

*Dedicated to the Health
Of the Whole Community*



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January 20, 2009

Assistant Deputy Director, Community Program Support
Community Services Division
California Department of Mental Health
1600 9th Street, Room 130
Sacramento, CA 95814

Re: Plan Update to CSS Three-Year Program & Expenditure Plan – “Augmentation Plan”

Santa Clara County is pleased to submit a Plan Update to its Community Services and Supports (CSS) Three-year Program and Expenditure Plan. This “Augmentation Plan” is being submitted to access additional FY08-09 CSS funds, which became available following the release of DMH Information Notice 08-19. All funds will support programs and services in approved work plans.

The Augmentation Plan was developed with significant input from local stakeholders over a five month period. The County’s Stakeholder Leadership Committee (SLC) reviewed and endorsed the draft plan on November 17, 2008. The Mental Health Department (MHD) emailed over 600 stakeholders and organizations informing them that the Augmentation Plan had been posted on MHD’s website for public comment and review. The Update remained on the website for 30 days starting on November 17, 2008. On December 16, 2008, the County’s Board of Supervisors approved the Augmentation Plan for submission to the California Department of Mental Health.

Please contact me or Ky Le, MHSA Project Manager, at 408-885-7543 or ky.le@hhs.sccgov.org if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Copley", written over a horizontal line.

Bruce Copley
Deputy Director
Mental Health Department

- Encl: Exhibit 1 – Certification by the County Mental Health Director
Exhibit 2 – Program Work Plan Listing for FY2008/09
Exhibit 3R – FY2008/09 MHSA CSS Funding Requirements
Exhibit 5a – CSS Administration Budget
Exhibit 5b – FY2008/09 CSS Budget Worksheets for Approved Work Plans (9 Total)

Exhibit 1
Community Services and Supports
FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Santa Clara County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

Date: 1/20/09

Signature 
Local Mental Health Director

Executed at: San Jose, California

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

Date: 1/9/2009

County: Santa Clara

| Workplans | | | Total Funds Requested | | | | | Funds Requested by Age Group | | | |
|---|--|--------------------------------------|---------------------------------------|-----------------------|----------------------------|------------------|---------------------------------|------------------------------|--------------|-------------|--|
| No. | Name | New (N)/ Approved Existing (E) | Full Service Partnerships (FSP) | System Development | Outreach and Engagement | Total Request | Children, Youth, Families | Transition Age Youth | Adult | Older Adult | |
| 1. | C-01 Child & Family System Improvement | E | \$1,132,173 | \$1,715,247 | \$86,896 | \$2,934,316 | \$2,934,316 | | | | |
| 2. | C-02 Young Child System of Care Development | E | | \$1,044,739 | | \$1,044,739 | \$1,044,739 | | | | |
| 3. | T-01 TAY System of Care Development | E | \$1,169,709 | \$1,151,669 | \$216,668 | \$2,538,046 | | \$2,538,046 | | | |
| 4. | A-01 Adult System Development | E | \$5,942,062 | \$11,525,112 | \$512,059 | \$17,979,243 | | \$17,979,243 | | | |
| 5. | A-03 Adult Criminal Justice System Development | E | \$6,797,773 | | | \$6,797,773 | | | | \$1,878,188 | |
| 6. | OA-01 Older Adult System of Care Development | E | \$685,320 | \$1,040,454 | \$252,414 | \$1,978,188 | \$156,750 | \$213,750 | \$897,750 | \$156,750 | |
| 7. | HO-01 Housing Options Initiative | E | \$1,425,000 | | | \$1,425,000 | \$150,814 | \$205,855 | \$863,750 | \$150,814 | |
| 8. | HC-01 Behavioral & Primary Health Care Partnership | E | \$685,516 | \$342,758 | \$342,758 | \$1,371,032 | \$605,783 | \$826,068 | \$3,469,484 | \$605,783 | |
| 9. | LP-01 Behavioral Health Learning Partnership | E | \$3,003,560 | \$1,251,779 | \$1,251,779 | \$5,507,118 | \$0 | \$0 | \$0 | \$0 | |
| 10. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 11. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 12. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 13. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 14. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 15. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 16. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 17. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 18. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 19. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 20. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 21. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 22. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 23. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 24. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| 25. | | | | | | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Subtotal: Workplans^{a/} | | | \$20,741,113 | \$18,071,758 | \$2,662,584 | \$41,475,455 | \$4,882,402 | \$5,785,519 | \$30,008,001 | \$2,791,535 | |
| 26. | Optional 10% Operating Reserve^{b/} | | | | | | | | | | |
| 27. | CSS Administration^{c/} | | | | | \$1,890,257 | | | | | |
| 28. | CSS Capital Facilities Projects^{d/} | | | | | | | | | | |
| 29. | CSS Technological Needs Projects^{d/} | | | | | | | | | | |
| 30. | CSS Workforce Education and Training^{d/} | | | | | \$0 | | | | | |
| 31. | CSS Prudent Reserve^{e/} | | | | | \$43,365,712 | | | | | |
| 32. | Total Funds Requested | | | | | | | | | 50.01% | |

