 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 45 | Telephone Number: | 530-822-7200 |

| | Client, FM & CG FTEs | Total Number of FTEs | Salary, Wages and Overtime per FTE | v | TOTAL Salaryes, Vages and Overtime |
|--|-------------------------|--|---|-------------------|--|
| A. Current Existing Positions Employee: Mental Health Therapist III Intervention Counselor I | | 1.00 1.00 | | | 63,975 45,720 |
| Contracted: Parent Partner Youth Mentor | 1.00 1.00 | | \$ 26,842 \$ 16,328 | | 26,842 16,328 |
| Total Existing Positions B. New Additional Positions Employee: Mental Health Therapist III LPT/LVN Crisis Counselor Assessment Services Coordinator Mental Health Worker Supervising Nurse Program Management - Youth | 2.00 | 2.00 1.00 0.70 0.90 0.25 0.50 0.50 | \$ 58,725 \$ 56,166 \$ 60,358 \$ 82,292 \$ 62,155 \$ 110,521 | \$ \$ \$ \$ \$ \$ | 58,725 39,316 54,322 20,573 31,078 55,261 10,945 |
| Total Additional Positions C. Total Program Positions | 0.00 2.00 | 3.94 5.94 | | \$ | 270,220 423,085 |

| | · · · · · · · · · · · · · · · · · · · | | | |
|------------------------|---|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 3 | | Date: | 10/1/2007 |
| Program Workplan Name: | TAY FSP | | Page: | 5 of 15 |
| Type of Funding | Full Service Partnership | | Months of Operation: | 6 |
| Prop | posed Total Client Capacity of Program/Service: | 15 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | y of Program/Service Expanded through MHSA: | 15 | Telephone Number: | 530-822-7200 |

| To be merged into Plan #7 Integrated FSP effective January 1, 2008. | | unty Mental Health epartment | Other Governmental Agencies | Community Mental Health Contract Providers | | TOTAL |
|---|----------|---------------------------------------|-----------------------------------|---|----|---------|
| A. Expenditures | | | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | | | |
| a. Clothing, Food and Hygiene | \$ | 9,770 | | | \$ | 9,770 |
| b. Travel and Transportation | \$ | 1,730 | | | \$ | 1,730 |
| c. Housing | | | | | \$ | - |
| i. Master Leases | \$ | 29,514 | | | \$ | 29,514 |
| ii. Subsidies | \$ | 10,309 | | | \$ | 10,309 |
| iii. Vouchers | \$ | 4,560 | | | \$ | 4,560 |
| iv. Other Housing | | | | | \$ | - |
| d. Employment and Education Supports | | | | | \$ | - |
| e. Other Support Expenditures (Respite Care) | \$ | 7,682 | | | \$ | 7,682 |
| f. Total Support Expenditures | \$ | 63,565 | \$ - | \$ - | \$ | 63,565 |
| 2. Personnel Expenditures | | · · · · · · · · · · · · · · · · · · · | • | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | \$ | 42,007 | | | \$ | 42,007 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | | • | | | \$ | - |
| c. Employee Benefits | \$ | 20,690 | | | \$ | 20,690 |
| d. Total Personnel Expenditures | \$ | 62,697 | \$ - | \$ - | \$ | 62,697 |
| 3. Operating Expenditures | Ť | - , | • | * | _ | - , |
| a. Professional Services | \$ | 8,959 | | | \$ | 8,959 |
| b. Translation and Interpreter Services | – | 0,000 | | | \$ | - |
| c. Travel and Transportaion | \$ | 2,156 | | | \$ | 2,156 |
| d. General Office Expenditure | \$ | 3,235 | | | \$ | 3,235 |
| e. Rent, Utilities and Equipment | \$ | 12,420 | | | \$ | 12,420 |
| f. Medication and Medical Supports | Ψ | 12,420 | | | \$ | 12,720 |
| g. Other Operating Expenses (provide description in budget narrative) | | | | | \$ | _ |
| h. Total Operating Expenditures | \$ | 26,770 | \$ - | \$ - | \$ | 26,770 |
| 4 Program Management | Ψ | 20,770 | Ψ | Ψ | Ψ | 20,770 |
| a. Existing Program Management | | _ | | | \$ | |
| b. New Program Management | \$ | 32,979 | | | \$ | 32,979 |
| c. Total Program Management | Ψ | 32,919 | \$ - | \$ - | \$ | 32,979 |
| 5. Estimated Total Expenditures when service provider in not known | | | - | Ψ - | Ψ | 32,313 |
| | œ | 4E2 022 | * | ¢ | • | 100 011 |
| 6. Total Proposed Program Budget | \$ | 153,032 | \$ - | \$ - | \$ | 186,011 |
| 3. Revenues | | | | | | |
| 1. Existing Revenues | | | | | | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. Realignment | | | | | \$ | - |
| d. State General Funds | | | | | \$ | - |
| e. County Funds | | | | | \$ | - |
| f. Grants | | | | | \$ | - |
| g. Other Revenue | | | | | \$ | - |
| h. Total Existing Revenues | \$ | - | \$ - | \$ - | \$ | = |
| 2. New Revenues | | | | | | |
| a. Medi-Cal (FFP only) | \$ | 38,129 | | | \$ | 38,129 |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. State General Funds | | | | | \$ | - |
| d. Other Revenue | \$ | 563 | | | \$ | 563 |
| e. Total New Revenue | \$ | 38,692 | \$ - | \$ - | \$ | 38,692 |
| 3 Total Revenues | \$ | 38,692 | \$ - | \$ - | \$ | 38,692 |
| One Time COO Fee die a Fee en ditue | İ | | | | | |
| One-Time C55 Funding Expenditures | | | | 1 | | |
| C. One-Time CSS Funding Expenditures D. Total Funding Requirements | \$ | 159,445 | \$ - | \$ - | \$ | 147,319 |

| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
|------------------------|---|----|-----------------------------------|--------------|
| Program Workplan #: | 3 | | Date: | 10/1/2007 |
| Program Workplan Name: | TAY FSP | | Page: | 6 of 15 |
| Type of Funding | Full Services Partnership | | Months of Operation: | 6 |
| Prop | posed Total Client Capacity of Program/Service: | 15 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | y of Program/Service Expanded through MHSA: | 15 | Telephone Number: | 530-822-7200 |

| To be merged into Plan #7 Integrated FSP effective January 1, 2008. | Client, FM & CG FTEs | Total Number of FTEs | Salary, Wages and Overtime per FTE | TOTAL Salaryes, Wages and Overtime |
|---|-------------------------|-------------------------|--|---|
| A. Current Existing Positions | | | | |
| Employee: | | | | |
| Mental Health Therapist III | | 1.00 | 46,193 | 23,097 |
| Intervention Counselor I (2- PSC, 1 - Housing Liaison) | | 3.00 | 26,400 | 39,600 |
| | | | | |
| Contracted: | | | | |
| Peer Mentor | 0.50 | | 9,959 | 2,490 |
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| Total Existing Positions | 0.50 | 4.00 | \$ 82,552 | \$ 65,186 |
| B. New Additional Positions | | 0.50 | \$ 131,914 | \$ 32,979 |
| Program Management - CSOC | | 0.50 | δ 131,914 | \$ 32,979 |
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| Total Additional Positions C. Total Program Positions | 0.00 | 0.50 4.50 | | \$ 32,979 \$ 98,165 |

| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
|------------------------|---|----|-----------------------------------|--------------|
| Program Workplan #: | 4 | | Date: | 10/1/2007 |
| Program Workplan Name: | Adult/Older Adult Homeless Co-ocurring Disorder FSP | | Page: | 7 of 15 |
| Type of Funding | Full Service Partnership | | Months of Operation: | 6 |
| Prop | posed Total Client Capacity of Program/Service: | 30 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 30 | Telephone Number: | 530-822-7200 |
| | | | | |

