

July 21, 2006

Michael A. Borunda, Acting Deputy Director  
1600 9<sup>th</sup> Street  
Sacramento, CA 95814

Dear Mr. Borunda,

In response to your letter dated July 3, 2006, I am pleased to submit the enclosed revisions to the Butte County MHSA Community Services and Supports Plan. I am confident that the enclosed responses will address and clarify the issues and questions raised by the DMH review team.

I am also submitting a Table of Contents for the original MHSA Plan, as requested, which includes these responses as a continuation of the Plan.

If you should require further additional information, feel free to contact me, or Amy Wilner at (530) 891-2850

Thank you for all the assistance your review team and our MHSA liaison have provided.

Sincerely,

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Bradford R. Luz, Ph.D.  
Director

**Butte County, California  
Mental Health Services Act Community Services and  
Supports**

**Program and Expenditure Plan**

**Revisions**

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## **Part I – Community Program Planning**

### **Section I – Planning Process – Additional Information Requested.**

- 1. The review team did not feel that the plan presented enough information to determine whether the public planning process in Butte County was comprehensive and representative of the county population. County staff indicated during the meeting that there was more information readily available to explain more fully who was represented during the public planning process. Please provide additional information about the comprehensive nature of that process and who was included.*

Targeted Contractors and Public Agency representatives: A meeting of providers, both private and public agencies, was held on March 21, 2005. It was attended by county and city agencies such as District Attorney, Department of Employment and Social Services, County Administration, Auditor's Office, Sheriffs Office, City Police Departments, and the Board of Supervisors, Superior Court. Private providers attended, including local hospitals, Northern Valley Catholic Social Service, alcohol and drug treatment providers, Chico State, Butte College, North Valley Indian Health, Legal Services, NAMI, Valley Oaks Children's Services, Community Collaborative for Youth, Boys and Girls Club, Victor Community Services, developmentally disabled services agencies, and housing agencies. Total signed in: 61.

Targeted Community Based Organizations and Public Agencies:

A meeting of CBO's and Public Agencies was held on March 29, 2005:

Groups represented included: Public Health, Behavioral Health staff, Dept. of Rehab, TEAM Chapman (neighborhood community center), Rape Crisis, Boys and Girls Club, Youth for Change (foster care), HelpCentral.org (service database), Community Care Licensing, Peg Taylor Center (elder services), Brain Injury Coalition, Legal Services, CSU Chico faculty, Runaway Homeless Youth Task Force, Butte County Office of Education, Continuation High School staff, Community Action Agency, Esplanade House (homeless families), Vectors (veterans' services), Passages (elder services), Far Northern Regional Center, Stairways to Recovery (clean and sober housing), Feather River Tribal Health, Rock Creek (group home), Alzheimer Association, community members, family members and consumers. Total signed in: 65.

The following four community meetings were publicized in major newspapers including Chico Enterprise Record, Paradise Post and the Oroville Mercury Register, Gridley Herald. Flyers were posted in all partner agencies, government offices, libraries, senior centers, contractors, schools, businesses and organizations. E-mail announcement of meetings was distributed to all county employees, totaling approximately 2,200 people.

Gridley/Biggs Community Meeting on April 5, 2005:

Groups represented included: Gridley School District, consumers, Behavioral Health staff, Victor Community Services, community members, and family members. Total, based on sign-in sheets: 21 people. In addition staff held a concurrent meeting at the Farm Labor Camp, with approximately 20 attendees.

Oroville Community Meeting on April 20, 2005

A meeting held for the public that included Hmong United, Oroville Police Department, YMCA of Oroville, Stairways to Recovery (clean and sober housing), Do It Leisure (work training center), Feather River Parks and Recreation, Parent Education Network, Chico State University students, Behavioral Health, GOSO (Senior Citizen Group), District Attorney's office, community members, consumers, and family members. Total based on sign in sheets: 61 people.

Paradise Community Meeting on April 25, 2005

A meeting held for the public that included COVE, NAMI, Rowell Family Empowerment of Northern California, Butte County Office of Education, Project Vision, Youth For Change, Behavioral Health, senior center, consumers, community members, and family members. Total based on sign in sheets: 45 people.

Chico Community Meeting on April 28<sup>th</sup>, 2005

A meeting of private and public agencies was held on April 28, 2005. Participants included: Butte County Office of Education, Community Collaborative for Youth, Behavioral Health Board members, Valley Oaks Children Services (Monitor local childcare), Butte County Board of Supervisors Member, TEAM Chapman (Neighborhood Community Center), Butte/Glenn Med SOC, MCRC, Local School Psychologists, Parent Education Network, NAMI, North County Day School, Local Hospitals, Chico Area Recreation District, School Faculty (K-12), Behavioral Health Staff (Crises, Counselors, Prevention), Boys and Girls Club, Northern Valley Catholic Social Services, PTA members, Chico United Way, Chico Community Shelter Partnership, Chico Fire Department, Local News Media, Thermalito Unified School District, helpcentral.org, Special Education Faculty, ASP/ECC, Northern Valley Indian Health, community members, consumers, and family members. Total based on sign in sheets: 122.

Prop 63 Barbeque Oroville on May 17, 2005

A barbeque was held in a local park for the public to target the homeless population of Oroville. In addition, local police and fire personnel attended, City staff and officials. Total count based on sign in sheets: 65 people.

A total of 717 surveys were received during the community planning process. Of those responding:

- 0.4% aged 0-12 years
- 11.7% aged 13-17 years
- 9.3% aged 18-24 years
- 43.7% aged 25-50 years
- 23.2% aged 51-64 years
- 2.1% aged 65+
- 9.6% did not answer

The ethnic breakdown of respondents was:

- 60.9% Caucasian
- 9.5% Latino/Hispanic
- 2.6% African American
- 4.2% Asian/Pacific Islander

2.9% American Indian  
2.2% Other  
6.4% Multi-ethnic/racial  
11.2% no answer

- 2. Although the county mental health director was mentioned on Page 6 of your plan as having overall responsibility for the planning process, there was no mention of anyone else. There was also no information provided summarizing the staff functions performed and the amount of time devoted to the planning process to date. Please provide information identifying all staff that had a significant role in the public planning process including a summary of staff functions and the amount of time devoted to the public planning process.*

Danelle Campbell, Program Manager – Project planning oversight, coordination of staff, oversaw facility contracts. Oversaw stakeholder meetings and planning for stakeholder process, attended and planned department MHSA meetings. 15% of time dedicated to project March – September 2005, attended DMH/CIMH sponsored MHSA trainings.

Jodi de Boom/Drysdale – Coordinated MHSA planning process, attended DMH/CIMH sponsored MHSA training, notified public, provided outreach to the public on community meetings, coordinated all mail outs, co-facilitated community meetings, coordinated stakeholder application and selection process, co-facilitated stakeholder meetings with Director, trained stakeholders on duties associated with MHSA planning, led focus groups and supported data collection. 50% of time March – June, July – September 20%.

Amanda Montgomery, Supervising Health Education Specialist – Oversaw staff implementing community meeting, stakeholder process, executed facility, food, media contracts, attended MHSA meetings, staff community meetings. 5% of time March – August 2005.

Beth Hernandez, Health Education Specialist – Coordinated mail outs and community outreach, facilitated focus groups, participated in data collection, co-facilitated stakeholder meetings, staffed community meetings. 10% of time March-August 2005.

Various Prevention Unit Staff – Led and recorded small group discussion during community meetings. Each staff (total of 6) devoted approximately 10 hours to the planning process.

Various Management Department Staff (Assistant Directors, Program Managers, Psychologists, Clinical Supervisors, Fiscal and Support Staff, Administrative Analysts)- Participated in MHSA staff meetings, led focus groups, participated in community meetings, participated in DMH/CIMH sponsored MHSA trainings for county teams, prepared and reviewed data for Plan, developed and reviewed data collection tools, supported data collection, input and analysis, and assisted with program design and Plan preparation. Each staff (total of 18) devoted approximately

40 hours to the development of the MHSA Plan, including the community planning process.

Department Support Staff- Attended DMH/CIMH sponsored MHSA trainings, attended MHSA staff meetings, attended all community meetings, facilitated small group discussions at community meetings, outreach for focus groups and community meetings, typed meetings minutes, distributed communication, distributed various mail outs. Each staff (total of 4) devoted approximately 40 hours to support the Plan development.

Contract Support:

Linda Huffmon, MPA –Prepared MHSA Plan based on input from stakeholders and staff to meet Plan Requirements. Provided training and information at stakeholder meetings regarding the requirements of the Plan.

Greg Gallagher – Grove Consulting, provided graphic recording for all community meetings and stakeholder meetings to provide summary detail of community input.

Nancy Callahan PhD – IDEA Consulting provided technical assistance on data collection tools, community process, and stakeholder meetings.

3. *No information was provided about the training for stakeholders in the local planning process. Briefly describe the training provided to ensure full participation of stakeholders and staff in the public planning process.*

Training was initiated for stakeholders at the community meeting.

Staff on the Behavioral Health MHSA Team and stakeholders were trained in a variety of ways:

- Team attended two trainings offered by DMH for small county teams
- Behavioral Health Board members attended a CMIH sponsored training designed for Behavioral Health Board members
- Staff who coordinated the community process attended a four-day training on how to effectively gather public input
- Specially trainings attended by staff and consumers included: housing, Public Hearing process, transitional age youth, homeless youth, full service partnerships, best practices
- A group of staff and consumers attended the teleconference provided by DMH

Training was provided at every step of the MHSA planning process. Department staff attendance was required.

## **Section II – Plan Review – Additional Information Requested**

1. *No information was provided:*

*(1) about whether the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it;*

The draft plan was widely distributed by the following methods:

- a. Mailing via USPS to 151 people who attended the four Community meetings during which they were asked for input regarding the needs of the community. When mail was returned as undeliverable, a mailing to the person's organization affiliation (when available) was made under their name.

Homeless consumers who attended meetings received a copy of the Plan through their Personal Services Coordinators.

A very small number of people attending the Community meetings did not provide sufficient address information; however they remain on our contact list.

- b. At least 69 e-mails were sent to people who attended Community meetings and provided e-mail addresses.
- c. The draft Plan was sent via e-mail to community organizations, County agencies, Behavioral Health staff, and the MHSA Stakeholder Committee. A total of 580 e-mails went out in this distribution to:

- Behavioral Health Board
- County Board of Supervisors
- Butte County Department Heads
- Stakeholder Committee
- NAMI
- Policy Council of the Children's System of Care
- Providers
- County Agencies
- Behavioral Health staff

- d. Five county libraries received e-mails, making the Plan available to the public; one received a hard copy. Flyers were posted regarding MHSA meetings.
- e. A copy of the draft Plan was posted on the Behavioral Health website with information on ways to give input. (<http://www.butte-dbh.org/prop63/mhsaplanfinal1.pdf>)

*(2) that documented the public hearing by the mental health board or commission;*

Public hearings were held in two of the major population centers of Butte County: Chico and Oroville. Notice of these public hearings was published in the Chico Enterprise Record, Paradise Post and the Oroville Mercury Register. In addition, flyers announcing the meetings were posted in libraries, and senior centers, and e-mails and mailers were sent to the 805 individuals and organizations on the MHSA mailing list. Meeting dates were: January 18, 2006 in Oroville, January 19, 2006 in Chico, and an

additional public meeting was conducted in Paradise on February 23, 2006, in response to community request. A notice was published two weeks in advance in the Paradise Post.

A publicly noticed meeting of the Behavioral Health Board was held on December 15, 2005 for the specific purpose of reviewing the MHSA Plan. All Behavioral Health Board meetings are open to the public.

The MHSA Draft Plan was discussed at the Butte County Board of Supervisors meeting on February 14, 2006. The Plan was approved unanimously for submission.

*(3) that included a summary and analysis of any substantive recommendations for revisions; and*

Input was received from Behavioral Health MHSA team, NAMI, Behavioral Health Board, Providers, Behavioral Health staff, community at large, other county Department Heads, Police Chiefs; Enloe, Feather River and Oroville hospital emergency rooms, private Behavioral Health Unit at Enloe Medical Center.

Stakeholder Committee input:

- Re-instate grief program in collaboration with local hospitals
- More school based counseling

Behavioral Health Board-sub-committee on MHSA and Recovery Implementation:

- Suggested including language regarding resilience, thereby extending the Recovery Model to youth.
- Need for substance abuse treatment, including detox, due to the common overlap of mental illness with substance use
- Be sure to include in homeless issues: outright homeless, overcrowded family environments, sub-poverty (subsistence) populations, crisis level destabilized consumers
- Crash courses in language training for staff to enhance services to monolingual (non-English) consumers

Behavioral Health Board:

- Need for services for people living in the outlying areas of the County
- Training for consumers needed

Behavioral Health Staff In-put:

- Funding for consumer jobs
- Make sure that consultants who train staff and consumers in the Recovery Model have appropriate credentials and experience
- Step down facility for consumers leaving the PHF when independent living is not yet do-able

Community members:

- Assist youth at risk by providing restricted environmental stimulation therapy known as the REST approach which involves flotation and meditation while immersed in Epsom salt supersaturated water
- Older Adults requested that services be co-located in community centers, easily accessed by public transportation

Behavioral Health Cultural Competence Committee:

- More relationship-building needed with the African American Community, to begin developing a more trusting relationship between the Community and County Behavioral Health Services

Transportation Company:

- Include transportation costs for clients whose transportation is not reimbursed by Medi-Cal
- Suggested "optimum" hours for transport of clients to services

NAMI (National Association for the Mentally Ill):

- Police sensitivity training
- Improved services for people in jail
- Mobile crisis intervention unit.
- Review and implement Laura's Law (AB1421)
- More crisis intervention training
- Expand PHF (Psychiatric Health Facility) to include unit for children
- Medium term Mental Health facility in the jail to provide services
- Fund Oroville Drop-In Center (for behavioral health clients)
- Improve Behavioral Health intake and access process
- Support respite care for youth and families
- Expand supportive housing
- Expand job training and employment opportunities for consumers
- Implement the Recovery Model using evidence-based practices
- Utilize Mentally Ill Offender Crime Reduction grant findings to further enhance mobile crisis, provide for a sobering station, expand housing and employment opportunities

Butte County Office of Education

- Effective treatment options for students who are run-away and/or transitional age using the Larkin Street Youth Services model

*(4) about whether there were any substantive changes to the plan circulated for public review and comment and if so, a description of those changes. Please provide information that addresses each of these questions as required on page 12 of the DMH CSS requirements.*

The following changes to the Plan were made based on public input.

