

## ATTACHMENT C

### Instructions for Preparing the Fiscal Year 2004-05 Mental Health Services Act Community Program Planning

Counties are required to complete the Fiscal Year 2004-05 Mental Health Services Act Community Program Planning Budget worksheet and Narrative in order to obtain financial assistance for this planning. The proposed budget should correlate to the narrative County Request for Funding prepared by each county (refer to Required Contents-County Requests for Funding for the Mental Health Services Act (MHSA) Planning). Below are the specific instructions for preparing the attached MHSA Community Program Planning Budget Worksheet.

#### General Instructions:

Round all figures to the nearest whole dollar.

Enter proposed budget amounts separately for the County Mental Health Department and Community Mental Health Contract Providers. 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. Provide a narrative description of proposed line item amounts,

#### Line Item Instructions:

##### 1. *Salaries and Benefits*

- a. Salaries and Wages - Enter budgeted County Mental Health Department and Community Mental Health Contract Provider salaries and wages. These amounts should correlate to the staffing identified in the narrative County Request for Funding, subject to limitations specified in Attachment B.
- b. Bi-Lingual Pay Supplement - Enter budgeted pay supplements to bi-lingual employees.
- c. Employee Benefits - Enter budgeted County Mental Health Department 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.
- d. Total is the sum of lines 1a through 1c.

##### 2. *Consumer and Family Member Support*

- a. Stipends, Wages and Contracts - Enter budgeted amounts to be paid to Consumer and Family Members to support the planning process in the form of stipends, wages and/or contracts.
- b. Translator Services - Enter budgeted amounts to be paid for translator services for the planning process.
- c. Travel and Transportation - Enter budgeted amounts to be incurred in providing travel and transportation to Consumer and Family Members. This includes budgeted amounts for mileage, housing, meals and other transportation and travel expenses.
- d. Childcare - Enter budgeted amounts to be incurred in providing childcare for Consumer and Family Members.  
Other - Enter other budgeted amounts to be incurred on behalf of Consumer and Family Members during the planning process.
- e. Describe those expenditures
- f. Total is the sum of lines 2a through 2e.

##### 3. *Other Operating Expenditures*

- a. Professional Services - Enter budgeted amounts to be incurred for consulting, facilitation and other professional services during the planning process.
- b. Travel and Transportation - Enter budgeted amounts to be incurred for staff travel and transportation during the planning process. This includes hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses.
- c. Supplies - Enter budgeted amounts to be incurred for supplies needed for the planning process. This includes postage, photocopy expenses, office supplies and other supplies needed during the planning process.
- d. Rent, Utilities and Equipment- Enter budgeted amounts to be incurred for rent, equipment and utilities needed for the planning process. This includes room rental for meetings, equipment rentals, telecommunication costs and utilities.
- e. Other - Enter any other budgeted operating expenditures to be incurred during the planning process. Describe those expenditures.
- f. Total is the sum of lines 3a through 3e.

##### 4. *Inter/Intra-Governmental Transfers*

- a. County Social Services Agency - Enter budgeted amounts to be paid to the County Social Services Agency as part of the planning process.
- b. County Health Services Agency - Enter budgeted amounts to be paid to the County Health Services Agency as part of the planning process.
- c. County Probation Agency - Enter budgeted amounts to be paid to the County Probation Agency as part of the planning process.
- d. Education Agency(ies) - Enter budgeted amounts to be paid to one or more Education Agencies as part of the planning process. This includes payments to school districts, SELPAs, and the County Office of Education.
- e. Other - Enter budgeted amounts to be paid to one or more additional governmental agencies, such as law enforcement, health, substance abuse or other governmental agencies. Describe those expenditures.
- f. Total is the sum of lines 4a through 4e.

##### 5. *Administration*

- a. County Overhead - Enter budgeted amounts for increased county overhead associated with the MHSA Community Planning Process and in accordance with a Cost Allocation Plan. This amount is limited to 15 percent of the total expenditures from lines 1d, 3f and 4f.
- b. Contract Provider Overhead - Enter budgeted amounts for Community Mental Health Contract Provider increased overhead associated with the MHSA Community Program Planning Process and in accordance with a Cost Allocation Plan. This amount is limited to 15 percent of the total expenditures from lines 1d, 3f and 4f.
- c. Total is the sum of lines 5a and 5b.

##### 6. **Total-Proposed Community Program Planning Budget is the sum of lines 1d, 2f, 3f, 4f, and 5c.**

**Fiscal Year 2004-05 Mental Health Services Act  
Proposed Program Planning Budget Worksheet**

Date:

<u>County:</u>	County Mental Health Department	Community Mental Health Contract Providers	Total
<i>1. Salaries and Benefits</i>			
a. Salaries, Wages and Overtime			\$0
b. Bi-Lingual Pay Supplement			\$0
c. Employee Benefits			\$0
d. Total	\$0	\$0	\$0
<i>2. Consumer and Family Member Support</i>			
a. Stipends, Wages and Contracts			\$0
b. Translator Services			\$0
c. Travel and Transportation (including meals, housing, mileage, etc.)			\$0
d. Childcare			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
<i>3. Other Operating Expenditures</i>			
a. Professional Services			\$0
b. Travel and Transportation			\$0
c. Supplies (Postage, Copying, Office Supplies, etc.)			\$0
d. Rent, Utilities and Equipment			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
<i>4. Inter/Intra-Governmental Transfers</i>			
a. County Social Services Agency			\$0
b. County Health Services Agency			\$0
c. County Probation Agency			\$0
d. Education Agency(ies)			\$0
e. Other			\$0
f. Total	\$0	\$0	\$0
<i>5. Administration</i>			
a. County Overhead			\$0
b. Contract Overhead			\$0
c. Total	\$0	\$0	\$0
<b>6. Total-Proposed Community Program Planning Budget</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>