| To be merged into Plan #7 Integrated FSP effective January 1, 2008 | | inty Mental Health epartment | Other Governmental Agencies | Community Mental Health Contract Providers | | TOTAL |
|---|----|------------------------------------|-----------------------------------|---|----|---------|
| A. Expenditures | | | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | | | |
| a. Clothing, Food and Hygiene | | | | | \$ | - |
| b. Travel and Transportation | | | | | \$ | - |
| c. Housing | | | | | \$ | - |
| i. Master Leases | | | | | \$ | - |
| ii. Subsidies | \$ | 15,619 | | | \$ | 15,619 |
| iii. Vouchers | | | | | \$ | - |
| iv. Other Housing | \$ | 6,010 | | | \$ | 6,010 |
| d. Employment and Education Supports | | | | | \$ | - |
| e. Other Support Expenditures (Respite Care) | | | | | \$ | - |
| f. Total Support Expenditures | \$ | 21,629 | \$ - | \$ - | \$ | 21,629 |
| 2. Personnel Expenditures | | | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | \$ | 26,328 | | | \$ | 26,328 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | | | | | \$ | - |
| c. Employee Benefits | \$ | 12,967 | | | \$ | 12,967 |
| d. Total Personnel Expenditures | \$ | 39,295 | \$ - | \$ - | \$ | 39,295 |
| 3. Operating Expenditures | | | | | | |
| a. Professional Services | \$ | 14,103 | | | \$ | 14,103 |
| b. Translation and Interpreter Services | Ψ | , | | | \$ | , |
| c. Travel and Transportaion | \$ | 1,294 | | | \$ | 1,294 |
| d. General Office Expenditure | \$ | 1,510 | | | \$ | 1,510 |
| e. Rent, Utilities and Equipment | \$ | 17,617 | | | \$ | 17,617 |
| f. Medication and Medical Supports | \$ | 1,345 | | | \$ | 1,345 |
| g. Other Operating Expenses (provide description in budget narrative) | Ψ | 1,040 | | | \$ | 1,040 |
| h. Total Operating Expenses (provide description in budget narrative) | \$ | 35,869 | \$ - | \$ - | \$ | 35,869 |
| 4 Program Management | Ψ | 33,003 | Ψ - | Ψ - | Ψ | 33,003 |
| a. Existing Program Management | | | | | \$ | |
| b. New Program Management | \$ | 12,549 | | | \$ | 12,549 |
| c. Total Program Management | φ | 12,549 | \$ - | \$ - | \$ | 12,549 |
| 5. Estimated Total Expenditures when service provider in not known | | | φ - | Ψ - | φ | 12,349 |
| | 4 | 06 702 | • | ¢ | • | 109,342 |
| 6. Total Proposed Program Budget | \$ | 96,793 | \$ - | \$ - | \$ | 109,342 |
| B. Revenues | | | | | | |
| 1. Existing Revenues | | | | | | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. Realignment | | | | | \$ | - |
| d. State General Funds | | | | | \$ | - |
| e. County Funds | | | | | \$ | - |
| f. Grants | | | | | \$ | - |
| g. Other Revenue | | | | | \$ | - |
| h. Total Existing Revenues | \$ | - | \$ - | \$ - | \$ | - |
| 2. New Revenues | | | | | | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. State General Funds | | | | | \$ | - |
| d. Other Revenue | | | | | \$ | - |
| e. Total New Revenue | \$ | - | \$ - | \$ - | \$ | - |
| 3 Total Revenues | \$ | - | \$ - | \$ - | \$ | - |
| C. One-Time CSS Funding Expenditures | Ė | | | | Ė | |
| | * | 134,393 | \$ - | \$ - | \$ | 400 242 |
| D. Total Funding Requirements | \$ | 134.393 | | J - | J. | 109,342 |

| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
|------------------------|--|----|-----------------------------------|--------------|
| Program Workplan #: | 4 | | Date: | 10/1/2007 |
| Program Workplan Name: | Adult/Older Adult Homeless Co-occurring Disorder FSP | | Page: | 8 of 15 |
| Type of Funding | Full Services Partnership | | Months of Operation: | 6 |
| Prop | osed Total Client Capacity of Program/Service: | 30 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 30 | Telephone Number: | 530-822-7200 |