- a. More school based counseling: Two Full Time Equivalent school based counselors were added

- b. Funding for consumer jobs: This line item was increased to allow for both youth and adult consumer jobs
- c. A program was added to work with the African American community for the purpose of developing trust and knowledge of the behavioral health services (see Budget Narrative)

As changes were made to the Plan, they were posted on the Behavioral Health website for public review, as was the final draft.

**Part II – Program & Expenditure Plan Requirements**

**Section I – Identifying Community Issues Related to Mental Illness Resulting from Lack of Community Services and Support – Additional Information Requested**

1. *As discussed at the review meeting, the intent of this section is to identify major community issues, by age group, as raised in Butte County’s community planning process. Each question in this section found on pages 14 and 15 of the DMH CSS requirements relates back to those community issues. Although the grid provided on page 7 of your plan is intended to identify community issues, it really identifies solutions to problems that were not named. For example the issues identified for children and youth include school based programs, parent programs and crisis services. Our understanding based on the discussion at the review meeting is that you do have information about the initial issues raised during the planning process. Please provide that information, by age group, and indicate with an asterisk which issues have been selected to be addressed over the next three years. To address the other questions in this section, please provide some additional information about how the “issues” were prioritized and explain any specific racial, ethnic and gender disparities within the selected community issues for each age group.*

Major community issues identified through the community planning process were the following:

| <b>County/Community Issues Identified in the Public Planning Process</b>  |  |  |   |
|---|--|--|---|
| <b>Children/Youth</b>   | <b>Transition Age Youth</b>  | <b>Adults</b>  | <b>Older Adults</b>   |
| 1. Students experiencing a behavioral health crisis or problem while attending school do not always have an on-site behavioral health counselor to help them immediately causing teachers to divert their attention to this problem | 1. TAY youth who are not able to live at home with family do not have specialized assistance to find permanent housing, to learn independent living skills, and to be safely housed in transitional shelter*<br>2. There are no beds for Youth on the PHF* | 1. There is no detox facility in this county; the only option is jail*<br>2. The PHF facility is only located in Chico and not in other population centers, especially Oroville<br>3. There are not enough PHF beds: clients needing in-patient crisis | 1. There is no transportation services to take seniors to their appointments, to do shopping, to attend social events*<br>2. Seniors do not have opportunities for socialization, especially in outlying towns like Bangor, Berry Creek |

|  |   |  |   |
|--|---|--|---|
| <p>rather than to regular classroom activities*<br/>2. There are no local children's in-patient beds, causing clients to be transferred out-of-county for in-patient care of children. Families are then not able to participate in their children's care*</p> | <p>3. There is no consumer-driven alternative to medical model*<br/>4. There is no comprehensive, county-wide AOD &amp; detox treatment program for youth, including residential treatment*<br/>6. Children are homeless on the streets of Chico, coming from all over the county to "hang-out" in Chico*</p> | <p>services are not able to secure beds; clients needing in-patient services are waiting at the hospital emergency rooms too long; police state there is nowhere to take clients during crisis for a cooling off period*<br/>4. Service personnel do not have proper training regarding mental illness: teachers, medical personnel, police<br/>5. Homeless adults with mental health problems are living without specialized services in Oroville*<br/>6. Hospital emergency rooms treat homeless people who need specialized mental health services and detox interventions*<br/>7. Consumers are left out of the process of developing behavioral health programs &amp; their own tx. plans, that instill hope*</p> | <p>3. Seniors call police or medical emergency services when they are in crisis or are fearful<br/>4. There are no independent living services for seniors in Magalia<br/>5. There are no crisis services for individuals who have both mental illness &amp; organic issues such as dementia*<br/>6. Seniors need to have services provided in community centers because they can't easily travel from site to site</p> |
|--|---|--|---|

\*to be addressed over the next three years.

During the community meetings, each person attending was invited to prioritize the issues by posting sticky dots on flip charts, which contained the community issues.

Input from the community meetings and focus groups was presented to the Stakeholder Committee for review and discussion during a series of meetings. This group studied the needs in the chart above to determine those having the highest priority in each age group.

After studying the community issues, the stakeholder group broke into age-specialist groups and selected those that should be addressed with MHSA funding. It was determined that some issues were already, or at least partially, addressed with existing programs. The starred issues listed in the chart above are addressed in the age groups and programs seen in the chart below.

| <b>MHSA Programs to Address County/Community Issues Identified in the Public Planning Process</b>  |  |  |  |
|--|--|--|--|
| <b>Children/Youth</b>  | <b>Transition Age Youth</b>  | <b>Adults</b>  | <b>Older Adults</b>  |
| <u>New MHSA Programs:</u><br>1. LINK Youth Center and Housing Program<br><br>2. 23-hour crisis stabilization program<br>3. Additional School-based counselors using one-time funding | <u>New MHSA Programs:</u><br>1. LINK Youth Center and Housing Program<br><br>2. 23-hour crisis stabilization program | <u>New MHSA Programs:</u><br>1. Homeless mentally ill program in Oroville<br><br>2. 23-hour crisis stabilization program | <u>New MHSA Programs:</u><br>1. 23-hour crisis stabilization<br>2. Homeless mentally ill program in Oroville |

The Stakeholder Committee recognized the challenge of meeting the broad array of community needs with limited MHSA funding. It was determined that the highest priority should be to provide services that link the needs identified in the community process with those people who are unserved. The three groups meeting this definition are: homeless youth, people of all ages in short-term crisis, and homeless adults having mental illness in the Oroville area. Providing the proposed programs will also meet the state requirements for:

- 1) Serving unserved populations
- 2) Addressing the essential program elements of: community collaboration, cultural competence, client/family driven mental health system, wellness focused program, and integrated service experience for client and their families
- 3) Providing at least half of the funding for “full service partnerships”
- 4) Reducing the long-term adverse community impacts of untreated mental illness

To meet the need for an alcohol and drug detoxification facility, which was identified as a community need, the most appropriate use of the funding was determined to be a program for people with mental illness living on the streets of Oroville. This group is being targeted as having the most need for mental health services and substance treatment. In the current homeless program in Chico, at least 60% of the consumers are dependent on substances; this figure is estimated to be even higher in Oroville. Services for these homeless adults will address the dual problem of mental illness and substance addiction, helping them to acquire and remain in stable, permanent housing. These two illnesses must be addressed simultaneously in order for this to happen. In addition, the 23-hour crisis program will address the needs of people experiencing a mental health crisis, in conjunction with substance use.

Older adults will be one of the age groups served in the 23-hour crisis stabilization program. Through this program, unnecessary emergency room visits and 911 calls will be reduced and connection with outpatient services will be made possible. The older adult population will receive crisis stabilization services through the 23-hour program, and will receive appropriate discharge into current specialty senior services. This will

effectively increase services to this un-served population, thereby reducing their isolation and providing transportation to needed socialization programs.

Expansion of the Psychiatric Health Facility (PHF) services was identified as a need in our community. The 23-hour crisis stabilization program will offer an alternative to this level of care, which will provide services to individuals in crisis, and in essence, expand PHF services to individuals experiencing psychiatric crises.

*explain any specific racial, ethnic and gender disparities within the selected community issues for each age group.*

It has been very difficult to determine specific gender, racial, and ethnic disparities within the populations that will be served by the selected programs. These are: youth and adults in crisis due to mental illness, homeless youth and homeless adults. However, we know that generally Latino and Asian children and youth are underserved, and that Latino adults are underserved in Butte County Behavioral Health programs. This is a situation related to access to services, which will be mitigated through efforts in each of the selected MHSAs programs.

During the community process, African American community members indicated that people from the Black community would prefer to receive services from members of their own community whom they know and trust, and who do not label them as mentally ill or drug addicted, but see their problems as life challenges to be addressed through faith and community support. African Americans often feel that they are labeled by the health community, which only adds to their sense of being victimized by the community at large outside Black neighborhoods. This results in a hesitancy to accept the offer of mental health services, contributing to the underutilization of traditional health and mental health services. To address this discrepancy between extensive need and the reluctance to access services, it has been suggested by Black community leaders that we approach pastors in the faith community to help identify needs and the approach that will best serve them.

In the Butte County adult population, Latinos are the most underserved in Behavioral Health services. This access problem will be addressed through efforts described in the two programs for adults: 23-hour stabilization and the homeless mentally ill program in Oroville.

The Butte County Homeless Task Force conducted a countywide homeless count during one day in January 2006; 778 people were found to be homeless. Of these, 222 were children, 185 were women and 371 were men. By early 2007, a comprehensive homeless count will inform us of the ethnic, age and gender characteristics of people who are homeless in Butte County.

## **Section II – Analyzing Mental Health Needs in the Community – Additional Information Requested**

- 1. Please provide additional information analyzing un-served populations in the county by age group. The only information provided in the county plan addressed those un-served persons the county intends to serve with MHSAs*

*funds. Please provide some information about other un-served populations in the county.*

The following populations have high need for mental health services. However large percentages of these groups are currently unserved.

#### Incarcerated Population:

Butte County Sheriff's Office data indicates that in the Butte County jail population one in five inmates is on psychotropic medications. The group is unserved by Butte County Behavioral Health.

Butte County Probation Department data shows that in 2005, at the Juvenile Hall the total number of children totals 118 per month. 90 were male and 27 were female. Ethnic breakdown for males is: 65% Caucasian, 14% Latino, 2% Asian, 12% black, 5% Native American, 7% other. Ethnic breakdown for females is 70% Caucasian, 11% Latino, .4% Asian, 10% black, 4% Native American, 5% other. Even though ethnic groups are over represented in Juvenile Hall, there is no program specifically designed to meet their needs.

#### Children:

We are heavily impacted by methamphetamine and other drug use in this county. Children from drug-impacted families that have not had interventions by Child Protective Services or the drug-enforcement programs (DEC/BINTF) are among the unserved.

#### People in Poverty

According to the 2000 Census:

Butte County has a low median household income of \$31,924 compared to the state income of \$47,493.

In Butte 6.5 % of households are on public assistance, while the state average is 4.9%.

The Texas Medical Branch prevalence data provides percentages of county population below 200% of federal poverty level. In Butte County, 53% of children/youth are in poverty, 38.6% adults are in poverty, and 28.2% of older adults are in poverty.

#### Older Adults

In Butte County 15.8% of population is 65 years of age and older, as compared to the California number of 10.6%. Because this group is also growing, services will have to be increased.

Home-bound older adults who are diagnosed with multiple health problems, who also experience early signs of depression, dementia, substance dependence are largely unserved.

### Gay, Lesbian, Transgendered, and Bi-sexual Youth

Butte County Office of Education and SERV (domestic violence program for youth indicated that this group is not currently being served.

*As described in page 18 of the DMH CSS requirements, counties were expected to use multiple informing factors and population data to provide the analysis of un-served populations in the county by age group, with a focus on racial/ethnic disparities. In completing the answer to question No. 1 above, please describe the population data and other informing materials that were used to complete the analysis.*

The informing sources for estimates of un-served populations within Butte County are:

- Butte County Sheriff's Office
- Butte County Probation Department
- Butte County Public Health
- University of California, Berkeley data on Child Welfare Services
- 2000 Census
- University of Texas Medical Branch  
([http://psy.utmb.edu/p5profile%5Fhtm/California/p5wsmi01\\_ca007.htm](http://psy.utmb.edu/p5profile%5Fhtm/California/p5wsmi01_ca007.htm))

Ethnic disparities of the unserved are discussed in previous section.

- 2. Your plan did provide a chart identifying the total number of persons by category that are currently receiving services including those fully served and those inappropriately served. While the information included in the chart meets criteria, the review team noted that the numbers were not always consistent with the narrative descriptions included on pages 13 and 14 of your plan. Please amend those descriptions as necessary.*

The following narrative was found in the Plan on page14:

The number of "Fully Served" people is comparatively low (339) for all age groups and all ethnicities, using the assumption that only those served in the four programs listed above receive "full service". Of the adults and older adults who are fully served, there are far more males fully served than females, even though there are slightly more females in the population.

### Clarification:

In this paragraph the figure 339 is derived from the total number of children/youth (24 male and 27 female), adults (168 male and 104 female) and the older adult (12 male and 4 female). This number excludes the reported Transitional Aged Youth which are duplicated in the children/youth and adult figures.

The following narrative was found in the Plan on page 15:

Individuals who at discharge were employed/in school/involved in job training, and had housing, and their treatment goals had been met per mutual client and staff agreement. Using these criteria, an additional 384 clients were "fully served".

This paragraph has been revised to say:

Individuals who at discharge were employed/in school/involved in job training, and had housing, and their treatment goals had been met per mutual client and staff agreement. These clients were provided sufficient care to help them meet the goals of their individualized treatment plans.

**Section III – Identifying Initial Populations for Full Service Partnerships –**  
Criteria Met

**Section IV – Identifying Program Strategies –** Criteria Met

**Section V – Assessing Capacity –** Criteria Met

**Section VI – Developing Work Plans with Time Frames and Budget/Staffing –**  
Additional Information Requested

### **General Work Plan Issues**

- 1. Information provided in Exhibit 2 for Fiscal Year 2005-06 shows funding for your two Full Service Partnership programs, SEARCH South and LINK, reflected in the column for System Development funds. Please clarify whether these funds should be reflected in the Full Service Partnership column.*

SEARCH is 100% FSP. LINK is reflected in the budget as both FSP and Outreach and Engagement. 2005-2006 funding was moved to 2006-2007 as it was all one-time expenditures. See revised Exhibit 2.

- 2. Information provided in Exhibit 2 for Fiscal Year 2006-07 shows funding for your Consumer Education and Support Program reflected in the column for Full Service Partnership. The work plan narrative for this program indicates it is an Outreach and Engagement program. Please clarify this information and revise Exhibit 2 if appropriate.*

Consumer Education and Support is 100% Outreach and Engagement funds. See revised Exhibit 2.

- 3. Exhibit 2 reflects funding for your county's administration costs under the System Development column for each of the three years. Please revise that exhibit and reflect administration costs in the "Total Request" column only.*

See revised Exhibit 2.

4. *Exhibit 2 on page 61 of your plan identifies a prudent reserve in the amount of \$989,900. As reflected that amount is divided between Full Service Partnerships, \$593,940, and System Development, \$395,960. As discussed at the review meeting, DMH is not approving local prudent reserves. Based on this information, please revise Exhibit 2 and provide a description of how the county intends to use these funds. If appropriate, please include these expenditures in an existing program budget or prepare a new program budget if applicable. If decisions are not yet made about how best to use these funds, you may provide this detail at a later date without jeopardizing approval of your plan.*

As per discussions with DMH at the County Plan Review meeting on April 12, the County has revised prudent reserves and allocated funds to one-time funding needs. See revised Exhibit 2 and Budget Narrative.