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs =

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

Exhibit 3R

Mental Health Services Act Community Services and Supports Funding Request for FY 2008/09

Date: 1/9/2009

County: Santa Clara

| | Use of Funds | Source of Funds |
|--|--------------|--|
| Total FY 2008/09 Funds Requested from line 33 of Exhibit 2 | \$43,365,712 | |
| | | \$0 FY 06/07 CSS Unapproved Planning Estimates |
| | | \$0 FY 07/08 CSS Unapproved Planning Estimates |
| | | \$28,814,300 FY 08/09 CSS Planning Estimates* |
| | | \$14,551,412 Unspent CSS Funds (Cash on Hand) |
| Total | \$43,365,712 | \$43,365,712 |

* Funds requested for lines 29, 30 and 31 on Exhibit 2 must be funded from the FY 08/09 CSS Planning Estimate.

**FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet**

County: Santa Clara

Fiscal Year: 2008-09

Date: 1/9/2009

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|---|---|---|
| A. Expenditures | | |
| 1. Personnel Expenditures | | |
| a. MHSA Coordinator(s) | | |
| b. MHSA Support Staff | | |
| c. Other Personnel (list below) | | |
| i. Full Service Partnership Coordinators | \$183,425 | \$0 |
| ii. Criminal Justice/Housing Director | \$104,230 | \$58,324 |
| iii. QI/UM Coordinators | \$82,129 | \$85,575 |
| iv. UM Analyst | \$81,888 | \$26,981 |
| v. Cultural Competency Coordinator | \$82,129 | \$0 |
| vi. | | |
| vii. | | |
| d. Total Salaries | \$533,801 | \$170,880 |
| e. Employee Benefits | \$228,772 | \$53,088 |
| f. Total Personnel Expenditures | \$762,573 | \$223,969 |
| 2. Operating Expenditures | \$916,357 | \$954,806 |
| 3. County Allocated Administration | | |
| a. Countywide Administration (A-87) | | |
| b. Other Administration (provide description in budget narrative) | | |
| c. Total County Allocated Administration | \$0 | \$0 |
| 4. Total Proposed County Administration Budget | \$1,678,930 | \$1,178,774 |
| B. Revenues | | |
| 1. New Revenues | | |
| a. Medi-Cal (FFP only) | \$258,517 | \$258,517 |
| b. Other Revenue | | |
| 2. Total Revenues | \$258,517 | \$258,517 |
| C. Non-Recurring Expenditures | \$600,000 | \$970,000 |
| D. Total County Administration Funding Requirements | \$2,020,413 | \$1,890,257 |

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 MHSA 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 or Designee