| To be merged into Plan #7 Integrated FSP effective January 1, 2008. | Client, FM & CG FTEs | Total Number of FTEs | Salary, Wages and Overtime per FTE | TOTAL Salaryes, Wages and Overtime |
|---|-------------------------|----------------------|--|---|
| A. Current Existing Positions | | | | |
| Employee: | | | | |
| Mental Health Therapist III | | 0.50 | | 9,613 |
| Intervention Counselor I | | 1.00 | | 14,451 |
| LPT/LVN | | 1.00 | 30,462 | 15,231 |
| Contracted: | | | | |
| Peer Mentor | 3.00 | | 9,402 | 14,103 |
| i eei wentoi | 3.00 | | 9,402 | 14,103 |
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| Total Existing Positions | 3.00 | 2.50 | 107,219 | 53,398 |
| B. New Additional Positions | 3.00 | 2.50 | 107,219 | 33,390 |
| Program Management - Adult | | 0.20 | \$ 125,489 | \$ 12,549 |
| Trogram managomone / Addit | | 0.20 | Ψ 120,100 | Ψ 12,010 |
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| Total Additional Desirions | | 2.55 | A 405 400 | A 40.545 |
| Total Additional Positions | 0.00 | 0.20 | \$ 125,489 | \$ 12,549 |
| C. Total Program Positions | 3.00 | 2.70 | | \$ 65,947 |

| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
|------------------------|--|-----|-----------------------------------|--------------|
| Program Workplan #: | 5 | | Date: | 10/1/2007 |
| Program Workplan Name: | Older Adult Mobile Assistance Team | | Page: | 9 of 15 |
| Type of Funding | System Development | | Months of Operation: | 12 |
| _ | | 200 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 200 | Telephone Number: | 530-822-7200 |

| | | inty Mental Health epartment | Other Governmental Agencies | Community Mental Health Contract Providers | | TOTAL |
|---|----------|------------------------------------|-----------------------------------|---|----------|-----------------|
| A. Expenditures | | | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | | | |
| a. Clothing, Food and Hygiene | | | | | \$ | - |
| b. Travel and Transportation | | | | | \$ | - |
| c. Housing | | | | | \$ | - |
| i. Master Leases | | | | | \$ | - |
| ii. Subsidies | | | | | \$ | - |
| iii. Vouchers | | | | | \$ | - |
| iv. Other Housing | | | | | \$ | _ |
| d. Employment and Education Supports | | | | | \$ | _ |
| e. Other Support Expenditures (Respite Care) | | | | | \$ | _ |
| f. Total Support Expenditures | \$ | _ | \$ - | \$ - | \$ | _ |
| 2. Personnel Expenditures | | | * | - | Ψ | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | \$ | 88,185 | | | \$ | 88,185 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | Ψ | 33,.33 | | | \$ | - |
| c. Employee Benefits | \$ | 43,434 | | | \$ | 43,434 |
| d. Total Personnel Expenditures | \$ | 131,619 | \$ - | \$ - | \$ | 131,619 |
| 3. Operating Expenditures | ¥ | 101,010 | Ψ | Ψ | Ψ | 101,010 |
| a. Professional Services | \$ | 3,229 | | | \$ | 3,229 |
| b. Translation and Interpreter Services | Ψ | 5,225 | | | \$ | 5,225 |
| c. Travel and Transportaion | \$ | 5,382 | | | \$ | 5,382 |
| d. General Office Expenditure | \$ | 3,229 | | | \$ | 3,229 |
| e. Rent, Utilities and Equipment | \$ | 36,684 | | | \$ | 36,684 |
| f. Medication and Medical Supports | Φ | 30,004 | | | \$ | 30,004 |
| · · | ¢. | F 202 | | | | - - 202 |
| g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures | \$ \$ | 5,382 53,906 | \$ - | \$ - | \$ \$ | 5,382 53,906 |
| 4 Program Management | Φ | 33,900 | Φ - | Φ - | Ф | 55,900 |
| a. Existing Program Management | | | | | Ф | |
| b. New Program Management | \$ | 6,274 | | | \$ \$ | 6,274 |
| | Ф | 0,274 | \$ - | \$ - | \$ | 6,274 |
| c. Total Program Management 5. Estimated Total Expenditures when service provider in not known | | | \$ - | ъ - | Ф | 0,274 |
| • | • | 40E E0E | * | c | * | 404 700 |
| 6. Total Proposed Program Budget | \$ | 185,525 | \$ - | \$ - | \$ | 191,799 |
| B. Revenues | | | | | | |
| 1. Existing Revenues | | | | | | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. Realignment | | | | | \$ | - |
| d. State General Funds | | | | | \$ | - |
| e. County Funds | | | | | \$ | - |
| f. Grants | | | | | \$ | = |
| g. Other Revenue | | | | | \$ | - |
| h. Total Existing Revenues | \$ | - | \$ - | \$ - | \$ | - |
| 2. New Revenues | | | | | | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | \$ | 121,435 | | | \$ | 121,435 |
| c. State General Funds | \$ | 21,348 | | | \$ | 21,348 |
| d. Other Revenue | | | | | \$ | - |
| e. Total New Revenue | \$ | 142,783 | \$ - | \$ - | \$ | 142,783 |
| 3 Total Revenues | \$ | 142,783 | \$ - | \$ - | \$ | 142,783 |
| C. One-Time CSS Funding Expenditures | | · | | | | · |
| | | | | | | |
| D. Total Funding Requirements | \$ | 102,882 | \$ - | - \$ | \$ | 49,016 |

| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
|------------------------|--|-----|-----------------------------------|--------------|
| Program Workplan #: | 5 | | Date: | 10/1/2007 |
| Program Workplan Name: | Older Adult Mobile Assistance Team | | Page: | 10 of 15 |
| Type of Funding | System Develpoment | | Months of Operation: | 12 |
| Prop | osed Total Client Capacity of Program/Service: | 200 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: | 200 | Telephone Number: | 530-822-7200 |

| | Client, FM & CG FTEs | Total Number of FTEs | Salary, Wages and Overtime per FTE | TOTAL Salaryes, Wages and Overtime |
|---|-------------------------|-------------------------|--|---|
| A. Current Existing Positions LPT/LVN Mental Health Therapist III | | 0.50 1.00 | | |
| | | | | |
| | | | | |
| | | | | |
| Total Existing Positions | 0.00 | 1.50 | \$ 179,495 | \$ 131,619 |
| B. New Additional Positions | 0.50 | 1.50 | ¥ 170,700 | ψ 131,013 |
| Program Management - Adult | | 0.05 | \$ 125,489 | \$ 6,274 |
| Total Additional Positions | 0.00 | 0.05 | \$ 125,489 | \$ 6,274 |
| C. Total Program Positions | 0.00 | 1.55 | | \$ 137,893 |

| | , | | | |
|------------------------|---|-----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 6 | | Date: | 10/1/2007 |
| Program Workplan Name: | Ethnic Outreach | | Page: | 11 of 15 |
| Type of Funding | System Development | | Months of Operation: | 12 |
| Prop | posed Total Client Capacity of Program/Service: | 280 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacity | of Program/Service Expanded through MHSA: - | 280 | Telephone Number: | 530-822-7200 |