5. *Information included in Exhibit 3 on page 64 of your plan shows that the number of persons to be served in Full Service Partnerships will be 410 in Fiscal Year 2006-07 and 560 in Fiscal Year 2007-08. These numbers appear very high in relation to the number of staff positions reflected for these programs. It may be that the numbers included in Exhibit 3 included persons to be served in a System Development or Outreach and Engagement component of this program. Please provide additional information to explain these numbers and/or revise Exhibit 3 as appropriate.*

See revised Exhibit 3.

6. *No budget narratives were provided for any of the work plan budgets. Please provide that detail for each program budget for each fiscal year.*

See attached Budget Narrative

7. *There were no client/family member staff positions identified for any of your programs based on the staffing detail worksheets provided. While there was mention of hiring peer specialists in the 23-hour crisis stabilization program and SEARCH program and part-time youth staff in the LINK program, no client/family member positions are identified on the staffing detail worksheets. It appears that these client/family member positions may be through a contract with a local provider. Please provide some additional information about the county's intent to hire clients and family members and how this will be accomplished. If applicable please revise your staffing detail worksheets to reflect positions in the client/family member column when appropriate.*

See attached revised Exhibit 5.

#### Work Plan 1 – 23-Hour Crisis Stabilization Program – Outreach and Engagement

1. *Your county plan has identified this 23-Hour crisis stabilization program as an Outreach and Engagement program. This type of program is not consistent with*

*the program descriptions for Outreach and Engagement provided on page 8 of the DMH CSS requirements. It appears that this program may have been more appropriately described as System Development. Please provide additional information explaining and/or revising the categorization of this program as Outreach and Engagement.*

The County has identified the 23-hour Crisis Stabilization Program as primarily System Development with a small component being FSP. See revised Exhibit 2 and Exhibit 5.

- 2. Page 33 of your plan mentions the use of housing subsidies for persons served in this program. As discussed at the review meeting, fiscal housing supports can only be provided with MHSA funds in Full Service Partnership programs or for emergency housing assistance to an individual engaged through outreach and engagement who is expected to enter a Full Service Partnership program. The same rule applies to the use of MHSA funds for flexible support expenditures for clients. The budget provided on page 85 for this program work plan identifies \$79,300 for client/family support expenditures. Based on the information you provide in response to the question immediately above, about the appropriate categorization of this program, please make any necessary revisions to your narrative and budget detail to be consistent with DMH CSS requirements.*

The County has identified \$54,000 as FSP in the 23-hour Crisis Stabilization Program. The dollars will be used for housing subsidies with the intention of moving those clients to existing intensive case management programs. The cost per client in the FSP portion of the 23-Hour Crisis Stabilization Program is \$4,500. This does not include the addition revenue for the intensive case management programs. See revised Exhibit 2 and Exhibit 5.

Work Plan 2 – Search South – Full Service Partnership – Adults and Older Adults

- 1. The review team was not able to reconcile the cost per client figures identified for this program with the costs included in Exhibit 2. For example the total MHSA costs for this program are identified as \$709,651 in the first year, \$782,981 in the second year, and \$1,492,633 in the third year. Exhibit 2 reflects \$317,600, \$615,034, and \$678,456 as the total cost of this program for each of the three years. Please provide additional information about the cost per client in this program and revise the associated calculation if appropriate. Please revise Exhibit 2 detail as necessary.*

The original section read as follows:

Total cost for each Full Service Partnership participant in the SEARCH South program will be \$24,054. (Based on 35 participants in each program year=70 and \$1,683,751 two year program costs. Approximately 150 additional people will receive outreach, assessment, and referral services through this program; these are not Full Service Partnership participants.

The revised section reads:

Total cost for each Full Service Partnership participant in the SEARCH South program will be \$20,916. (Based on 35 participants in each program year=70 and \$1,464,131 two year program costs. Approximately 150 additional people will receive outreach, assessment, and referral services through this program; these are not Full Service Partnership participants.

The one-time funding was not included in the revised total, resulting a lower cost per client.

- 2. The staffing detail worksheet for this program on page 88 of your plan includes 500.0 FTEs for "On Call Shifts". It is our understanding that this was a misrepresentation of FTE's. Please explain and/or revise the number of FTE's reflected for "On Call Shifts".*

See revised Exhibit 5.

Work Plan 3 – LINK – Full Service Partnership – Children/Youth (14-24)

- 1. Although this program is described as a Full Service Partnership, the budget worksheets indicate that 375 persons will be served in Fiscal Year 2006-07 and 525 persons will be served in Fiscal Year 2007-08. Please explain if the intent is to serve some of these individuals in Full Service Partnerships and others through System Development and/or Outreach and Engagement. If this is a blended program, please identify those staff and costs associated each component of the program.*

This budget now includes both a component of Outreach and Engagement and FSP funds with a new estimate of clients to be served. See revised Exhibit 5.

- 2. The FSP cost per client identified for this program on page 48 of your plan is \$1,880. This seems very low for a full service partnership program. Please explain if this figure is accurate and if so why the costs are so low. If this figure is not accurate, please identify and explain the revised cost per client.*

Total cost for each Full Service Partnership participant in the LINK program will be \$5,105. (Based on 70 participants in the program per year=140 for two years, and \$717,714 two year program costs. The per client cost is \$5,105, after deducting the one-time funding from this budget.

Work Plan 4 – Consumer Education and Support

- 1. This program is identified in your work plan narrative as an Outreach and Engagement program. The budget worksheets identify the program as a Full Service Partnership program. Since the program is intended to provide education and training to new and existing clients, and is not limited to only currently un-served individuals, it appears that this program would be more appropriately defined as a System Development program. As identified on page 8 of the DMH CSS requirements, Outreach and Engagement funding may only be used for activities to reach un-served individuals. Please revise all exhibits,*

*budgets and narrative information to identify this program as a System Development program.*

See revised Exhibit 5.

- 2. Based on discussion at the review meeting, our understanding is that some of the staff identified for this program will be client/family member staff. If this is correct, please revise the staffing detail worksheet found on page 92 to reflect positions in the client/family member column if appropriate.*

See revised Exhibit 5.

#### *Fiscal Issues*

- 1. Given that the date of approval will occur in Fiscal Year 2006-07, all expenditures will need to be budgeted in Fiscal Years 2006-07 and 2007-08. Other one-time funding requests for Fiscal Year 2005-06 will need to be budgeted within Fiscal Years 2006-07 and 2007-08. Please provide a revised Exhibit 2 and Exhibit 5a for all four work plans.*

See revised Exhibit 2 and Exhibit 5a for all four work plans.

- 2. The Department is unable to approve your request for a county prudent reserve. Please revise all exhibits and budget detail related to plans for a county prudent reserve. If you have revised plans for the use of these funds please provide that information.*

All exhibits have been revised to reflect this change.

*As mentioned previously in this letter, the Department has engaged a fiscal consultant to review all county fiscal detail. The comments from the fiscal expert are included as Attachment C. What follows is a summary of the issues identified in Attachment C.*

- 1. Please provide budget narratives for all four work plans describing budget line items and including one-time funding requests.*

See attached Budget Narratives.

- 2. There are inconsistencies between staffing detail sheets for programs 1, 2, and 3 and other staffing descriptions. Please explain discrepancies.*

All Budget Narratives in the original Plan should be disregarded, as there is a revised Budget Narrative for each program attached.

- 3. The funding amounts requested do not match the amounts in Exhibit 2 or in the detailed budgets (Exhibit 5a) for all four work plans. Please explain discrepancies.*

The revised Budget Narrative identifies the total MHSA request per program that correlates to the revised Exhibit 2.

- 4. Please explain how the \$361,594 proposed for information technology costs will be distributed between the four identified work plans.*

The County has consulted with DMH IT for approval of technology projects. The budget narrative describes how IT projects are divided among programs.

- 5. Please provide specific information about other one-time requests.*

See revised Budget Narrative.

- 6. Please provide budget narrative for Administration budget.*

See revised Budget Narrative.

- 7. The Department is unable to approve a county prudent reserve. Please address this issue.*

See revised Exhibit 2 and Exhibit 5.





**EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW**

| Number of individuals to be fully served:   |            |                       |         |                       |               |                       |         |                       |        |
|---|------------|-----------------------|---------|-----------------------|---------------|-----------------------|---------|-----------------------|--------|
| FY 2005-06: Children and Youth: <u>  0  </u> Transition Age Youth: <u>  0  </u> Adult: <u>  0  </u> Older Adult: <u>  0  </u> TOTAL: <u>  0  </u>     |            |                       |         |                       |               |                       |         |                       |        |
| FY 2006-07: Children and Youth: <u>  0  </u> Transition Age Youth: <u>  70  </u> Adult: <u>  38  </u> Older Adult: <u>  9  </u> TOTAL: <u>  117  </u> |            |                       |         |                       |               |                       |         |                       |        |
| FY 2007-08: Children and Youth: <u>  0  </u> Transition Age Youth: <u>  70  </u> Adult: <u>  38  </u> Older Adult: <u>  9  </u> TOTAL: <u>  117  </u> |            |                       |         |                       |               |                       |         |                       |        |
| PERCENT OF INDIVIDUALS TO BE FULLY SERVED   |            |                       |         |                       |               |                       |         |                       |        |
| Race/Ethnicity  | % Unserved |                       |         |                       | % Underserved |                       |         |                       | %TOTAL |
|   | %Male      |                       | %Female |                       | %Male         |                       | %Female |                       |        |
|   | %Total     | %Non-English Speaking | %Total  | %Non-English Speaking | %Total        | %Non-English Speaking | %Total  | %Non-English Speaking |        |
| <b>2005/06</b>  |            |                       |         |                       |               |                       |         |                       |        |
| % African American  | 0          | 0                     | 0       |                       |               |                       |         |                       | 0      |
| % Asian Pacific Islander  | 0          | 0                     | 0       |                       |               |                       |         |                       | 0      |
| % Latino  | 0          | 0                     | 0       |                       |               |                       |         |                       | 0      |
| % Native American   | 0          | 0                     | 0       |                       |               |                       |         |                       | 0      |
| % White   | 0          | 0                     | 0       |                       |               |                       |         |                       | 0      |
| % Other   | 0          | 0                     | 0       |                       |               |                       |         |                       | 0      |
| Total Population  | 0          | 0                     | 0       | 0                     | 0             | 0                     | 0       | 0                     | 0      |
| <b>2006/07</b>  |            |                       |         |                       |               |                       |         |                       |        |
| % African American  | 1          | 0                     | 1       | 0                     |               |                       |         |                       | 2      |
| % Asian Pacific Islander  | 3          | 0                     | 1       | 0                     |               |                       |         |                       | 4      |
| % Latino  | 8          | 2                     | 8       | 1                     |               |                       |         |                       | 16     |
| % Native American   | 2          | 0                     | 1       | 0                     |               |                       |         |                       | 3      |
| % White   | 40         | 0                     | 30      | 0                     |               |                       |         |                       | 70     |
| % Other   | 3          | 0                     | 2       | 0                     |               |                       |         |                       | 5      |
| Total Population  | 57         | 2                     | 43      | 1                     |               |                       |         |                       | 100    |
| <b>2007/08</b>  |            |                       |         |                       |               |                       |         |                       |        |
| % African American  | 1          | 0                     | 1       | 0                     |               |                       |         |                       | 2      |
| % Asian Pacific Islander  | 3          | 0                     | 1       | 0                     |               |                       |         |                       | 4      |
| % Latino  | 8          | 2                     | 8       | 1                     |               |                       |         |                       | 16     |
| % Native American   | 2          | 0                     | 1       | 0                     |               |                       |         |                       | 3      |
| % White   | 40         | 0                     | 30      | 0                     |               |                       |         |                       | 70     |
| % Other   | 3          | 0                     | 2       | 0                     |               |                       |         |                       | 5      |
| Total Population  | 57         | 2                     | 43      | 1                     |               |                       |         |                       | 100    |

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

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>1.2006</u>                                       | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>23-Hour Unit</u>                              | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>2. System Development</u>                           | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>2,737</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                  | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>2,737</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total     |
|---|---------------------------------|-----------------------------|--|-----------|
| <b>A. Expenditures</b>  |                                 |                             |  |           |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |           |
| a. Clothing, Food and Hygiene   |                                 |                             | \$17,800                                   | \$17,800  |
| b. Travel and Transportation  | \$7,500                         |                             |  | \$7,500   |
| 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 (provide description in budget narrative)       |                                 |                             |  | \$0       |
| f. Total Support Expenditures   | \$7,500                         | \$0                         | \$17,800                                   | \$25,300  |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |           |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0       |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$498,897                       |                             |  | \$498,897 |
| c. Employee Benefits  | \$207,773                       |                             |  | \$207,773 |
| d. Total Personnel Expenditures   | \$706,670                       | \$0                         | \$0  | \$706,670 |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |           |
| a. Professional Services  |                                 | \$25,560                    | \$156,175                                  | \$181,735 |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0       |
| c. Travel and Transportation  | \$9,350                         |                             |  | \$9,350   |
| d. General Office Expenditures  | \$10,000                        |                             |  | \$10,000  |
| e. Rent, Utilities and Equipment  |                                 |                             |  |           |
| f. Medication and Medical Supports  | \$50,000                        |                             |  | \$50,000  |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0       |
| h. Total Operating Expenditures   | \$69,350                        | \$25,560                    | \$156,175                                  | \$251,085 |
| <b>4. Program Management</b>  |                                 |                             |  |           |
| a. Existing Program Management  |                                 |                             |  | \$0       |
| b. New Program Management   |                                 |                             |  | \$0       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0       |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |           |
|   |                                 |                             |  | \$0       |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |           |
|   | \$783,520                       | \$25,560                    | \$173,975                                  | \$983,055 |
| <b>B. Revenues</b>  |                                 |                             |  |           |
| <b>1. Existing Revenues</b>   |                                 |                             |  |           |
| 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       |
| <b>2. New Revenues</b>  |                                 |                             |  |           |
| a. Medi-Cal (FFP only)  | \$388,019                       |                             |  | \$388,019 |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0       |
| c. State General Funds  |                                 |                             |  | \$0       |
| d. Other Revenue  | \$155,207                       |                             |  | \$155,207 |
| e. Total New Revenue  | \$543,226                       | \$0                         | \$0  | \$543,226 |
| <b>3. Total Revenues</b>  |                                 |                             |  |           |
|   | \$543,226                       | \$0                         | \$0  | \$543,226 |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |           |
|   | \$127,450                       |                             |  | \$127,450 |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |           |
|   | \$367,744                       | \$25,560                    | \$173,975                                  | \$567,279 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |           |
|   |                                 |                             |  |           |

