

**DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES**

**YOLO COUNTY**  
**MENTAL HEALTH SERVICES ACT**  
**PROPOSITION 63**

**PROPOSED**  
**COMMUNITY SERVICES AND SUPPORTS**  
**3-YEAR PROGRAM AND EXPENDITURE PLAN**

**PAGES INADVERTENTLY OMITTED FROM PLAN**  
**POSTED 12/10/2005**

**PLEASE NOTE:**

**In its MHS Community Services and Supports Program and Expenditure Plan, the following four pages were inadvertently omitted from the plan when it was posted on the Internet and printed on 12/10/2005. These pages represent the following documents:**

- **Administration Budget Worksheet (Exhibit 5) for FY 06-07**
- **Administration Budget Narrative for FY 06-07**
- **Administration Budget Worksheet (Exhibit 5) for FY 07-08**
- **Administration Budget Narrative for FY 07-08**

**These four pages should be inserted immediately after page 157, following the Administration Budget Narrative for FY 05-06.**

**We apologize for any inconvenience. Thank you.**

**12/21/2005**

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

County(ies): Yolo

Fiscal Year: 2006-07

Date: 12/4/05

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSAs Coordinator(s)	1.00	1.00	\$61,800
b. MHSAs Support Staff		0.50	\$15,902
c. Other Personnel (list below)			
i. Analyst		1.00	\$52,554
ii. QI		0.10	\$5,250
iii. Billing Clerk		0.50	\$18,116
iv.			\$0
v.			\$0
vi.			\$0
vii.			\$0
d. Total FTEs/Salaries	1.00	3.10	\$153,622
e. Employee Benefits			\$53,768
f. Total Personnel Expenditures			\$207,390
<b>2. Operating Expenditures</b>			
a. Professional Services			\$5,000
b. Travel and Transportation			\$5,000
c. General Office Expenditures			\$3,500
d. Rent, Utilities and Equipment			\$2,000
e. Other Operating Expenses			\$2,828
f. Total Operating Expenditures			\$18,328
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$50,000
b. Other Administration			\$0
c. Total County Allocated Administration			\$50,000
<b>4. Total Proposed County Administration Budget</b>			<b>\$275,718</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			\$0
b. Other Revenue			\$0
<b>2. Total Revenues</b>			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			
			<b>\$275,718</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 MHSAs 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



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

County(ies): Yolo

Fiscal Year: 2007-08

Date: Nov. 28, 2005

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. MHSAs Coordinator(s)	1.00	1.00	\$63,600
b. MHSAs Support Staff		0.75	\$24,569
c. Other Personnel (list below)			
i. Analyst		1.00	\$54,086
ii. QI		0.10	\$5,403
iii. Billing Clerk		0.50	\$18,644
iv.			\$0
v.			\$0
vi.			\$0
vii.			\$0
d. Total FTEs/Salaries	1.00	3.35	\$166,302
e. Employee Benefits			<u>\$58,205</u>
f. Total Personnel Expenditures			\$224,507
<b>2. Operating Expenditures</b>			
a. Professional Services			\$2,500
b. Travel and Transportation			\$5,000
c. General Office Expenditures			\$2,500
d. Rent, Utilities and Equipment			\$2,000
e. Other Operating Expenses			<u>\$2,918</u>
f. Total Operating Expenditures			\$14,918
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$52,500
b. Other Administration			\$0
c. Total County Allocated Administration			\$52,500
<b>4. Total Proposed County Administration Budget</b>			<b>\$291,925</b>
<b>B. Revenues</b>			
<b>1. New Revenues</b>			
a. Medi-Cal (FFP only)			\$0
b. Other Revenue			<u>\$0</u>
<b>2. Total Revenues</b>			<b>\$0</b>
<b>C. Start-up and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			<b>\$291,925</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 MHSAs 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