| | | unty Mental Health epartment | Other Governmental Agencies | Community Mental Health Contract Providers | | TOTAL |
|---|----|------------------------------------|-----------------------------------|---|----|---------|
| A. Expenditures | | | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | | | |
| a. Clothing, Food and Hygiene | | | | | \$ | - |
| b. Travel and Transportation | | | | | \$ | - |
| c. Housing | | | | | \$ | - |
| i. Master Leases | | | | | \$ | - |
| ii. Subsidies | | | | | \$ | - |
| iii. Vouchers | | | | | \$ | - |
| iv. Other Housing | | | | | \$ | - |
| d. Employment and Education Supports | | | | | \$ | - |
| e. Other Support Expenditures (Respite Care) | | | | | \$ | - |
| f. Total Support Expenditures | \$ | - | \$ - | \$ - | \$ | - |
| 2. Personnel Expenditures | | | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | \$ | 270,982 | | | \$ | 270,982 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | \$ | 33,235 | | | \$ | 33,235 |
| c. Employee Benefits | \$ | 149,838 | | | \$ | 149,838 |
| d. Total Personnel Expenditures | \$ | 454,055 | \$ - | \$ - | \$ | 454,055 |
| 3. Operating Expenditures | | | | | | |
| a. Professional Services | \$ | 85,466 | | | \$ | 85,466 |
| b. Translation and Interpreter Services | | · | | | \$ | - |
| c. Travel and Transportaion | \$ | 10,764 | | | \$ | 10,764 |
| d. General Office Expenditure | \$ | 8,611 | | | \$ | 8,611 |
| e. Rent, Utilities and Equipment | \$ | 46,070 | | | \$ | 46,070 |
| f. Medication and Medical Supports | Ť | , | | | \$ | - |
| g. Other Operating Expenses (provide description in budget narrative) | | | | | \$ | _ |
| h. Total Operating Expenditures | \$ | 150,911 | \$ - | \$ - | \$ | 150,911 |
| 4 Program Management | Ψ | .00,0 | Ψ | - | _ | .00,0 |
| a. Existing Program Management | | | | | \$ | _ |
| b. New Program Management | \$ | 22,123 | | | \$ | 22,123 |
| c. Total Program Management | Ψ | 22,120 | \$ - | \$ - | \$ | 22,123 |
| 5. Estimated Total Expenditures when service provider in not known | | | Ψ | Ψ | Ψ | 22,120 |
| 6. Total Proposed Program Budget | \$ | 604,966 | \$ - | \$ - | \$ | 627,089 |
| B. Revenues | Ψ | 004,300 | Ψ - | Ψ - | ¥ | 021,003 |
| | | | | | | |
| 1. Existing Revenues | | | | | Φ. | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. Realignment | | | | | \$ | - |
| d. State General Funds | | | | | \$ | - |
| e. County Funds | | | | | \$ | - |
| f. Grants | | | | | \$ | - |
| g. Other Revenue | | | _ | _ | \$ | = |
| h. Total Existing Revenues | \$ | - | \$ - | \$ - | \$ | - |
| 2. New Revenues | | | | | | |
| a. Medi-Cal (FFP only) | \$ | 55,479 | | | \$ | 55,479 |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. State General Funds | \$ | 6,588 | | | \$ | 6,588 |
| d. Other Revenue | | | | | \$ | - |
| e. Total New Revenue | \$ | 62,067 | \$ - | \$ - | \$ | 62,067 |
| 3 Total Revenues | \$ | 62,067 | \$ - | \$ - | \$ | 62,067 |
| C. One-Time CSS Funding Expenditures | | | | | | |
| D. Total Funding Requirements | \$ | 493,295 | \$ - | \$ - | \$ | 565,022 |
| E. Percentage of Total Funding Requirments for Full Service Partnership | S | | | | | 20.0% |

| | | | | •• |
|------------------------|---|-----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 6 | | Date: | 10/1/2007 |
| Program Workplan Name: | Ethnic Outreach | | Page: | 12 of 15 |
| Type of Funding | System Develpoment | | Months of Operation: | 12 |
| Prop | posed Total Client Capacity of Program/Service: | 280 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 0 | Prepared By: | DT |
| Client Capacit | y of Program/Service Expanded through MHSA: | 280 | Telephone Number: | 530-822-7200 |
| | | | | |

| | Client, FM & CG FTEs | Total Number of FTEs | Salary, Wages and Overtime per FTE | TOTAL Salaryes, Wages and Overtime |
|--|-------------------------|-------------------------|--|---|
| A. Current Existing Positions Mental Health Therapist III Intervention Counselor I | | 3.50 1.00 | | \$ 347,228 \$ 57,223 |
| Total Existing Positions B. New Additional Positions Mental Health Therapist III Program Management - Youth Program Management - Adult | 0.00 | 0.50 0.12 0.06 | \$ 99,208 \$ 121,614 | |
| | | | | |
| Total Additional Positions | 0.00 | 0.68 | | |
| C. Total Program Positions | 0.00 | 5.18 | \$ 502,742 | \$ 476,178 |

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|---|--|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 7 | | Date: | 10/1/2007 |
| Program Workplan Name: | Integrated Full Service Partnership | | Page: | 13 of 15 |
| Type of Funding | Full Service Partnership | | Months of Operation: | 6 |
| Prop | osed Total Client Capacity of Program/Service: | 80 | New Program/Service or Expansion: | Expansion |
| | Existing Client Capacity of Program/Service: | 55 | Prepared By: | DT |
| Client Capacity of Program/Service Expanded through MHSA: | | 25 | Telephone Number: | 530-822-7200 |