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

|   |   |
|---|---|
| County(ies): <u>Butte</u>   | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>1.2006</u>                                    | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>23-Hour Unit</u>                           | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>1. Full Service Partnership</u>                  | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>12</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>12</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total     |
|---|---------------------------------|-----------------------------|--|-----------|
| <b>A. Expenditures</b>  |                                 |                             |  |           |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |           |
| a. Clothing, Food and Hygiene   |                                 |                             |  | \$0       |
| b. Travel and Transportation  |                                 |                             |  | \$0       |
| c. Housing  |                                 |                             |  |           |
| i. Master Leases  |                                 |                             |  | \$0       |
| ii. Subsidies   | \$54,000                        |                             |  | \$54,000  |
| iii. Vouchers   |                                 |                             |  | \$0       |
| iv. Other Housing   |                                 |                             |  | \$0       |
| d. Employment and Education Supports  |                                 |                             |  | \$0       |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             |  | \$0       |
| f. Total Support Expenditures   | \$54,000                        | \$0                         | \$0  | \$54,000  |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |           |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0       |
| b. New Additional Personnel Expenditures (from Staffing Detail)               |                                 |                             |  | \$0       |
| c. Employee Benefits  |                                 |                             |  | \$0       |
| d. Total Personnel Expenditures   | \$0                             | \$0                         | \$0  | \$0       |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |           |
| a. Professional Services  |                                 |                             |  | \$0       |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0       |
| c. Travel and Transportation  |                                 |                             |  | \$0       |
| d. General Office Expenditures  |                                 |                             |  | \$0       |
| e. Rent, Utilities and Equipment  |                                 |                             |  |           |
| f. Medication and Medical Supports  |                                 |                             |  | \$0       |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0       |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$0  | \$0       |
| <b>4. Program Management</b>  |                                 |                             |  |           |
| a. Existing Program Management  |                                 |                             |  | \$0       |
| b. New Program Management   |                                 |                             |  | \$0       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0       |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |           |
|   |                                 |                             |  | \$0       |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |           |
|   | \$54,000                        | \$0                         | \$0  | \$54,000  |
| <b>B. Revenues</b>  |                                 |                             |  |           |
| <b>1. Existing Revenues</b>   |                                 |                             |  |           |
| 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       |
| <b>2. New Revenues</b>  |                                 |                             |  |           |
| 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                             | \$0                         | \$0  | \$0       |
| <b>3. Total Revenues</b>  |                                 |                             |  |           |
|   | \$0                             | \$0                         | \$0  | \$0       |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |           |
|   | \$120,000                       |                             |  | \$120,000 |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |           |
|   | \$174,000                       | \$0                         | \$0  | \$174,000 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |           |
|   |                                 |                             |  |           |



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

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>4.2006</u>                                     | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>Consumer Education and Support</u>          | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>3. Outreach and Engagement</u>                    | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>800</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>800</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total           |
|---|---------------------------------|-----------------------------|--|-----------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                 |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                 |
| 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 (provide description in budget narrative)       |                                 |                             |  | \$0             |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$0  | \$0             |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                 |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0             |
| b. New Additional Personnel Expenditures (from Staffing Detail)               |                                 |                             | \$56,720                                   | \$56,720        |
| c. Employee Benefits  |                                 |                             | \$20,104                                   | \$20,104        |
| d. Total Personnel Expenditures   | \$0                             | \$0                         | \$76,824                                   | \$76,824        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                 |
| a. Professional Services  |                                 |                             |  | \$0             |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0             |
| c. Travel and Transportation  |                                 |                             |  | \$0             |
| d. General Office Expenditures  |                                 |                             |  | \$0             |
| e. Rent, Utilities and Equipment  |                                 |                             |  |                 |
| f. Medication and Medical Supports  |                                 |                             |  | \$0             |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | \$18,085                                   | \$18,085        |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$18,085                                   | \$18,085        |
| <b>4. Program Management</b>  |                                 |                             |  |                 |
| a. Existing Program Management  |                                 |                             |  | \$0             |
| b. New Program Management   |                                 |                             |  | \$0             |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0             |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  | \$0             |
| <b>6. Total Proposed Program Budget</b>                                       | <b>\$0</b>                      | <b>\$0</b>                  | <b>\$94,909</b>                            | <b>\$94,909</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                 |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                 |
| 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             |
| <b>2. New Revenues</b>  |                                 |                             |  |                 |
| 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                             | \$0                         | \$0  | \$0             |
| <b>3. Total Revenues</b>  | \$0                             | \$0                         | \$0  | \$0             |
| <b>C. One-Time CSS Funding Expenditures</b>                                   | \$45,500                        |                             |  | \$45,500        |
| <b>D. Total Funding Requirements</b>  | \$45,500                        | \$0                         | \$94,909                                   | \$140,409       |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                 |

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>4.2006</u>                                     | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>Consumer Education and Support</u>          | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>3. Outreach and Engagement</u>                    | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>800</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>800</u> | Telephone Number: <u>530-879-3367</u>       |

| Classification                       | Function          | Client, FM & CG FTEs <sup>a/</sup>      | Total Number of FTEs | Salary, Wages and Overtime per FTE <sup>b/</sup> | Total Salaries, Wages and Overtime |          |
|--------------------------------------|-------------------|---|----------------------|--|------------------------------------|----------|
| <b>A. Current Existing Positions</b> |                   |   |                      |  | \$0                                |          |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   | <b>Total Current Existing Positions</b> | 0.00                 | 0.00   |                                    | \$0      |
| <b>B. New Additional Positions</b>   | Consumer Liaison  |   | 1.00                 | \$33,320   | \$33,320                           |          |
|                                      | PT Consumer Staff |   | 1.17                 | \$20,000   | \$23,400                           |          |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   |   |                      |  |                                    | \$0      |
|                                      |                   | <b>Total New Additional Positions</b>   | 1.17                 | 2.17   |                                    | \$56,720 |
| <b>C. Total Program Positions</b>    |                   | 1.17                                    | 2.17                 |  | \$56,720                           |          |

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.

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

|   |   |
|---|---|
| County(ies): <u>Butte</u>   | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>3.2006</u>                                    | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>LINK</u>                                   | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>1. Full Service Partnership</u>                  | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>70</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>70</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total            |
|---|---------------------------------|-----------------------------|--|------------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                  |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                  |
| a. Clothing, Food and Hygiene   |                                 |                             | \$7,500                                    | \$7,500          |
| b. Travel and Transportation  |                                 |                             | \$3,750                                    | \$3,750          |
| c. Housing  |                                 |                             |  |                  |
| i. Master Leases  |                                 |                             |  | \$0              |
| ii. Subsidies   |                                 |                             | \$21,000                                   | \$21,000         |
| iii. Vouchers   |                                 |                             | \$14,600                                   | \$14,600         |
| iv. Other Housing   |                                 |                             |  | <u>\$0</u>       |
| d. Employment and Education Supports  |                                 |                             |  | \$0              |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | <u>\$500</u>                               | <u>\$500</u>     |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$47,350                                   | \$47,350         |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                  |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0              |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$23,512                        |                             | \$151,157                                  | \$174,669        |
| c. Employee Benefits  | <u>\$11,326</u>                 |                             | <u>\$92,949</u>                            | <u>\$104,275</u> |
| d. Total Personnel Expenditures   | \$34,838                        | \$0                         | \$244,106                                  | \$278,944        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                  |
| a. Professional Services  |                                 |                             |  | \$0              |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0              |
| c. Travel and Transportation  |                                 |                             | \$3,750                                    | \$3,750          |
| d. General Office Expenditures  |                                 |                             | \$1,000                                    | \$1,000          |
| e. Rent, Utilities and Equipment  |                                 |                             | \$16,500                                   |                  |
| f. Medication and Medical Supports  |                                 |                             |  | \$0              |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | <u>\$2,500</u>                             | <u>\$2,500</u>   |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$23,750                                   | \$23,750         |
| <b>4. Program Management</b>  |                                 |                             |  |                  |
| a. Existing Program Management  |                                 |                             |  | \$0              |
| b. New Program Management   |                                 |                             |  | <u>\$0</u>       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0              |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |                  |
|   |                                 |                             |  | \$0              |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |                  |
|   | <b>\$34,838</b>                 | <b>\$0</b>                  | <b>\$315,206</b>                           | <b>\$350,044</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                  |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                  |
| 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  |                                 |                             |  | <u>\$0</u>       |
| h. Total Existing Revenues  | \$0                             | \$0                         | \$0  | \$0              |
| <b>2. New Revenues</b>  |                                 |                             |  |                  |
| a. Medi-Cal (FFP only)  |                                 |                             | \$97,812                                   | \$97,812         |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0              |
| c. State General Funds  |                                 |                             |  | \$0              |
| d. Other Revenue  |                                 |                             | <u>\$40,975</u>                            | <u>\$40,975</u>  |
| e. Total New Revenue  | \$0                             | \$0                         | \$138,787                                  | \$138,787        |
| <b>3. Total Revenues</b>  |                                 |                             |  |                  |
|   | \$0                             | \$0                         | \$138,787                                  | \$138,787        |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |                  |
|   |                                 |                             |  | <b>\$0</b>       |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |                  |
|   | <b>\$34,838</b>                 | <b>\$0</b>                  | <b>\$176,419</b>                           | <b>\$211,257</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                  |
|   |                                 |                             |  |                  |

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

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>3.2006</u>                                     | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>LINK</u>                                    | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>3. Outreach and Engagement</u>                    | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>375</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>375</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total            |
|---|---------------------------------|-----------------------------|--|------------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                  |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                  |
| a. Clothing, Food and Hygiene   |                                 |                             | \$2,500                                    | \$2,500          |
| b. Travel and Transportation  |                                 |                             | \$1,250                                    | \$1,250          |
| c. Housing  |                                 |                             |  |                  |
| i. Master Leases  |                                 |                             |  | \$0              |
| ii. Subsidies   |                                 |                             |  | \$0              |
| iii. Vouchers   |                                 |                             | \$14,600                                   | \$14,600         |
| iv. Other Housing   |                                 |                             |  | \$0              |
| d. Employment and Education Supports  |                                 |                             |  | \$0              |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | \$500                                      | \$500            |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$18,850                                   | \$18,850         |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                  |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0              |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$54,633                        |                             | \$121,738                                  | \$176,371        |
| c. Employee Benefits  | \$29,638                        |                             | \$57,001                                   | \$86,639         |
| d. Total Personnel Expenditures   | \$84,271                        | \$0                         | \$178,739                                  | \$263,010        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                  |
| a. Professional Services  |                                 |                             | \$64,000                                   | \$64,000         |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0              |
| c. Travel and Transportation  |                                 |                             | \$1,250                                    | \$1,250          |
| d. General Office Expenditures  |                                 |                             | \$1,000                                    | \$1,000          |
| e. Rent, Utilities and Equipment  |                                 |                             | \$49,500                                   |                  |
| f. Medication and Medical Supports  |                                 |                             |  | \$0              |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | \$2,500                                    | \$2,500          |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$118,250                                  | \$118,250        |
| <b>4. Program Management</b>  |                                 |                             |  |                  |
| a. Existing Program Management  |                                 |                             |  | \$0              |
| b. New Program Management   |                                 |                             |  | \$0              |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0              |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |                  |
|   |                                 |                             |  | \$0              |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |                  |
|   | <b>\$84,271</b>                 | <b>\$0</b>                  | <b>\$315,839</b>                           | <b>\$400,110</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                  |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                  |
| 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              |
| <b>2. New Revenues</b>  |                                 |                             |  |                  |
| a. Medi-Cal (FFP only)  |                                 |                             | \$65,208                                   | \$65,208         |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0              |
| c. State General Funds  |                                 |                             |  | \$0              |
| d. Other Revenue  |                                 |                             | \$27,316                                   | \$27,316         |
| e. Total New Revenue  | \$0                             | \$0                         | \$92,524                                   | \$92,524         |
| <b>3. Total Revenues</b>  |                                 |                             |  |                  |
|   | \$0                             | \$0                         | \$92,524                                   | \$92,524         |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |                  |
|   | <b>\$83,100</b>                 |                             |  | <b>\$83,100</b>  |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |                  |
|   | <b>\$167,371</b>                | <b>\$0</b>                  | <b>\$223,315</b>                           | <b>\$390,686</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                  |

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

|   |   |
|---|---|
| County(ies): <u>Butte</u>   | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>3.2006</u>                                    | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>LINK</u>                                   | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>1. Full Service Partnership</u>                  | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>70</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>70</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total            |
|---|---------------------------------|-----------------------------|--|------------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                  |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                  |
| a. Clothing, Food and Hygiene   |                                 |                             | \$7,500                                    | \$7,500          |
| b. Travel and Transportation  |                                 |                             | \$3,750                                    | \$3,750          |
| c. Housing  |                                 |                             |  |                  |
| i. Master Leases  |                                 |                             |  | \$0              |
| ii. Subsidies   |                                 |                             | \$21,000                                   | \$21,000         |
| iii. Vouchers   |                                 |                             | \$14,600                                   | \$14,600         |
| iv. Other Housing   |                                 |                             |  | <u>\$0</u>       |
| d. Employment and Education Supports  |                                 |                             |  | \$0              |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | <u>\$500</u>                               | <u>\$500</u>     |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$47,350                                   | \$47,350         |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                  |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0              |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$23,512                        |                             | \$151,157                                  | \$174,669        |
| c. Employee Benefits  | <u>\$11,326</u>                 |                             | <u>\$92,949</u>                            | <u>\$104,275</u> |
| d. Total Personnel Expenditures   | \$34,838                        | \$0                         | \$244,106                                  | \$278,944        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                  |
| a. Professional Services  |                                 |                             |  | \$0              |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0              |
| c. Travel and Transportation  |                                 |                             | \$3,750                                    | \$3,750          |
| d. General Office Expenditures  |                                 |                             | \$1,000                                    | \$1,000          |
| e. Rent, Utilities and Equipment  |                                 |                             | \$16,500                                   |                  |
| f. Medication and Medical Supports  |                                 |                             |  | \$0              |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | <u>\$2,500</u>                             | <u>\$2,500</u>   |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$23,750                                   | \$23,750         |
| <b>4. Program Management</b>  |                                 |                             |  |                  |
| a. Existing Program Management  |                                 |                             |  | \$0              |
| b. New Program Management   |                                 |                             |  | <u>\$0</u>       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0              |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |                  |
|   |                                 |                             |  | \$0              |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |                  |
|   | <b>\$34,838</b>                 | <b>\$0</b>                  | <b>\$315,206</b>                           | <b>\$350,044</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                  |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                  |
| 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  |                                 |                             |  | <u>\$0</u>       |
| h. Total Existing Revenues  | \$0                             | \$0                         | \$0  | \$0              |
| <b>2. New Revenues</b>  |                                 |                             |  |                  |
| a. Medi-Cal (FFP only)  |                                 |                             | \$97,812                                   | \$97,812         |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0              |
| c. State General Funds  |                                 |                             |  | \$0              |
| d. Other Revenue  |                                 |                             | <u>\$40,975</u>                            | <u>\$40,975</u>  |
| e. Total New Revenue  | \$0                             | \$0                         | \$138,787                                  | \$138,787        |
| <b>3. Total Revenues</b>  |                                 |                             |  |                  |
|   | \$0                             | \$0                         | \$138,787                                  | \$138,787        |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |                  |
|   |                                 |                             |  | <b>\$0</b>       |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |                  |
|   | <b>\$34,838</b>                 | <b>\$0</b>                  | <b>\$176,419</b>                           | <b>\$211,257</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                  |
|   |                                 |                             |  |                  |

