EXHIBIT 5a--Instructions for Preparing the Mental Health Services Act Community Services and Supports Budget

Counties are required to complete the Mental Health Services Act (MHSA) Community Services and Supports Budget worksheet and Detailed Staffing worksheet in order to obtain funding for services under the MHSA. Counties must also prepare a budget narrative that describes line items in the budget, the approach used by the county to estimate budget amounts, source documents for the budget, and the specific other one-time CSS funding costs identified on line C. The proposed budget and budget narrative must correlate to the narrative Program Work Plans contained in the Community Services and Supports Program and Expenditure Plan prepared by each county.

A separate budget worksheet and budget narrative must be prepared for each work plan and for each fiscal year from 2005-06 through 2007-08 the county proposes to operate the program or provide the service. Below are the specific instructions for preparing the attached MHSA Community Services and Supports budget worksheet.

General Instructions:
Round all expenditures to the nearest whole dollar.
Enter proposed budget amounts separately for the County Mental Health Department, Other Governmental Agencies and Community Mental Health Contract Providers in separate columns.

Counties should enter detailed budget information for Community Mental Health Contract Providers only when a contractor has been selected. If provider has not yet been determined, whether County or Contract, complete the Detailed Staffing worksheet with the estimated number of FTEs by classification and function (but do not enter salaries, wages and benefits), enter the total proposed program/service budget on line A.5., the total revenues on line B.3., and the total funding requirements on line D. Describe in the budget narrative the basis for developing the estimated funding requirements.
For expansion of existing programs or services, enter funding and revenues currently incurred as well as the proposed expansion of expenditures and revenues under the MHSA so that total program or service expenditures and revenues are included in the budget.

Counties will not be held to individual budget line items but to the overall budget. The individual line items will be used by the State Department of Mental Health to evaluate each county's proposed budget.

Heading Instructions:
Enter the county name or county names if multiple counties are proposing to operate the program or provide the service jointly.
Enter the Program Work Plan Number that correlates with Exhibit 2 in the Community Services and Supports Plan.
Enter the Program Work Plan Name that correlates with Exhibit 2 in the Community Services and Supports Plan.
Select from the menu the type of funding.
Select from the menu the initial population to be served by the program/service.
Enter the total proposed client capacity of the program/service once the program/service is fully operational.
Enter the existing client capacity of the program/service as currently staffed.
The client capacity of the program/service expanded through the MHSA is automatically calculated as the difference between total client capacity and
Select from the menu the fiscal year for the budget.
Enter the individual page number and total number of pages for all programs/services submitted by the county.
Select from the menu the number of months the program/service will be operational during the fiscal year.
Select from the menu whether the program/service is a new program to be established with MHSA funds or an existing program/service to be expanded
Enter the name of the individual who prepared the budget.
Enter the telephone number of the individual who prepared the budget.

Line Item Instructions:

A. EXPENDITURES

1. *Client, Family Member and Caregiver Support Expenditures*

a. Clothing, Food and Hygiene - Enter budgeted amounts to be incurred on clothing, food and hygiene for clients, family members and caregivers.
b. Travel and Transportation - Enter budgeted amounts to be incurred in providing travel and transportation to clients, their family members and their caregivers. This includes budgeted amounts for mileage, bus tickets, meals and other transportation and travel expenses.
c. Housing - Enter the amounts budgeted for the different types of housing supports provided to clients, family members and caregivers on lines i through iv.
d. Employment and Education Supports - Enter budgeted amounts to be incurred in providing employment and education supports.
e. Other Support Expenditures - Enter other budgeted amounts to be incurred on behalf of clients, family members and caregivers not identified above. Provide a description of the type and amount of each expenditure in the budget narrative.
f. Total Support Expenditures is automatically calculated and is the sum of lines 1a through 1e.