| All Inclusive FSP effective January 1, 2008 | | unty Mental Health epartment | Other Governmental Agencies | Community Mental Health Contract Providers | | TOTAL |
|---|----|------------------------------------|-----------------------------------|---|----|-----------|
| A. Expenditures | | | | | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | | | | | |
| a. Clothing, Food and Hygiene | \$ | 20,705 | | | \$ | 20,705 |
| b. Travel and Transportation | \$ | 7,973 | | | \$ | 7,973 |
| c. Housing | | | | | \$ | - |
| i. Master Leases | \$ | 63,144 | | | \$ | 63,144 |
| ii. Subsidies | \$ | 40,627 | | | \$ | 40,627 |
| iii. Vouchers | \$ | 12,833 | | | \$ | 12,833 |
| iv. Other Housing | \$ | 4,150 | | | \$ | 4,150 |
| d. Employment and Education Supports | | | | | \$ | - |
| e. Other Support Expenditures (Respite Care) | \$ | 35,005 | | | \$ | 35,005 |
| f. Total Support Expenditures | \$ | 184,437 | \$ - | \$ - | \$ | 184,437 |
| 2. Personnel Expenditures | | | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | | \$ | - |
| b. New Additional Personnel Expenditures (from Staffing Detail) | \$ | 318,937 | | | \$ | 318,937 |
| c. Employee Benefits | \$ | 157,089 | | | \$ | 157,089 |
| d. Total Personnel Expenditures | \$ | 476,026 | \$ - | \$ - | \$ | 476,026 |
| 3. Operating Expenditures | | | - | | | |
| a. Professional Services | \$ | 327,326 | | | \$ | 327,326 |
| b. Translation and Interpreter Services | ľ | - , | | | \$ | - |
| c. Travel and Transportaion | \$ | 21,237 | | | \$ | 21,237 |
| d. General Office Expenditure | \$ | 26,678 | | | \$ | 26,678 |
| e. Rent, Utilities and Equipment | \$ | 170,451 | | | \$ | 170,451 |
| f. Medication and Medical Supports | \$ | 5,938 | | | \$ | 5,938 |
| g. Other Operating Expenses (provide description in budget narrative) | Ψ | 0,000 | | | \$ | - |
| h. Total Operating Expenditures | \$ | 551,630 | \$ - | \$ - | \$ | 551,630 |
| 4 Program Management | Ψ | 001,000 | Ψ | Ψ | Ψ | 001,000 |
| a. Existing Program Management | | _ | | | \$ | _ |
| b. New Program Management | \$ | 67,709 | | | \$ | 67,709 |
| c. Total Program Management | Ψ | 07,700 | \$ - | \$ - | \$ | 67,709 |
| S. Estimated Total Expenditures when service provider in not known | | | Ψ | Ψ | Ψ | 01,100 |
| 6. Total Proposed Program Budget | œ. | 1,212,093 | \$ - | \$ - | ¢ | 1,279,802 |
| B. Revenues | Ψ | 1,212,093 | Ψ - | Φ - | 9 | 1,279,002 |
| | | | | | | |
| 1. Existing Revenues | | | | | _ | |
| a. Medi-Cal (FFP only) | | | | | \$ | - |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. Realignment | | | | | \$ | - |
| d. State General Funds | | | | | \$ | = |
| e. County Funds | | | | | \$ | = |
| f. Grants | | | | | \$ | - |
| g. Other Revenue | | | | | \$ | - |
| h. Total Existing Revenues | \$ | - | \$ - | \$ - | \$ | - |
| 2. New Revenues | | | | | | |
| a. Medi-Cal (FFP only) | \$ | 518,730 | | | \$ | 518,730 |
| b. Medicare/Patient Fees/Patient Insurance | | | | | \$ | - |
| c. State General Funds | \$ | 93,297 | | | \$ | 93,297 |
| d. Other Revenue | \$ | 787 | | | \$ | 787 |
| e. Total New Revenue | \$ | 612,814 | \$ - | \$ - | \$ | 612,814 |
| 3 Total Revenues | \$ | 612,814 | \$ - | \$ - | \$ | 612,814 |
| C. One-Time CSS Funding Expenditures | | | | | | |
| D. Total Funding Requirements | \$ | 599,279 | \$ - | \$ - | \$ | 666,988 |
| E. Percentage of Total Funding Requirments for Full Service Partnership | c | | | | | 100.0% |

| | , | | | |
|---|--|----|-----------------------------------|--------------|
| County(ies): | Sutter and Yuba | | Fiscal Year: | 2007-08 |
| Program Workplan #: | 7 | | Date: | 10/1/2007 |
| Program Workplan Name: | Integrated Full Service Partnership | | Page: | 14 of 15 |
| Type of Funding | Full Services Partnership | | Months of Operation: | 6 |
| Prop | osed Total Client Capacity of Program/Service: | 80 | New Program/Service or Expansion: | New |
| | Existing Client Capacity of Program/Service: | 55 | Prepared By: | DT |
| Client Capacity of Program/Service Expanded through MHSA: | | 25 | Telephone Number: | 530-822-7200 |