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

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2006-07</u>                 |
| Program Workplan # <u>3.2006</u>                                     | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>LINK</u>                                    | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>3. Outreach and Engagement</u>                    | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>375</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>375</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total            |
|---|---------------------------------|-----------------------------|--|------------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                  |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                  |
| a. Clothing, Food and Hygiene   |                                 |                             | \$2,500                                    | \$2,500          |
| b. Travel and Transportation  |                                 |                             | \$1,250                                    | \$1,250          |
| c. Housing  |                                 |                             |  |                  |
| i. Master Leases  |                                 |                             |  | \$0              |
| ii. Subsidies   |                                 |                             |  | \$0              |
| iii. Vouchers   |                                 |                             | \$14,600                                   | \$14,600         |
| iv. Other Housing   |                                 |                             |  | \$0              |
| d. Employment and Education Supports  |                                 |                             |  | \$0              |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | \$500                                      | \$500            |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$18,850                                   | \$18,850         |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                  |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0              |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$54,633                        |                             | \$121,738                                  | \$176,371        |
| c. Employee Benefits  | \$29,638                        |                             | \$57,001                                   | \$86,639         |
| d. Total Personnel Expenditures   | \$84,271                        | \$0                         | \$178,739                                  | \$263,010        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                  |
| a. Professional Services  |                                 |                             | \$64,000                                   | \$64,000         |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0              |
| c. Travel and Transportation  |                                 |                             | \$1,250                                    | \$1,250          |
| d. General Office Expenditures  |                                 |                             | \$1,000                                    | \$1,000          |
| e. Rent, Utilities and Equipment  |                                 |                             | \$49,500                                   |                  |
| f. Medication and Medical Supports  |                                 |                             |  | \$0              |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | \$2,500                                    | \$2,500          |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$118,250                                  | \$118,250        |
| <b>4. Program Management</b>  |                                 |                             |  |                  |
| a. Existing Program Management  |                                 |                             |  | \$0              |
| b. New Program Management   |                                 |                             |  | \$0              |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0              |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |                  |
|   |                                 |                             |  | \$0              |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |                  |
|   | <b>\$84,271</b>                 | <b>\$0</b>                  | <b>\$315,839</b>                           | <b>\$400,110</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                  |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                  |
| 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              |
| <b>2. New Revenues</b>  |                                 |                             |  |                  |
| a. Medi-Cal (FFP only)  |                                 |                             | \$65,208                                   | \$65,208         |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0              |
| c. State General Funds  |                                 |                             |  | \$0              |
| d. Other Revenue  |                                 |                             | \$27,316                                   | \$27,316         |
| e. Total New Revenue  | \$0                             | \$0                         | \$92,524                                   | \$92,524         |
| <b>3. Total Revenues</b>  |                                 |                             |  |                  |
|   | \$0                             | \$0                         | \$92,524                                   | \$92,524         |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |                  |
|   | <b>\$83,100</b>                 |                             |  | <b>\$83,100</b>  |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |                  |
|   | <b>\$167,371</b>                | <b>\$0</b>                  | <b>\$223,315</b>                           | <b>\$390,686</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                  |
|   |                                 |                             |  |                  |



**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

|   |   |   |
|---|---|---|
| County(ies): <u>Butte</u>                         | Fiscal Year: <u>2006-07</u>   | Date: <u>7/18/06</u>                        |
| Program Workplan # <u>3.2006</u>                  | Page <u>1</u> of <u>1</u>   |   |
| Program Workplan Name <u>LINK</u>                 | Months of Operation <u>12</u>                                       |   |
| Type of Funding <u>3. Outreach and Engagement</u> | Proposed Total Client Capacity of Program/Service: <u>70</u>        | New Program/Service or Expansion <u>New</u> |
|   | Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
|   | Client Capacity of Program/Service Expanded through MHSA: <u>70</u> | Telephone Number: <u>530-879-3367</u>       |

| Classification                       | Function                              | Client, FM & CG FTEs <sup>a/</sup>      | Total Number of FTEs | Salary, Wages and Overtime per FTE <sup>b/</sup> | Total Salaries, Wages and Overtime |     |
|--------------------------------------|---------------------------------------|---|----------------------|--|------------------------------------|-----|
| <b>A. Current Existing Positions</b> |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       | <b>Total Current Existing Positions</b> | 0.00                 | 0.00   |                                    | \$0 |
| <b>B. New Additional Positions</b>   | Prevention, Yth Dev Specialist        |   | 1.00                 | \$31,121   | \$31,121                           |     |
|                                      | Mental Health Clinician               |   | 0.50                 | \$47,024   | \$23,512                           |     |
|                                      | Personal Services Coordinator         |   | <u>1.00</u>          | <u>\$28,194</u>                                  | \$28,194                           |     |
|                                      | Sup. MH Counselor                     |   | 1.00                 | \$44,758   | \$44,758                           |     |
|                                      | Office Assistant                      |   | 1.00                 | \$16,786   | \$16,786                           |     |
|                                      | Youth Staff                           | 2.00                                    | 2.00                 | \$16,000   | \$32,000                           |     |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      | <b>Total New Additional Positions</b> | 2.00                                    | 6.50                 |  | \$176,371                          |     |
| <b>C. Total Program Positions</b>    |                                       | 2.00                                    | 6.50                 |  | \$176,371                          |     |

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.

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

County(ies): Butte Fiscal Year: 2006-07  
 Program Workplan # 2.2006 Date: 7/18/06  
 Program Workplan Name SEARCH SOUTH Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 35 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Wilner/Berry  
 Client Capacity of Program/Service Expanded through MHSA: 35 Telephone Number: 530-879-3367

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total     |
|---|---------------------------------|-----------------------------|--|-----------|
| <b>A. Expenditures</b>  |                                 |                             |  |           |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |           |
| a. Clothing, Food and Hygiene   |                                 |                             |  | \$0       |
| b. Travel and Transportation  |                                 |                             |  | \$0       |
| c. Housing  |                                 |                             |  |           |
| i. Master Leases  |                                 |                             |  | \$0       |
| ii. Subsidies   | \$45,000                        |                             |  | \$45,000  |
| iii. Vouchers   | \$25,000                        |                             |  | \$25,000  |
| iv. Other Housing   |                                 |                             |  | \$0       |
| d. Employment and Education Supports  |                                 |                             | \$60,380                                   | \$60,380  |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | \$22,000                                   | \$22,000  |
| f. Total Support Expenditures   | \$70,000                        | \$0                         | \$82,380                                   | \$152,380 |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |           |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0       |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$290,396                       |                             |  | \$290,396 |
| c. Employee Benefits  | \$128,793                       |                             |  | \$128,793 |
| d. Total Personnel Expenditures   | \$419,189                       | \$0                         | \$0  | \$419,189 |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |           |
| a. Professional Services  |                                 |                             | \$69,160                                   | \$69,160  |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0       |
| c. Travel and Transportation  | \$13,050                        |                             |  | \$13,050  |
| d. General Office Expenditures  | \$10,000                        |                             |  | \$10,000  |
| e. Rent, Utilities and Equipment  | \$30,000                        |                             |  |           |
| f. Medication and Medical Supports  |                                 |                             |  | \$0       |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0       |
| h. Total Operating Expenditures   | \$53,050                        | \$0                         | \$69,160                                   | \$122,210 |
| <b>4. Program Management</b>  |                                 |                             |  |           |
| a. Existing Program Management  |                                 |                             |  | \$0       |
| b. New Program Management   |                                 |                             |  | \$0       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0       |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |           |
|   |                                 |                             |  | \$0       |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |           |
|   | \$542,239                       | \$0                         | \$151,540                                  | \$693,779 |
| <b>B. Revenues</b>  |                                 |                             |  |           |
| <b>1. Existing Revenues</b>   |                                 |                             |  |           |
| 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       |
| <b>2. New Revenues</b>  |                                 |                             |  |           |
| a. Medi-Cal (FFP only)  | \$78,745                        |                             |  | \$78,745  |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0       |
| c. State General Funds  |                                 |                             |  | \$0       |
| d. Other Revenue  |                                 |                             |  | \$0       |
| e. Total New Revenue  | \$78,745                        | \$0                         | \$0  | \$78,745  |
| <b>3. Total Revenues</b>  |                                 |                             |  |           |
|   | \$78,745                        | \$0                         | \$0  | \$78,745  |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |           |
|   | \$317,600                       |                             |  | \$317,600 |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |           |
|   | \$781,094                       | \$0                         | \$151,540                                  | \$932,634 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |           |



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

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2007-08</u>                 |
| Program Workplan # <u>1.2007</u>                                       | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>23-Hour Unit</u>                              | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>2. System Development</u>                           | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>2,737</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                  | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>2,737</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total       |
|---|---------------------------------|-----------------------------|--|-------------|
| <b>A. Expenditures</b>  |                                 |                             |  |             |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |             |
| a. Clothing, Food and Hygiene   |                                 |                             | \$17,800                                   | \$17,800    |
| b. Travel and Transportation  | \$7,500                         |                             |  | \$7,500     |
| 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 (provide description in budget narrative)       |                                 |                             |  | \$0         |
| f. Total Support Expenditures   | \$7,500                         | \$0                         | \$17,800                                   | \$25,300    |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |             |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0         |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$606,489                       |                             |  | \$606,489   |
| c. Employee Benefits  | \$220,475                       |                             |  | \$220,475   |
| d. Total Personnel Expenditures   | \$826,964                       | \$0                         | \$0  | \$826,964   |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |             |
| a. Professional Services  |                                 | \$25,560                    | \$223,675                                  | \$249,235   |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0         |
| c. Travel and Transportation  | \$9,350                         |                             |  | \$9,350     |
| d. General Office Expenditures  | \$10,000                        |                             |  | \$10,000    |
| e. Rent, Utilities and Equipment  |                                 |                             |  |             |
| f. Medication and Medical Supports  | \$50,000                        |                             |  | \$50,000    |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0         |
| h. Total Operating Expenditures   | \$69,350                        | \$25,560                    | \$223,675                                  | \$318,585   |
| <b>4. Program Management</b>  |                                 |                             |  |             |
| a. Existing Program Management  |                                 |                             |  | \$0         |
| b. New Program Management   |                                 |                             |  | \$0         |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0         |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |             |
|   |                                 |                             |  | \$0         |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |             |
|   | \$903,814                       | \$25,560                    | \$241,475                                  | \$1,170,849 |
| <b>B. Revenues</b>  |                                 |                             |  |             |
| <b>1. Existing Revenues</b>   |                                 |                             |  |             |
| 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         |
| <b>2. New Revenues</b>  |                                 |                             |  |             |
| a. Medi-Cal (FFP only)  | \$511,002                       |                             |  | \$511,002   |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0         |
| c. State General Funds  |                                 |                             |  | \$0         |
| d. Other Revenue  | \$204,401                       |                             |  | \$204,401   |
| e. Total New Revenue  | \$715,403                       | \$0                         | \$0  | \$715,403   |
| <b>3. Total Revenues</b>  |                                 |                             |  |             |
|   | \$715,403                       | \$0                         | \$0  | \$715,403   |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |             |
|   |                                 |                             |  | \$0         |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |             |
|   | \$188,411                       | \$25,560                    | \$241,475                                  | \$455,446   |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |             |
|   |                                 |                             |  |             |

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

|   |   |
|---|---|
| County(ies): <u>Butte</u>   | Fiscal Year: <u>2007-08</u>                 |
| Program Workplan # <u>1.2007</u>                                    | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>23-Hour Unit</u>                           | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>1. Full Service Partnership</u>                  | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>12</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>12</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total           |
|---|---------------------------------|-----------------------------|--|-----------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                 |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                 |
| a. Clothing, Food and Hygiene   |                                 |                             |  | \$0             |
| b. Travel and Transportation  |                                 |                             |  | \$0             |
| c. Housing  |                                 |                             |  |                 |
| i. Master Leases  |                                 |                             |  | \$0             |
| ii. Subsidies   | \$54,000                        |                             |  | \$54,000        |
| iii. Vouchers   |                                 |                             |  | \$0             |
| iv. Other Housing   |                                 |                             |  | \$0             |
| d. Employment and Education Supports  |                                 |                             |  | \$0             |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             |  | \$0             |
| f. Total Support Expenditures   | \$54,000                        | \$0                         | \$0  | \$54,000        |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                 |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0             |
| b. New Additional Personnel Expenditures (from Staffing Detail)               |                                 |                             |  | \$0             |
| c. Employee Benefits  |                                 |                             |  | \$0             |
| d. Total Personnel Expenditures   | \$0                             | \$0                         | \$0  | \$0             |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                 |
| a. Professional Services  |                                 |                             |  | \$0             |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0             |
| c. Travel and Transportation  |                                 |                             |  | \$0             |
| d. General Office Expenditures  |                                 |                             |  | \$0             |
| e. Rent, Utilities and Equipment  |                                 |                             |  |                 |
| f. Medication and Medical Supports  |                                 |                             |  | \$0             |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0             |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$0  | \$0             |
| <b>4. Program Management</b>  |                                 |                             |  |                 |
| a. Existing Program Management  |                                 |                             |  | \$0             |
| b. New Program Management   |                                 |                             |  | \$0             |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0             |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  | \$0             |
| <b>6. Total Proposed Program Budget</b>                                       | <b>\$54,000</b>                 | <b>\$0</b>                  | <b>\$0</b>                                 | <b>\$54,000</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                 |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                 |
| 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             |
| <b>2. New Revenues</b>  |                                 |                             |  |                 |
| 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                             | \$0                         | \$0  | \$0             |
| <b>3. Total Revenues</b>  | \$0                             | \$0                         | \$0  | \$0             |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  | <b>\$0</b>      |
| <b>D. Total Funding Requirements</b>  | <b>\$54,000</b>                 | <b>\$0</b>                  | <b>\$0</b>                                 | <b>\$54,000</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                 |

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2007-08</u>                 |
| Program Workplan # <u>1.2007</u>                                       | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>23-Hour Unit</u>                              | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>2. System Development</u>                           | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>2,737</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                  | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>2,737</u> | Telephone Number: <u>530-879-3367</u>       |

| Classification                       | Function                              | Client, FM & CG FTEs <sup>a/</sup>      | Total Number of FTEs | Salary, Wages and Overtime per FTE <sup>b/</sup> | Total Salaries, Wages and Overtime |     |
|--------------------------------------|---------------------------------------|---|----------------------|--|------------------------------------|-----|
| <b>A. Current Existing Positions</b> |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       |   |                      |  |                                    | \$0 |
|                                      |                                       | <b>Total Current Existing Positions</b> | 0.00                 | 0.00   |                                    | \$0 |
| <b>B. New Additional Positions</b>   |                                       |   |                      |  |                                    |     |
| Mental Health Clinician Intern       | <i>Direct Service Provider</i>        |   | 3.00                 | \$45,850   | \$137,550                          |     |
| Sup. Mental Health Clinician         | <i>Direct Service Provider</i>        |   | 1.00                 | \$54,501   | \$54,501                           |     |
| Staff Nurse, Senior                  | <i>Direct Service Provider</i>        |   | <u>4.00</u>          | <u>\$54,501</u>                                  | \$218,004                          |     |
| Medical Records Tech                 | <i>Support Services</i>               |   | 1.00                 | \$22,434   | \$22,434                           |     |
| PT MH Clinician Intern               | <i>Direct Service Provider</i>        |   | 2.00                 | \$38,080   | \$76,160                           |     |
| PT Staff Nurse                       | <i>Direct Service Provider</i>        |   | 2.00                 | \$48,920   | \$97,840                           |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      |                                       |   |                      |  | \$0                                |     |
|                                      | <b>Total New Additional Positions</b> | 0.00                                    | 13.00                |  | \$606,489                          |     |
| <b>C. Total Program Positions</b>    |                                       | 0.00                                    | 13.00                |  | \$606,489                          |     |

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.