Executed at _____, California

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara County Fiscal Year: 2008-09
 Program Workplan # C-01 Date: 1/9/2009
 Program Workplan Name Child & Family System Improvement Page 1 of 1
 Type of Funding Full Service Partnership / System Development / Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 3,123
 Existing Client Capacity of Program/Service: 3,123 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$234,110 | \$238,415 |
| b. Other Supports | \$472,485 | \$474,405 |
| 2. Personnel Expenditures | \$1,898,049 | \$1,979,356 |
| 3. Operating Expenditures | \$222,147 | \$249,406 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$1,467,021 | \$939,734 |
| 7. Total Proposed Program Budget | \$4,293,812 | \$3,881,316 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$498,421 | \$498,421 |
| b. State General Funds | \$448,579 | \$448,579 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$947,000 | \$947,000 |
| 3. Total Revenues | \$947,000 | \$947,000 |
| C. Total Funding Requirements | \$3,346,812 | \$2,934,316 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara Fiscal Year: 2008-09
 Program Workplan # C-02 Date: 1/9/2009
 Program Workplan Name Young Child System of Care Development Page 1 of 1
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 20
 Existing Client Capacity of Program/Service: 20 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$94,581 | \$95,266 |
| b. Other Supports | | |
| 2. Personnel Expenditures | \$224,911 | \$300,053 |
| 3. Operating Expenditures | \$29,715 | \$29,930 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$651,032 | \$640,900 |
| 7. Total Proposed Program Budget | \$1,000,239 | \$1,066,149 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$0 | \$0 |
| b. State General Funds | \$21,410 | \$21,410 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$21,410 | \$21,410 |
| 3. Total Revenues | \$21,410 | \$21,410 |
| C. Total Funding Requirements | \$978,829 | \$1,044,739 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara County Fiscal Year: 2008-09
 Program Workplan # T-01 Date: 1/9/2009
 Program Workplan Name TAY System of Care Development Page 1 of 1
 Type of Funding Full Service Partnership / System Development / Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 637
 Existing Client Capacity of Program/Service: 637 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$256,582 | \$261,300 |
| b. Other Supports | \$272,810 | \$278,517 |
| 2. Personnel Expenditures | \$2,310,289 | \$2,527,950 |
| 3. Operating Expenditures | \$186,027 | \$189,779 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$739,933 | \$332,500 |
| 7. Total Proposed Program Budget | \$3,765,641 | \$3,590,046 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$755,000 | \$755,000 |
| b. State General Funds | \$297,000 | \$297,000 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$1,052,000 | \$1,052,000 |
| 3. Total Revenues | \$1,052,000 | \$1,052,000 |
| C. Total Funding Requirements | \$2,713,641 | \$2,538,046 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara Fiscal Year: 2008-09
 Program Workplan # A-01 Date: 1/9/2009
 Program Workplan Name Adult System Development Page 1 of 1
 Type of Funding Full Service Partnership / System Development / Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 23,150
 Existing Client Capacity of Program/Service: 23,150 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$509,494 | \$522,906 |
| b. Other Supports | \$894,036 | \$914,560 |
| 2. Personnel Expenditures | \$8,263,580 | \$8,480,103 |
| 3. Operating Expenditures | \$1,401,525 | \$5,355,540 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$5,004,531 | \$4,009,467 |
| 7. Total Proposed Program Budget | \$16,073,166 | \$19,282,576 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$1,303,333 | \$1,303,333 |
| b. State General Funds | \$0 | \$0 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$1,303,333 | \$1,303,333 |
| 3. Total Revenues | \$1,303,333 | \$1,303,333 |
| C. Total Funding Requirements | \$14,769,833 | \$17,979,243 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara Fiscal Year: 2008-09
 Program Workplan # A-03 Date: 1/9/2009
 Program Workplan Name Adult Criminal Justice System Development Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 341
 Existing Client Capacity of Program/Service: 329 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 12 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$280,651 | \$1,575,174 |
| b. Other Supports | \$218,076 | \$1,338,762 |
| 2. Personnel Expenditures | \$1,794,367 | \$2,471,274 |
| 3. Operating Expenditures | \$616,465 | \$669,155 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$896,000 | \$905,000 |
| 7. Total Proposed Program Budget | \$3,805,559 | \$6,959,365 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$0 | \$0 |
| b. State General Funds | \$161,592 | \$161,592 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$161,592 | \$161,592 |
| 3. Total Revenues | \$161,592 | \$161,592 |
| C. Total Funding Requirements | \$3,643,967 | \$6,797,773 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara Fiscal Year: 2008-09
 Program Workplan # OA-01 Date: 1/9/2009
 Program Workplan Name Older Adult System of Care Development Page 1 of 1
 Type of Funding Full Service Partnership / System Development / Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 750
 Existing Client Capacity of Program/Service: 750 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$69,534 | \$70,916 |
| b. Other Supports | \$96,244 | \$98,467 |
| 2. Personnel Expenditures | \$1,598,299 | \$1,793,097 |
| 3. Operating Expenditures | \$159,830 | \$163,994 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$625,000 | \$385,047 |
| 7. Total Proposed Program Budget | \$2,548,907 | \$2,511,521 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$475,000 | \$475,000 |
| b. State General Funds | \$0 | \$0 |
| c. Other Revenue | \$158,333 | \$158,333 |
| d. Total New Revenue | \$633,333 | \$633,333 |
| 3. Total Revenues | \$633,333 | \$633,333 |
| C. Total Funding Requirements | \$1,915,574 | \$1,878,188 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara
 Program Workplan # HO-01
 Program Workplan Name Housing Options Initiative
 Type of Funding 1. Full Service Partnership
 Proposed Total Client Capacity of Program/Service: 0
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSA: 0