| All Inclusive FSP effective January 1, 2008 | Client, FM & CG FTEs | Total Number of FTEs | Salary, Wages and Overtime per FTE | TOTAL Salaryes, Wages and Overtime |
|---|-------------------------|----------------------|--|---|
| A. Current Existing Positions | | | | |
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| Total Existing Positions | 0.00 | 0.00 | 0.00 | 0.00 |
| B. New Additional Positions | 0.00 | | | |
| Employee: | | | | |
| Mental Health Therapist III | | 6.50 | \$ 50,564 | \$ 164,333 |
| Intervention Counselor I | | 9.50 | | |
| LPT/LVN | | 2.25 | \$ 62,582 | |
| Crisis Counselor | | 0.60 | \$ 47,228 | \$ 14,168 |
| Mental Health Worker | | 0.50 | | |
| Resource Specialist | | 3.00 | | |
| Program Management - Adult | | 0.35 | | \$ 21,961 |
| Program Management - CSOC | | 0.50 | | |
| Program Management - Youth | | 0.21 | \$ 121,614 | \$ 12,769 |
| | | | | |
| Contracted: | | | | |
| Parent Partner | 1.00 | | \$ 12,400 | |
| Peer Mentor | 3.50 | | \$ 12,400 | \$ 21,700 |
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| | | | | |
| Total Additional Positions | 4.50 | 23.41 | \$ 715,445 | \$ 602,925 |
| C. Total Program Positions | 4.50 | 23.41 | \$ 715,445 | \$ 602,925 |

| County(ies): | Sutter and Yuba | Fiscal Year: | 2007-08 |
|--------------|-----------------|--------------|-----------|
| • | | Date: | 10/2/2007 |
| | | Page: | 15 of 15 |

| | Client, Family | | | |
|--|----------------|------------|----|-----------|
| | Member and | | В | udgeted |
| | Caregiver | Total FTEs | | enditures |
| | FTEs | | - | |
| A. Expenditures | | | | |
| 1. Personnel Expenditures | | | | |
| a. MHSA Coordinator(s) | | 0.50 | \$ | 31,146 |
| b. MHSA Support Staff - Adminstrative Analyst | | | | |
| c. Other Personnel (list below) | | | | |
| i. Medical Fiscal Manager | | 0.50 | \$ | 42,844 |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| V. | | | | |
| vi. | | | | |
| vii. | | | | |
| d. Total FTEs/Salaries | | 1.00 | | |
| e. Employee Benefits | | | \$ | 25,663 |
| f. Total Personnel Expenditures | | | \$ | 99,653 |
| 2. Operating Expenditures | | | | |
| a. Professional Services | | | | |
| b. Travel and Transportation | | | | |
| c. General Office Expenditures | | | | |
| d. Rent, Utilities and Equipment | | | | |
| e. Other Operating Expenses (provide description in budget narrative) | | | | |
| f. Total Operating Expenditures | | | \$ | - |
| 3. County Allocation Administration | | | | |
| a. Countywide Administration (A-87) | | | \$ | 67,011 |
| b. Other Administration (provide description in budget narrative) | | | \$ | 400,000 |
| c. Total County Allocated Administration | | | \$ | 467,011 |
| 4. Total Proposed County Administration Budget | | | \$ | 566,664 |
| B. Revenues | | | | |
| 1. New Revenues | | | | |
| a. Medi-Cal (FFP only) | | | | |
| b. Other Revenue | | | \$ | 134,836 |
| 2. Total Revenues | | | \$ | 134,836 |
| C. Start-up and One-Time Implementation Expenditures | | | \$ | - |
| D. Total County Administration Funding Requirement | | | \$ | 431,828 |
| E. Percentage of Total Funding Requirments for Full Service Partnerships | | | | 45.0% |

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administrative budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08 funds required to be incurred on mental health service will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

| Date: | Signature: | | | |
|-------------|------------|------------------------------|--|--|
| | | Local Mental Health Director | | |
| Executed at | Yuba City | , California | | |