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

County(ies): Butte Fiscal Year: 2007-08  
 Program Workplan # 4.2007 Date: 7/18/06  
 Program Workplan Name Consumer Education and Support Page 1 of 1  
 Type of Funding 3. Outreach and Engagement Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 1,000 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Wilner/Berry  
 Client Capacity of Program/Service Expanded through MHSA: 1,000 Telephone Number: 530-879-3367

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total     |
|---|---------------------------------|-----------------------------|--|-----------|
| <b>A. Expenditures</b>  |                                 |                             |  |           |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |           |
| 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 (provide description in budget narrative)       |                                 |                             |  | \$0       |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$0  | \$0       |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |           |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0       |
| b. New Additional Personnel Expenditures (from Staffing Detail)               |                                 |                             | \$91,706                                   | \$91,706  |
| c. Employee Benefits  |                                 |                             | \$37,355                                   | \$37,355  |
| d. Total Personnel Expenditures   | \$0                             | \$0                         | \$129,061                                  | \$129,061 |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |           |
| a. Professional Services  |                                 |                             |  | \$0       |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0       |
| c. Travel and Transportation  |                                 |                             |  | \$0       |
| d. General Office Expenditures  |                                 |                             |  | \$0       |
| e. Rent, Utilities and Equipment  |                                 |                             |  |           |
| f. Medication and Medical Supports  |                                 |                             |  | \$0       |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | \$20,420                                   | \$20,420  |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$20,420                                   | \$20,420  |
| <b>4. Program Management</b>  |                                 |                             |  |           |
| a. Existing Program Management  |                                 |                             |  | \$0       |
| b. New Program Management   |                                 |                             |  | \$0       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0       |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |           |
|   |                                 |                             |  | \$0       |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |           |
|   | \$0                             | \$0                         | \$149,481                                  | \$149,481 |
| <b>B. Revenues</b>  |                                 |                             |  |           |
| <b>1. Existing Revenues</b>   |                                 |                             |  |           |
| 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       |
| <b>2. New Revenues</b>  |                                 |                             |  |           |
| 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                             | \$0                         | \$0  | \$0       |
| <b>3. Total Revenues</b>  |                                 |                             |  |           |
|   | \$0                             | \$0                         | \$0  | \$0       |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |           |
|   |                                 |                             |  | \$0       |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |           |
|   | \$0                             | \$0                         | \$149,481                                  | \$149,481 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |           |
|   |                                 |                             |  |           |



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

|   |   |
|---|---|
| County(ies): <u>Butte</u>   | Fiscal Year: <u>2007-08</u>                 |
| Program Workplan # <u>3.2007</u>                                    | Date: <u>2/21/06</u>                        |
| Program Workplan Name <u>LINK</u>                                   | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>1. Full Service Partnership</u>                  | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>70</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>70</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total            |
|---|---------------------------------|-----------------------------|--|------------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                  |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                  |
| a. Clothing, Food and Hygiene   |                                 |                             | \$7,500                                    | \$7,500          |
| b. Travel and Transportation  |                                 |                             | \$3,750                                    | \$3,750          |
| c. Housing  |                                 |                             |  |                  |
| i. Master Leases  |                                 |                             |  | \$0              |
| ii. Subsidies   |                                 |                             | \$25,000                                   | \$25,000         |
| iii. Vouchers   |                                 |                             | \$14,600                                   | \$14,600         |
| iv. Other Housing   |                                 |                             |  | \$0              |
| d. Employment and Education Supports  |                                 |                             |  | \$0              |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | \$500                                      | \$500            |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$51,350                                   | \$51,350         |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                  |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0              |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$24,688                        |                             | \$158,315                                  | \$183,003        |
| c. Employee Benefits  | \$11,654                        |                             | \$94,913                                   | \$106,567        |
| d. Total Personnel Expenditures   | \$36,342                        | \$0                         | \$253,228                                  | \$289,570        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                  |
| a. Professional Services  |                                 |                             |  | \$0              |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0              |
| c. Travel and Transportation  |                                 |                             | \$3,750                                    | \$3,750          |
| d. General Office Expenditures  |                                 |                             | \$1,000                                    | \$1,000          |
| e. Rent, Utilities and Equipment  |                                 |                             | \$16,500                                   |                  |
| f. Medication and Medical Supports  |                                 |                             |  | \$0              |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | \$2,500                                    | \$2,500          |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$23,750                                   | \$23,750         |
| <b>4. Program Management</b>  |                                 |                             |  |                  |
| a. Existing Program Management  |                                 |                             |  | \$0              |
| b. New Program Management   |                                 |                             |  | \$0              |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0              |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |                  |
|   |                                 |                             |  | \$0              |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |                  |
|   | <b>\$36,342</b>                 | <b>\$0</b>                  | <b>\$328,328</b>                           | <b>\$364,670</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                  |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                  |
| 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              |
| <b>2. New Revenues</b>  |                                 |                             |  |                  |
| a. Medi-Cal (FFP only)  |                                 |                             | \$114,192                                  | \$114,192        |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0              |
| c. State General Funds  |                                 |                             |  | \$0              |
| d. Other Revenue  |                                 |                             | \$65,774                                   | \$65,774         |
| e. Total New Revenue  | \$0                             | \$0                         | \$179,966                                  | \$179,966        |
| <b>3. Total Revenues</b>  |                                 |                             |  |                  |
|   | \$0                             | \$0                         | \$179,966                                  | \$179,966        |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |                  |
|   |                                 |                             |  | <b>\$0</b>       |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |                  |
|   | <b>\$36,342</b>                 | <b>\$0</b>                  | <b>\$148,362</b>                           | <b>\$184,704</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                  |
|   |                                 |                             |  |                  |

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

|  |   |
|--|---|
| County(ies): <u>Butte</u>  | Fiscal Year: <u>2007-08</u>                 |
| Program Workplan # <u>3.2007</u>                                     | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>LINK</u>                                    | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>3. Outreach and Engagement</u>                    | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>375</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>                | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>375</u> | Telephone Number: <u>530-879-3367</u>       |

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total            |
|---|---------------------------------|-----------------------------|--|------------------|
| <b>A. Expenditures</b>  |                                 |                             |  |                  |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |                  |
| a. Clothing, Food and Hygiene   |                                 |                             | \$2,500                                    | \$2,500          |
| b. Travel and Transportation  |                                 |                             | \$1,250                                    | \$1,250          |
| c. Housing  |                                 |                             |  |                  |
| i. Master Leases  |                                 |                             |  | \$0              |
| ii. Subsidies   |                                 |                             |  | \$0              |
| iii. Vouchers   |                                 |                             | \$14,600                                   | \$14,600         |
| iv. Other Housing   |                                 |                             |  | \$0              |
| d. Employment and Education Supports  |                                 |                             |  | \$0              |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | \$500                                      | \$500            |
| f. Total Support Expenditures   | \$0                             | \$0                         | \$18,850                                   | \$18,850         |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |                  |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0              |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$57,365                        |                             | \$126,226                                  | \$183,591        |
| c. Employee Benefits  | \$30,400                        |                             | \$58,280                                   | \$88,680         |
| d. Total Personnel Expenditures   | \$87,765                        | \$0                         | \$184,506                                  | \$272,271        |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |                  |
| a. Professional Services  |                                 |                             | \$64,000                                   | \$64,000         |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0              |
| c. Travel and Transportation  |                                 |                             | \$1,250                                    | \$1,250          |
| d. General Office Expenditures  |                                 |                             | \$1,000                                    | \$1,000          |
| e. Rent, Utilities and Equipment  |                                 |                             | \$49,500                                   |                  |
| f. Medication and Medical Supports  |                                 |                             |  | \$0              |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             | \$2,500                                    | \$2,500          |
| h. Total Operating Expenditures   | \$0                             | \$0                         | \$118,250                                  | \$118,250        |
| <b>4. Program Management</b>  |                                 |                             |  |                  |
| a. Existing Program Management  |                                 |                             |  | \$0              |
| b. New Program Management   |                                 |                             |  | \$0              |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0              |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |                  |
|   |                                 |                             |  | \$0              |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |                  |
|   | <b>\$87,765</b>                 | <b>\$0</b>                  | <b>\$321,606</b>                           | <b>\$409,371</b> |
| <b>B. Revenues</b>  |                                 |                             |  |                  |
| <b>1. Existing Revenues</b>   |                                 |                             |  |                  |
| 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              |
| <b>2. New Revenues</b>  |                                 |                             |  |                  |
| a. Medi-Cal (FFP only)  |                                 |                             | \$76,128                                   | \$76,128         |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0              |
| c. State General Funds  |                                 |                             |  | \$0              |
| d. Other Revenue  |                                 |                             | \$43,850                                   | \$43,850         |
| e. Total New Revenue  | \$0                             | \$0                         | \$119,978                                  | \$119,978        |
| <b>3. Total Revenues</b>  |                                 |                             |  |                  |
|   | \$0                             | \$0                         | \$119,978                                  | \$119,978        |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |                  |
|   |                                 |                             |  | <b>\$0</b>       |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |                  |
|   | <b>\$87,765</b>                 | <b>\$0</b>                  | <b>\$201,628</b>                           | <b>\$289,393</b> |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |                  |
|   |                                 |                             |  |                  |



**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

|   |   |
|---|---|
| County(ies): <u>Butte</u>   | Fiscal Year: <u>2007-08</u>                 |
| Program Workplan # <u>3.2007</u>                                    | Date: <u>7/18/06</u>                        |
| Program Workplan Name <u>LINK</u>                                   | Page <u>1</u> of <u>1</u>                   |
| Type of Funding <u>3. Outreach and Engagement</u>                   | Months of Operation <u>12</u>               |
| Proposed Total Client Capacity of Program/Service: <u>70</u>        | New Program/Service or Expansion <u>New</u> |
| Existing Client Capacity of Program/Service: <u>0</u>               | Prepared by: <u>Wilner/Berry</u>            |
| Client Capacity of Program/Service Expanded through MHSA: <u>70</u> | Telephone Number: <u>530-879-3367</u>       |

| Classification                       | Function  | Client, FM & CG FTEs <sup>a/</sup>      | Total Number of FTEs | Salary, Wages and Overtime per FTE <sup>b/</sup> | Total Salaries, Wages and Overtime |     |
|--------------------------------------|---|---|----------------------|--|------------------------------------|-----|
| <b>A. Current Existing Positions</b> |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   |   |                      |  |                                    | \$0 |
|                                      |   | <b>Total Current Existing Positions</b> | 0.00                 | 0.00   |                                    | \$0 |
| <b>B. New Additional Positions</b>   |   |   |                      |  |                                    |     |
| Prevention, Yth Dev Specialist       | <i>Youth Dev and Substance Abuse prevention</i> |   | 1.00                 | \$32,677   | \$32,677                           |     |
| Mental Health Clinician              | <i>Direct Service Provider</i>                  |   | 0.50                 | \$49,376   | \$24,688                           |     |
| Personal Services Coordinator        | <i>Day Time Coordinator</i>                     |   | <u>1.00</u>          | <u>\$29,604</u>                                  | \$29,604                           |     |
| Sup. MH Counselor                    | <i>Direct Service Provider</i>                  |   | 1.00                 | \$46,996   | \$46,996                           |     |
| Office Assistant                     | <i>Support Services</i>                         |   | 1.00                 | \$17,626   | \$17,626                           |     |
| Youth Staff                          | <i>Peer support</i>                             | 2.00                                    | 2.00                 | \$16,000   | \$32,000                           |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      |   |   |                      |  | \$0                                |     |
|                                      | <b>Total New Additional Positions</b>           | 2.00                                    | 6.50                 |  | \$183,591                          |     |
| <b>C. Total Program Positions</b>    |   | 2.00                                    | 6.50                 |  | \$183,591                          |     |

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.