Fiscal Year: 2008-09
 Date: 1/9/2009
 Page 1 of 1
 Months of Operation 12
 Prepared by: Jeanne Moral
 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$0 | \$0 |
| b. Other Supports | \$0 | \$0 |
| 2. Personnel Expenditures | \$0 | \$0 |
| 3. Operating Expenditures | \$0 | \$0 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$1,538,464 | \$1,425,000 |
| 7. Total Proposed Program Budget | \$1,538,464 | \$1,425,000 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$0 | \$0 |
| b. State General Funds | \$0 | \$0 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$0 | \$0 |
| 3. Total Revenues | \$0 | \$0 |
| C. Total Funding Requirements | \$1,538,464 | \$1,425,000 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara
 Program Workplan # HC-01
 Program Workplan Name Behavioral & Primary Health Care Partnership
 Type of Funding Full Service Partnership / System Development / Outreach and Engagement
 Proposed Total Client Capacity of Program/Service: 2,000
 Existing Client Capacity of Program/Service: 0
 Client Capacity of Program/Service Expanded through MHSA: 2,000

Fiscal Year: 2008-09
 Date: 1/9/2009
 Page 1 of 1
 Months of Operation 12
 Prepared by: Jeanne Moral
 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$0 | \$0 |
| b. Other Supports | \$0 | \$0 |
| 2. Personnel Expenditures | \$0 | \$1,139,993 |
| 3. Operating Expenditures | \$0 | \$0 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$750,000 | \$231,039 |
| 7. Total Proposed Program Budget | \$750,000 | \$1,371,032 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$0 | \$0 |
| b. State General Funds | \$0 | \$0 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$0 | \$0 |
| 3. Total Revenues | \$0 | \$0 |
| C. Total Funding Requirements | \$750,000 | \$1,371,032 |

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Santa Clara Fiscal Year: 2008-09
 Program Workplan # LP-01 Date: 1/9/2009
 Program Workplan Name Behavioral Health Learning Partnership Page 1 of 1
 Type of Funding Full Service Partnership / System Development / Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 74
 Existing Client Capacity of Program/Service: 0 Prepared by: Jeanne Moral
 Client Capacity of Program/Service Expanded through MHSA: 74 Telephone Number: (408) 885-6867

| | Estimated FY 2007/08 Expenditures and Revenues | Estimated FY 2008/09 Expenditures and Revenues |
|--|---|---|
| A. Expenditures | | |
| 1. Client, Family Member and Caregiver Support Expenditures | | |
| a. Housing | \$0 | \$0 |
| b. Other Supports | \$0 | \$0 |
| 2. Personnel Expenditures | \$0 | \$538,247 |
| 3. Operating Expenditures | \$200,000 | \$256,146 |
| 4. Program Management | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | \$0 | \$0 |
| 6. Non-recurring expenditures | \$1,864,250 | \$4,712,725 |
| 7. Total Proposed Program Budget | \$2,064,250 | \$5,507,118 |
| B. Revenues | | |
| 1. Existing Revenues | | |
| 2. New Revenues | | |
| a. Medi-Cal (FFP only) | \$0 | \$0 |
| b. State General Funds | \$0 | \$0 |
| c. Other Revenue | \$0 | \$0 |
| d. Total New Revenue | \$0 | \$0 |
| 3. Total Revenues | \$0 | \$0 |
| C. Total Funding Requirements | \$2,064,250 | \$5,507,118 |