2. *Personnel Expenditures* - Personnel Expenditures should equal the personnel costs shown on the Staffing Detail worksheet.

a. Current Existing Personnel Expenditures - Enter the current existing personnel expenditures from the Staffing Detail worksheet for the County Mental Health Department, Other Governmental Agencies and Community Mental Health Contract Providers. The total column should equal the total current existing personnel expenditures on the Staffing Detail worksheet.
b. New Additional Personnel Expenditures - Enter the new additional personnel expenditures from the Staffing Detail worksheet for the County Mental Health Department, Other Governmental Agencies and Community Mental Health Contract Providers. The total column should equal the total new additional personnel expenditures on the Staffing Detail worksheet.
c. Employee Benefits - Enter budgeted County Mental Health Department, Other Governmental Agencies and Community Mental Health Contract Provider employee benefits. This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. An average of current employee benefits may be used to estimate these amounts.
d. Total Personnel Expenditures is automatically calculated and is the sum of lines 2a through 2c.

3. *Operating Expenditures*

a. Professional Services - Enter budgeted amounts to be incurred for consulting, facilitation and other professional services.
b. Translation and Interpreter Services - Enter budgeted amounts to be incurred on translation and interpreter services.

c. Travel and Transportation - Enter budgeted amounts to be incurred for staff travel and transportation. This include hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses.
d. General Office Expenditures - Enter budgeted amounts to be incurred for general office expenditures including postage, photocopy expenses, office supplies and other supplies.
e. Rent, Utilities and Equipment- Enter budgeted amounts to be incurred for rent, equipment and utilities including room rental for meetings, equipment rentals, telecommunication costs and utilities.
f. Medication and Medical Supports - Enter budgeted amounts to be incurred in providing medications or necessary medical supports to clients under this program/service.
g. Other Operating Expenses- Enter any other budgeted operating expenditures not identified above. Provide a description of the type and amount of each expenditure in the budget narrative.
h. Total Operating Expenditures is automatically calculated and is the sum of lines 3a through 3g.

4. *Program Management (Other Governmental Agencies and Community Mental Health Contract Providers only).* The County Mental Health Department should enter budgeted amounts to be incurred in managing services under the MHSA on the County MHSA Administration Budget.
a. Existing Program Management - For expansion of an existing program/service, enter the budgeted amount of existing program management costs to be incurred in support of this program/service. Program Management includes such costs as the Executive Director, accounting and other support costs incurred by a Community Mental Health Contractor that have typically been included in the unit rates.
b. New Program Management - Enter the budgeted amount of new program management costs to be incurred in support of this program/service. Program Management includes such costs as the Executive Director, accounting and other support costs incurred by a Community Mental Health Contractor that have typically been included in the unit rates.
c. Total Program Management is automatically calculated and is the sum of lines 4a and 4b.
5. *Estimated Total Expenditures when service provider is not known.* The County Mental Health Department should enter the total budgeted amount for the program (rather than detailed budget line items) when the type of provider is not known or the contract provider has not been selected.

6. Total Proposed Budget is automatically calculated and is the sum of lines 1f, 2d, 3h, 4c and 5.

B. REVENUES

1. *Existing Revenues* - For expansion of an existing program/service, enter current estimated revenues by type of revenue. It is recommended that the fiscal year 2003-04 cost report inflated by the home health agency market basket index (3.4%) be used as a basis for estimating revenues. Increases in programs/services (i.e., EPSDT) should also be considered as well as the fiscal year (i.e., budgets for fiscal year 2005-06 should include two years of inflation). Counties should maintain documentation on how revenues are estimated.
a. Medi-Cal - Enter the estimated Federal Financial Participation (FFP) for the program/service, including FFP generated for Medi-Cal Administrative Activities (MAA).
b. Medicare/Patient Fees/Patient Insurance - Enter the revenues anticipated to be collected from Medicare, patient fees and patient insurance.
c. Realignment - Enter the amount of realignment revenues estimated to be used in providing existing services under this program/service.
d. State General Funds - Enter the amount of State General Funds estimated to be used to fund this program/service, including EPSDT and AB 2034.
e. County Funds - Enter the amount of county funds estimated to be used to fund existing services under this program/service.
f. Grants - Enter estimated grant revenues to be received in providing services under this existing program/service.
g. Other Revenue - Enter any other revenue estimated to be received to cover the costs of providing existing services under this program/service.
h. Total Existing Revenues is automatically calculated and is the sum of lines 1a through 1g.