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

County(ies): Butte Fiscal Year: 2007-08  
 Program Workplan # 2.2007 Date: 7/18/06  
 Program Workplan Name SEARCH SOUTH Page 1 of 1  
 Type of Funding 1. Full Service Partnership Months of Operation 12  
 Proposed Total Client Capacity of Program/Service: 35 New Program/Service or Expansion New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Wilner/Berry  
 Client Capacity of Program/Service Expanded through MHSA: 35 Telephone Number: 530-879-3367

|   | County Mental Health Department | Other Governmental Agencies | Community Mental Health Contract Providers | Total     |
|---|---------------------------------|-----------------------------|--|-----------|
| <b>A. Expenditures</b>  |                                 |                             |  |           |
| <b>1. Client, Family Member and Caregiver Support Expenditures</b>            |                                 |                             |  |           |
| a. Clothing, Food and Hygiene   |                                 |                             |  | \$0       |
| b. Travel and Transportation  |                                 |                             |  | \$0       |
| c. Housing  |                                 |                             |  |           |
| i. Master Leases  |                                 |                             |  | \$0       |
| ii. Subsidies   | \$45,000                        |                             |  | \$45,000  |
| iii. Vouchers   | \$25,000                        |                             |  | \$25,000  |
| iv. Other Housing   |                                 |                             | \$60,466                                   | \$60,466  |
| d. Employment and Education Supports  |                                 |                             | \$60,380                                   | \$60,380  |
| e. Other Support Expenditures (provide description in budget narrative)       |                                 |                             | \$22,000                                   | \$22,000  |
| f. Total Support Expenditures   | \$70,000                        | \$0                         | \$142,846                                  | \$212,846 |
| <b>2. Personnel Expenditures</b>  |                                 |                             |  |           |
| a. Current Existing Personnel Expenditures (from Staffing Detail)             |                                 |                             |  | \$0       |
| b. New Additional Personnel Expenditures (from Staffing Detail)               | \$302,991                       |                             |  | \$302,991 |
| c. Employee Benefits  | \$132,305                       |                             |  | \$132,305 |
| d. Total Personnel Expenditures   | \$435,296                       | \$0                         | \$0  | \$435,296 |
| <b>3. Operating Expenditures</b>  |                                 |                             |  |           |
| a. Professional Services  |                                 |                             | \$69,160                                   | \$69,160  |
| b. Translation and Interpreter Services                                       |                                 |                             |  | \$0       |
| c. Travel and Transportation  | \$13,050                        |                             |  | \$13,050  |
| d. General Office Expenditures  | \$10,000                        |                             |  | \$10,000  |
| e. Rent, Utilities and Equipment  | \$30,000                        |                             |  |           |
| f. Medication and Medical Supports  |                                 |                             |  | \$0       |
| g. Other Operating Expenses (provide description in budget narrative)         |                                 |                             |  | \$0       |
| h. Total Operating Expenditures   | \$53,050                        | \$0                         | \$69,160                                   | \$122,210 |
| <b>4. Program Management</b>  |                                 |                             |  |           |
| a. Existing Program Management  |                                 |                             |  | \$0       |
| b. New Program Management   |                                 |                             |  | \$0       |
| c. Total Program Management   |                                 | \$0                         | \$0  | \$0       |
| <b>5. Estimated Total Expenditures when service provider is not known</b>     |                                 |                             |  |           |
| <b>6. Total Proposed Program Budget</b>                                       |                                 |                             |  |           |
|   | \$558,346                       | \$0                         | \$212,006                                  | \$770,352 |
| <b>B. Revenues</b>  |                                 |                             |  |           |
| <b>1. Existing Revenues</b>   |                                 |                             |  |           |
| 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       |
| <b>2. New Revenues</b>  |                                 |                             |  |           |
| a. Medi-Cal (FFP only)  | \$91,896                        |                             |  | \$91,896  |
| b. Medicare/Patient Fees/Patient Insurance                                    |                                 |                             |  | \$0       |
| c. State General Funds  |                                 |                             |  | \$0       |
| d. Other Revenue  |                                 |                             |  | \$0       |
| e. Total New Revenue  | \$91,896                        | \$0                         | \$0  | \$91,896  |
| <b>3. Total Revenues</b>  |                                 |                             |  |           |
|   | \$91,896                        | \$0                         | \$0  | \$91,896  |
| <b>C. One-Time CSS Funding Expenditures</b>                                   |                                 |                             |  |           |
| <b>D. Total Funding Requirements</b>  |                                 |                             |  |           |
|   | \$466,450                       | \$0                         | \$212,006                                  | \$678,456 |
| <b>E. Percent of Total Funding Requirements for Full Service Partnerships</b> |                                 |                             |  |           |



**EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet**

County(ies): \_\_\_\_\_ Butte \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ 2006-07 \_\_\_\_\_

Date: \_\_\_\_\_ 7/18/06 \_\_\_\_\_

|   | Client, Family Member and Caregiver FTEs | Total FTEs | Budgeted Expenditures |
|---|--|------------|-----------------------|
| <b>A. Expenditures</b>  |  |            |                       |
| <b>1. Personnel Expenditures</b>                                      |  |            |                       |
| a. MHSa Coordinator(s)  |  | 1.00       | \$63,205              |
| b. MHSa Support Staff   |  | 1.00       | \$19,838              |
| c. Other Personnel (list below)                                       |  |            |                       |
| i. Administrative Analyst Associate                                   |  | 1.00       | \$42,602              |
| ii. Administrative Analyst Associate                                  |  | 1.00       | \$42,602              |
| iii. IT Tech  |  | 1.00       | \$33,320              |
| iv.   |  |            |                       |
| v.  |  |            |                       |
| vi.   |  |            |                       |
| vii.  |  |            |                       |
| d. Total FTEs/Salaries  | 0.00                                     | 5.00       | \$201,567             |
| e. Employee Benefits  |  |            | \$104,094             |
| f. Total Personnel Expenditures                                       |  |            | \$305,661             |
| <b>2. Operating Expenditures</b>                                      |  |            |                       |
| a. Professional Services  |  |            |                       |
| b. Travel and Transportation  |  |            | \$2,376               |
| c. General Office Expenditures  |  |            | \$1,000               |
| d. Rent, Utilities and Equipment                                      |  |            | \$29,445              |
| e. Other Operating Expenses (provide description in budget narrative) |  |            | \$14,100              |
| f. Total Operating Expenditures                                       |  |            | \$46,921              |
| <b>3. County Allocated Administration</b>                             |  |            |                       |
| a. Countywide Administration (A-87)                                   |  |            |                       |
| b. Other Administration (provide description in budget narrative)     |  |            |                       |
| c. Total County Allocated Administration                              |  |            | \$0                   |
| <b>4. Total Proposed County Administration Budget</b>                 |  |            | <b>\$352,582</b>      |
| <b>B. Revenues</b>  |  |            |                       |
| <b>1. New Revenues</b>  |  |            |                       |
| a. Medi-Cal (FFP only)  |  |            |                       |
| b. Other Revenue  |  |            | \$75,573              |
| <b>2. Total Revenues</b>  |  |            | <b>\$75,573</b>       |
| <b>C. Start-up and One-Time Implementation Expenditures</b>           |  |            | <b>\$1,286,150</b>    |
| <b>D. Total County Administration Funding Requirements</b>            |  |            | <b>\$1,563,159</b>    |

**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 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration 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 2004-05 funds required to be incurred on mental health services 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 \_\_\_\_\_, California

August 1, 2005



**EXHIBIT 5c--Mental Health Services Act Community Services and Supports Administration Budget Worksheet**

County(ies): \_\_\_\_\_ Butte \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ 2007-08 \_\_\_\_\_

Date: \_\_\_\_\_ 7/18/06 \_\_\_\_\_

|   | Client, Family Member and Caregiver FTEs | Total FTEs | Budgeted Expenditures |
|---|--|------------|-----------------------|
| <b>A. Expenditures</b>  |  |            |                       |
| <b>1. Personnel Expenditures</b>                                      |  |            |                       |
| a. MHSa Coordinator(s)  |  | 1.00       | \$66,365              |
| b. MHSa Support Staff   |  | 1.00       | \$20,830              |
| c. Other Personnel (list below)                                       |  |            |                       |
| i. Administrative Analyst Associate                                   |  | 1.00       | \$44,732              |
| ii. Administrative Analyst Associate                                  |  | 1.00       | \$44,732              |
| iii. IT Tech  |  | 1.00       | \$34,986              |
| iv. _____   |  |            |                       |
| v. _____  |  |            |                       |
| vi. _____   |  |            |                       |
| vii. _____  |  |            |                       |
| d. Total FTEs/Salaries  | 0.00                                     | 5.00       | \$211,645             |
| e. Employee Benefits  |  |            | \$106,902             |
| f. Total Personnel Expenditures                                       |  |            | \$318,547             |
| <b>2. Operating Expenditures</b>                                      |  |            |                       |
| a. Professional Services  |  |            |                       |
| b. Travel and Transportation  |  |            | \$5,000               |
| c. General Office Expenditures  |  |            | \$10,000              |
| d. Rent, Utilities and Equipment                                      |  |            | \$29,445              |
| e. Other Operating Expenses (provide description in budget narrative) |  |            | \$37,876              |
| f. Total Operating Expenditures                                       |  |            | \$82,321              |
| <b>3. County Allocated Administration</b>                             |  |            |                       |
| a. Countywide Administration (A-87)                                   |  |            |                       |
| b. Other Administration (provide description in budget narrative)     |  |            |                       |
| c. Total County Allocated Administration                              |  |            | \$0                   |
| <b>4. Total Proposed County Administration Budget</b>                 |  |            | <b>\$400,868</b>      |
| <b>B. Revenues</b>  |  |            |                       |
| <b>1. New Revenues</b>  |  |            |                       |
| a. Medi-Cal (FFP only)  |  |            |                       |
| b. Other Revenue  |  |            | \$95,186              |
| <b>2. Total Revenues</b>  |  |            | <b>\$95,186</b>       |
| <b>C. Start-up and One-Time Implementation Expenditures</b>           |  |            |                       |
| <b>D. Total County Administration Funding Requirements</b>            |  |            |                       |
|   |  |            | <b>\$305,682</b>      |

**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 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration 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 2004-05 funds required to be incurred on mental health services 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 \_\_\_\_\_, California

August 1, 2005



**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**FY 06/07  
Budget Narrative**

**23-Hour Stabilization - Program**

The total program cost for the 23-hour stabilization unit in 06/07 is \$1,037,055. Included in this request is appropriate staffing to allow for the best service possible as well as Medi-Cal certification of the site. Also included is \$17,800 for a contract for food for the unit. \$7,500 for client transportation, and \$54,000 for housing subsidies. Included in the Professional Services component is a \$25,560 MOU with the Department of Employment and Social Services for a .50 social worker, \$5,000 for a trainer on Gay, Lesbian, Bisexual, and Transgender issues, \$71,175 for a contract with a psychiatrist, and \$80,000 for a contract for peer specialists.

|                           |           |                  |
|---------------------------|-----------|------------------|
| Staffing                  | \$        | 706,670          |
| Food Contract             | \$        | 17,800           |
| Client Transportation     | \$        | 7,500            |
| Housing Subsidies         | \$        | 54,000           |
| DESS MOU                  | \$        | 25,560           |
| Trainer                   | \$        | 5,000            |
| Psychiatrist Contract     | \$        | 71,175           |
| Peer Specialist Contract  | \$        | 80,000           |
| Medication                | \$        | 50,000           |
| General Office Supplies   | \$        | 10,000           |
| Staff travel and training | \$        | 9,350            |
| <b>TOTAL Program Cost</b> | <b>\$</b> | <b>1,037,055</b> |

**23-Hour Stabilization - ONE TIME FUNDING**

This is a request for one-time funding to support start up needs in the 23-hour stabilization unit. The request is \$247,450. Included in this request is a van that will allow more accessible transportation for consumers, furniture for the unit, desk packages for the staff which include computers and office needs, and educational stipends to allow for a larger pool of perspective candidates for employment. Additionally, the Department requests \$120,000 for temporary consumer placement. It is believed that with the start of this system development program, placement issues will arise. This one-time funding will allow for a portion of dollars to address need through 07/08.

|                               |           |                  |
|-------------------------------|-----------|------------------|
| Van                           | \$        | 35,000           |
| Furniture                     | \$        | 10,000           |
| Temporary Consumer placement  | \$        | 120,000          |
| Desk Packages                 | \$        | 63,000           |
| Educational Staff Stipends    | \$        | 19,450           |
| <b>TOTAL ONE TIME FUNDING</b> | <b>\$</b> | <b>247,450</b>   |
| <b>TOTAL COMBINED</b>         | <b>\$</b> | <b>1,284,505</b> |
| <b>Revenue</b>                |           |                  |
| <b>MHSA</b>                   | <b>\$</b> | <b>741,279</b>   |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>543,226</b>   |
| <b>TOTAL</b>                  | <b>\$</b> | <b>1,284,505</b> |

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**FY 06/07  
Budget Narrative**

**SEARCH South program**

The total program cost for the SEARCH South program in 06/07 is \$693,779. Included in this request is appropriate staffing, housing subsidies of \$45,000, motel vouchers of \$25,000, a contract for vocational training in the amount of \$60,380, Peer Specialist contract of \$20,000, and veterinary care for consumer pets for \$2,000. In the Professional Services component is a contract for psychiatrist time. The balance of the budget is rent for a facility, staff travel and training and general office supplies.

|                              |           |                |
|------------------------------|-----------|----------------|
| Staffing                     | \$        | 419,189        |
| Housing Subsidies            | \$        | 45,000         |
| Motel Vouchers               | \$        | 25,000         |
| Vocational Training Contract | \$        | 60,380         |
| Peer Specialist Contract     | \$        | 20,000         |
| Veterinary Care              | \$        | 2,000          |
| Psychiatrist                 | \$        | 69,160         |
| General Office Supplies      | \$        | 10,000         |
| Rent, Travel, Training       | \$        | 43,050         |
| <b>TOTAL Program Cost</b>    | <b>\$</b> | <b>693,779</b> |

**SEARCH South ONE TIME FUNDING**

This is a request for one-time funding to support start up needs in the SEARCH South program. The request is \$317,600. Included in this request are two 4WD vehicles that will allow staff to access remote locations, furniture for the center, desk packages for the staff which include computers and office needs, computers for the consumers at the center, and educational stipends to allow for a larger pool of perspective candidates for employment. Also included is an amount that will be used for a housing project in conjunction with the County homeless task force.

|                               |           |                  |
|-------------------------------|-----------|------------------|
| 4-WD vehicles                 | \$        | 70,000           |
| Furniture                     | \$        | 5,000            |
| Desk Packages                 | \$        | 31,500           |
| Educational Staff Stipends    | \$        | 6,700            |
| Computers for Youth           | \$        | 4,400            |
| Housing Project               | \$        | 200,000          |
| <b>TOTAL ONE TIME FUNDING</b> | <b>\$</b> | <b>317,600</b>   |
| <b>TOTAL COMBINED</b>         | <b>\$</b> | <b>1,011,379</b> |
| <b>Revenue</b>                |           |                  |
| <b>MHSA</b>                   | <b>\$</b> | <b>932,634</b>   |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>78,745</b>    |
| <b>TOTAL</b>                  | <b>\$</b> | <b>1,011,379</b> |

**LINK program**

The total program cost for the LINK program in 06/07 is \$750,154. Included in this request is appropriate staffing, food for youth in the amount of \$10,000, transportation needs of youth of \$5,000, rent subsidies of \$21,000, motel vouchers of \$29,200 and veterinary care for youth pets in the amount of \$1,000. In the Professional Services component is a contract for school based mental health services in the amount of \$64,000. The balance of the budget is rent for a shelter facility and a center, staff travel and training and general office supplies.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Staffing                      | \$        | 541,954        |
| Food                          | \$        | 10,000         |
| Transportation for youth      | \$        | 5,000          |
| Housing Subsidies             | \$        | 21,000         |
| Motel Vouchers                | \$        | 29,200         |
| Veterinary Care               | \$        | 1,000          |
| School Based Service Contract | \$        | 64,000         |
| General Office Supplies       | \$        | 2,000          |
| Rent, Travel, Training        | \$        | 76,000         |
| <b>TOTAL Program Cost</b>     | <b>\$</b> | <b>750,154</b> |

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**FY 06/07  
Budget Narrative**

**LINK ONE TIME FUNDING**

This is a request for one-time funding to support start up needs in the LINK program. The request is \$83,100. Included in this request is a van that will allow more accessible transportation for consumers, furniture for the center, desk packages for the staff which include computers and office needs, computers for the youth at the center, and educational stipends to allow for a larger pool of perspective candidates for employment.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Van                           | \$        | 35,000         |
| Furniture                     | \$        | 10,000         |
| Desk Packages                 | \$        | 15,750         |
| Computers for Youth           | \$        | 6,600          |
| Educational Staff Stipends    | \$        | 15,750         |
| <b>TOTAL ONE TIME FUNDING</b> | <b>\$</b> | <b>83,100</b>  |
| <b>TOTAL COMBINED</b>         | <b>\$</b> | <b>833,254</b> |
| <b>Revenue</b>                |           |                |
| <b>MHSA</b>                   | <b>\$</b> | <b>601,943</b> |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>231,311</b> |
| <b>TOTAL</b>                  | <b>\$</b> | <b>833,254</b> |

**Consumer Education and Support Program**

The total program cost for the CE&S program in 06/07 is \$94,909. Included in this is appropriate staffing and training dollars of \$18,085.

|                           |           |               |
|---------------------------|-----------|---------------|
| Staffing                  | \$        | 76,824        |
| Training                  | \$        | 18,085        |
| <b>TOTAL Program Cost</b> | <b>\$</b> | <b>94,909</b> |

**Consumer Education and Support ONE TIME FUNDING**

This is a request for one-time funding to support start-up needs in the Consumer Education and Support program. The request is \$45,500. Included in this request is a van and desk packages for staff.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Van                           | \$        | 35,000         |
| Desk Packages                 | \$        | 10,500         |
| <b>TOTAL ONE TIME FUNDING</b> | <b>\$</b> | <b>45,500</b>  |
| <b>TOTAL COMBINED</b>         | <b>\$</b> | <b>140,409</b> |
| <b>Revenue</b>                |           |                |
| <b>MHSA</b>                   | <b>\$</b> | <b>140,409</b> |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>-</b>       |
| <b>TOTAL</b>                  | <b>\$</b> | <b>140,409</b> |

**Administration Program**

The total Administration 06/07 budget is \$352,582. This includes appropriate staffing, staff travel and training, rent, general office supplies. Also included is \$10,000 for outreach and an additional \$4,100 for training.

|                           |           |                |
|---------------------------|-----------|----------------|
| Staffing                  | \$        | 305,661        |
| Rent, Travel, Training    | \$        | 35,921         |
| General Office Supplies   | \$        | 1,000          |
| Outreach                  | \$        | 10,000         |
| <b>TOTAL Program Cost</b> | <b>\$</b> | <b>352,582</b> |

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**FY 06/07  
Budget Narrative**

**Administration ONE TIME FUNDING**

This is a request for the administrative aspect of the budget. It is one-time funding needs in the amount of \$1,286,150. The request includes a van for the MHSA Coordinator, desk packages for the staff and several computer needs. The computer components are a new server, a SAN (Storage Device, and 25% of estimated cost of new electronic clinical record for our new Behavioral Health Information System). The Department is also requesting \$535,289 to set up a community liaison program with the African American community. We have found from our community outreach that our weakest link is with this community. The Department believes, that with two years of funding, we will be able to change the culture of the agency. The outreach function will be provided by a Behavioral Health Counselor, a Community Liaison, and a pool of interns. These people will be supervised by the MHSA Coordinator. The Department is also requesting \$201,127 for an evaluation component for the programs. The Department will develop contracts that will track and allow course correction as we move forward in the transformation of delivery of care. In addition, the Department is requesting \$25,000 to support the MHSA Coordinator in the development of community linkage over the next two years.

|                                |           |                  |
|--------------------------------|-----------|------------------|
| Van                            | \$        | 35,000           |
| Desk Packages                  | \$        | 15,750           |
| New Electronic Clinical Record | \$        | 123,984          |
| Storage Device                 | \$        | 250,000          |
| Server                         | \$        | 100,000          |
| Evaluation component           | \$        | 201,127          |
| Community Liaison Program      | \$        | 535,289          |
| Outreach and Engagement        | \$        | 25,000           |
| <b>TOTAL ONE TIME FUNDING</b>  | <b>\$</b> | <b>1,286,150</b> |
| <b>TOTAL COMBINED</b>          | <b>\$</b> | <b>1,638,732</b> |
| <b>Revenue</b>                 |           |                  |
| <b>MHSA</b>                    | <b>\$</b> | <b>1,563,159</b> |
| <b>Medi-Cal/Other Revenue</b>  | <b>\$</b> | <b>75,573</b>    |
| <b>TOTAL</b>                   | <b>\$</b> | <b>1,638,732</b> |

|  |  |                     |
|--|--|---------------------|
| <b>TOTAL PROGRAM COST</b>  |  | <b>\$ 2,928,479</b> |
| <b>TOTAL ONE TIME FUNDING</b>                                    |  | <b>\$ 1,979,800</b> |
| <b>TOTAL 06/07 FISCAL YEAR</b>                                   |  | <b>\$ 4,908,279</b> |
| <b>REVENUE</b>   |  |                     |
| <b>MHSA (\$1,999,624 06/07 and \$1,979,800 One time funding)</b> |  | <b>\$ 3,979,424</b> |
| <b>MEDI-CAL/OTHER REVENUE</b>                                    |  | <b>\$ 928,855</b>   |
| <b>TOTAL</b>   |  | <b>\$ 4,908,279</b> |

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**FY 07/08  
Budget Narrative**

**23-Hour Stabilization**

The total program cost for the 23-hour stabilization unit in 07/08 is \$1,224,849. Included in this request is appropriate staffing to allow for the best service possible as well as Medi-Cal certification of the site. Also included is \$17,800 for a contract for food for the unit. \$7,500 for client transportation, and \$54,000 for housing subsidies. Included in the Professional Services component is a \$25,560 MOU with the Department of Employment and Social Services for a .50 social worker, \$5,000 for a trainer on Gay, Lesbian, Bisexual, and Transgender issues, \$67,500 for residential treatment, \$71,175 for a contract with a psychiatrist, and \$80,000 for a contract for peer specialists. There is \$50,000 for medication needs and 19,350 in general office expense and staff training and travel.

|                                 |           |                  |
|---------------------------------|-----------|------------------|
| Staffing                        | \$        | 826,964          |
| Food Contract                   | \$        | 17,800           |
| Client Transportation           | \$        | 7,500            |
| Housing Subsidies               | \$        | 54,000           |
| DESS MOU                        | \$        | 25,560           |
| Trainer                         | \$        | 5,000            |
| Residential Treatment Contracts | \$        | 67,500           |
| Psychiatrist Contract           | \$        | 71,175           |
| Peer Specialist Contract        | \$        | 80,000           |
| Medication                      | \$        | 50,000           |
| General Office Supplies         | \$        | 10,000           |
| Staff travel and training       | \$        | 9,350            |
| <b>TOTAL Program Cost</b>       | <b>\$</b> | <b>1,224,849</b> |
| <b>Revenue</b>                  |           |                  |
| <b>MHSA</b>                     | <b>\$</b> | <b>509,446</b>   |
| <b>Medi-Cal/Other Revenue</b>   | <b>\$</b> | <b>715,403</b>   |
| <b>TOTAL</b>                    | <b>\$</b> | <b>1,224,849</b> |

**SEARCH South program**

The total program cost for the SEARCH South program in 07/08 is \$770,352. Included in this request is appropriate staffing, housing subsidies/projects of \$105,466, motel vouchers of \$25,000, a contract for vocational training in the amount of \$60,380, Peer Specialist contract of \$20,000, and veterinary care for consumer pets for \$2,000. In the Professional Services component is a contract for psychiatrist time. The balance of the budget is rent for a facility, staff travel and training and general office supplies.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Staffing                      | \$        | 435,296        |
| Housing Subsidies             | \$        | 105,466        |
| Motel Vouchers                | \$        | 25,000         |
| Vocational Training Contract  | \$        | 60,380         |
| Peer Specialist Contract      | \$        | 20,000         |
| Veterinary Care               | \$        | 2,000          |
| Psychiatrist                  | \$        | 69,160         |
| General Office Supplies       | \$        | 10,000         |
| Rent, Travel, Training        | \$        | 43,050         |
| <b>TOTAL Program Cost</b>     | <b>\$</b> | <b>770,352</b> |
| <b>Revenue</b>                |           |                |
| <b>MHSA</b>                   | <b>\$</b> | <b>678,456</b> |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>91,896</b>  |
| <b>TOTAL</b>                  | <b>\$</b> | <b>770,352</b> |

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**FY 07/08**

**Budget Narrative**

**LINK program**

The total program cost for the LINK program in 07/08 is \$774,041. Included in this request is appropriate staffing, food for youth in the amount of \$10,000, transportation needs of youth of \$5,000, rent subsidies of \$25,000, motel vouchers of \$29,200 and veterinary care for youth pets in the amount of \$1,000. In the Professional Services component is a contract for school based mental health services in the amount of \$64,000. The balance of the budget is rent for a shelter facility and a center, staff travel and training and general office supplies.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Staffing                      | \$        | 561,841        |
| Food                          | \$        | 10,000         |
| Transportation for youth      | \$        | 5,000          |
| Housing Subsidies             | \$        | 25,000         |
| Motel Vouchers                | \$        | 29,200         |
| Veterinary Care               | \$        | 1,000          |
| School Based Service Contract | \$        | 64,000         |
| General Office Supplies       | \$        | 2,000          |
| Rent, Travel, Training        | \$        | 76,000         |
| <b>TOTAL Program Cost</b>     | <b>\$</b> | <b>774,041</b> |
| <b>Revenue</b>                |           |                |
| <b>MHSA</b>                   | <b>\$</b> | <b>474,097</b> |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>299,944</b> |
| <b>TOTAL</b>                  | <b>\$</b> | <b>774,041</b> |

**Consumer Education and Support**

The total program cost for the CE&S program in 07/08 is \$149,481. Included in this is appropriate staffing and training dollars of \$20,420.

|                           |           |                |
|---------------------------|-----------|----------------|
| Staffing                  | \$        | 129,061        |
| Training                  | \$        | 20,420         |
| <b>TOTAL Program Cost</b> | <b>\$</b> | <b>149,481</b> |
| <b>Revenue</b>            |           |                |
| <b>MHSA</b>               | <b>\$</b> | <b>149,481</b> |
| <b>TOTAL</b>              | <b>\$</b> | <b>149,481</b> |

**Administration**

The total Administration 07/08 budget is \$400,868. This includes appropriate staffing, staff travel and training, rent, general office supplies. Also included is \$10,000 for outreach and an additional \$4,100 for training.

|                               |           |                |
|-------------------------------|-----------|----------------|
| Staffing                      | \$        | 318,547        |
| Rent, Travel, Training        | \$        | 42,645         |
| General Office Supplies       | \$        | 10,000         |
| Planning                      | \$        | 19,676         |
| Outreach                      | \$        | 10,000         |
| <b>TOTAL Program Cost</b>     | <b>\$</b> | <b>400,868</b> |
| <b>Revenue</b>                |           |                |
| <b>MHSA</b>                   | <b>\$</b> | <b>305,682</b> |
| <b>Medi-Cal/Other Revenue</b> | <b>\$</b> | <b>95,186</b>  |
| <b>TOTAL</b>                  | <b>\$</b> | <b>400,868</b> |

|                               |  |                     |
|-------------------------------|--|---------------------|
| <b>TOTAL PROGRAM COST</b>     |  | <b>\$ 3,319,591</b> |
| <b>REVENUE</b>                |  |                     |
| <b>MHSA</b>                   |  | <b>\$ 2,117,162</b> |
| <b>MEDI-CAL/OTHER REVENUE</b> |  | <b>\$ 1,202,429</b> |
| <b>TOTAL</b>                  |  | <b>\$ 3,319,591</b> |

|                                    | 2 years           |                   |
|------------------------------------|-------------------|-------------------|
| Temporary consumer placement needs | \$ 60,000         | \$ 120,000        |
| <b>add to 23 hour</b>              |                   | <b>\$ 120,000</b> |
|                                    |                   |                   |
|                                    |                   |                   |
| Training                           | \$ 40,000         | \$ 80,000         |
| Increase for SAN                   | \$ 150,000        | \$ 150,000        |
| Increase for Server                | \$ 50,000         | \$ 50,000         |
| Evaluation Component               |                   | \$ 109,611        |
| Outreach and Engagement            | \$ 25,000         | \$ 25,000         |
| Behavioral Health Counselor        | \$ 52,244         | \$ 106,619        |
| Transportation and Travel          | \$ 5,000          | \$ 10,000         |
| General Office Supplies            | \$ 5,000          | \$ 10,000         |
| Outreach and Engagement            | \$ 5,000          | \$ 10,000         |
| Van                                | \$ 35,000         | \$ 35,000         |
| Desk Packages                      | \$ 15,750         | \$ 15,750         |
| Educational Stipends               | \$ 50,000         | \$ 100,000        |
| Intern pool                        | \$ 25,000         | \$ 50,000         |
| Community Liaison                  | \$ 25,000         | \$ 50,000         |
| Rent at community school           | \$ 8,400          | \$ 16,800         |
| MOU with DESS                      | \$ 25,560         | \$ 51,120         |
|                                    |                   |                   |
| <b>add to admin</b>                | <b>\$ 576,954</b> | <b>\$ 869,900</b> |
|                                    |                   |                   |
|                                    |                   |                   |
|                                    |                   | \$ 989,900        |
|                                    |                   | <b>\$ -</b>       |