2. *New Revenues* - Enter the amount of revenues expected to be generated in providing new or expanded services under this program/service. Many of the services and costs under the MHSA are eligible for Medi-Cal, Medicare and other reimbursement. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures using the proposed budget amounts from Section A.
a. Medi-Cal - Enter the estimated Federal Financial Participation (FFP) to be generated by the program/service, including FFP generated for Medi-Cal Administrative Activities (MAA).
b. Medicare/Patient Fees/Patient Insurance - Enter the revenues anticipated to be collected from Medicare, patient fees and patient insurance.
c. State General Funds – Enter the amount of EPSDT State General Funds estimated to be generated by this program/service.
d. Other Revenue – Enter any other revenue estimated to be received to cover the costs of providing new or expanded services under this program/service.
e. Total New Revenues is automatically calculated and is the sum of lines 2a through 2d.

3. The Total Revenues is automatically calculated and is the sum of lines 1h and 2e.

C. ONE-TIME CSS FUNDING EXPENDITURES – Enter one-time start-up and implementation expenditures for the program/service. Provide a detailed description of these expenditures in the budget narrative. Requirements for one-time funding will be issued in a separate DMH Letter.

D. TOTAL FUNDING REQUIREMENTS – This amount is automatically calculated and equals the total proposed budget (line A6) less total estimated revenues (line B3) plus one-time expenditures (line C). This reflects the amount of funding requested for this program/service under the MHSA and should match the funding shown in Exhibit 2 of the Community Services and Supports Plan. Counties submitting a joint program budget should describe in the budget narrative the amount of funding required for each individual county. It is suggested that counties use the estimated percent of clients from each county to estimate the funding required for each individual county.

E. PERCENT OF TOTAL FUNDING REQUIREMENTS FOR FULL SERVICE PARTNERSHIPS (System Development and Outreach and Engagement funding only) – The majority of a county's total CSS funding must be for Full Service Partnership services. In some programs/services, part of the System Development and/or Outreach and Engagement expenditures will be incurred in providing services to Full Service Partnership clients. In order to give a county credit towards the majority requirement, counties should indicate in this cell the percent of total funding requirements that will be used to serve Full Service Partnership clients. Counties should not enter anything in this cell for Full Service Partnership programs.

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

County(ies): Plumas | Fiscal Year: 2007-08

Program Workplan # 6 | Date: 6/4/07

Program Workplan Name **Outreach to Homeless** | Page ____ of ____

Type of Funding **3. Outreach and Engagement** | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 8 | Prepared by: Bianca Harrison

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: 530-283-6487

Supplemental Funding FY07-08	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing	$54,750			$54,750
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)	$17,630			$17,630
f. Total Support Expenditures	$72,380	$0	$0	$72,380
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$4,160			$4,160
c. Employee Benefits	$1,840			$1,840
d. Total Personnel Expenditures	$6,000	$0	$0	$6,000
3. Operating Expenditures				
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				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$78,380**	**$0**	**$0**	**$78,380**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$78,380**	**$0**	**$0**	**$78,380**
E. Percent of Total Funding Requirements for Full Service Partnerships	**30%**			

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FY07-08
Program Workplan 6
Program Workplan Name Outreach to Homeless

Personnel Expenditures			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	**Plan 6**	Plan 7
Clinical Supervision-Continuing Care Coordinator			Plan 1	Plan 2	Plan 3	Plan 4	**Plan 5**	Plan 6	Plan 7
		hourly rate					0.05		
		40.00							
	for 12 months	83,200.00		-	-	-	4,160.00		-
	benefits @50%	36,600.00		-	-	-	1,840.00		-
	Total	119,800.00		-	-	-	6,000.00	-	-

Temporary Housing at Sierra House
Cost per Bed Day: 100.00
1.5 beds for 365 days 54,750.00

Other Support:
Day Treatment and Mental Health Services to FSP: 17,630.00

EXHIBIT 5b--Instructions for Preparing the Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

Counties are required to complete the Mental Health Services Act (MHSA) Community Services and Supports Staffing Detail worksheet in order to obtain funding for services and supports under the MHSA.

General Instructions:
Round all expenditures to the nearest whole dollar. Round all FTE counts to two decimals.
The heading information is linked to the heading information on the budget worksheet. No additional heading information is required.
Counties should enter detailed budget information for Community Mental Health Contract Providers only when a contractor has been selected. If a contractor has not been selected and the county anticipates contracting for the program or service, provide an estimate of the number of FTEs by classification and function (but do not enter salaries, wages and benefits).
Counties that have chosen to implement intergenerational programs with staffing specific to each age group should identify the age group for each classification (for example, type "Adults" in the classification column and then all the staff for the adult component of the intergenerational program directly below). If separate age-specific staffing is not planned for an intergenerational program, the county must describe in the Work Plan how the staffing is appropriate for the age group being served.

Column Instructions
Classification – Enter the position classification as used by the county or Contract Provider for the position.

Function - Enter the function of the position, such as personal services coordinator, etc.

Client, FM & CG FTEs - Enter the number of full-time equivalent positions to be staffed with clients, family members and/or caregivers that will have the position classification and function listed in the first two columns.

Total Number of FTEs - Enter the total number of full-time equivalent positions (including clients, family members and caregivers) that will have the position classification and function listed in the first two columns.

Salary, Wages and Overtime per FTE - Enter the salary, wages and overtime for the position classification and function listed in the first two columns. If a county is not sure of the exact salary, it may use the mid-point or other step to estimate the salary, wages and overtime per FTE. Include any bi-lingual pay supplements if applicable for the position.

Total Salaries, Wages and Overtime - The amount is automatically calculated and is the total number of FTEs are multiplied by the Salary, Wages and Overtime per FTE to determine the Total Salaries, Wages and Overtime for each position classification and function.

Row Instructions

A. Current Existing Positions - For expansion of an existing program/service, enter the existing authorized positions for the program/service. Note that this corresponds to authorized positions and not individual persons. The total FTEs and total salaries, wages and overtime is automatically calculated at the bottom of Section A. The total salaries, wages and overtime must be reported in one or more of the columns on line A.2.a. of the Budget worksheet. The total on line A.2.a. of the Budget worksheet should equal the total salaries, wages and overtime on this line.

B. New Additional Positions - For expansion of an existing program/service or a new program/service, enter the new additional positions for the program/service that will be funded through the MHSA. Note that this corresponds to positions and not individual persons, so an existing county employee could fill a new additional position if the position is new. The total FTEs and total salaries, wages and overtime is automatically calculated at the bottom of Section B. The total salaries, wages and overtime must be reported in one or more of the columns on line A.2.b. of the Budget worksheet. The total on line A.2.b. of the Budget worksheet should equal the total salaries, wages and overtime on this line.

C. Total Program Positions - Total Program Positions is automatically calculated and represents the sums of Sections A and B.

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

County(ies): Plumas | Fiscal Year: **2007-08**

Program Workplan # 6 | Date: 6/4/07

Program Workplan Name **Education** | Page ____ of ____

Type of Funding **3. Outreach and Engagement** | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 10 | New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 8 | Prepared by: Bianca Harrison

Client Capacity of Program/Service Expanded through MHSA: 2 | Telephone Number: 530-283-6487

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Therapist II	*Access Coordinator*		0.00	$65,520	$0
Mental Health Therapist II	*Community Regional Response Lead*		0.00	$13,104	$0
Community Care Case Manager	*Community Regional Response Case Manager*				$0
Continuing Care Coordinator	Continuing Care Coordinator		0.05	$83,200	$4,160
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.05		$4,160
C. Total Program Positions		0.00	0.05		$4,160