

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

County(ies): City of Berkeley

Fiscal Year: 2007-08

Program Workplan # 2

Date: 7/16/07

Program Workplan Name Adults: AB 2034 Expansion (TAY & Older Adults)

Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 112 New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 100 Prepared by: Eric Brenman

Client Capacity of Program/Service Expanded through MHSA: 12 Telephone Number: 510/981-5114

	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	\$6,000			\$6,000
b. Travel and Transportation	\$3,000			\$3,000
c. Housing	\$0			\$57,750
i. Master Leases	\$0			\$0
ii. Subsidies	\$162,727			\$162,727
iii. Vouchers				\$0
iv. Other Housing	\$4,000			\$4,000
d. Employment and Education Supports	\$4,000			\$4,000
e. Other Support Expenditures (provide description in budget narrative)	\$0			\$0
f. Total Support Expenditures	\$179,727	\$0	\$0	\$179,727
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$521,409			\$521,409
b. New Additional Personnel Expenditures (from Staffing Detail)	\$216,786			\$216,786
c. Employee Benefits	\$125,355			\$125,355
d. Total Personnel Expenditures	\$863,550	\$0	\$0	\$863,550
3. Operating Expenditures				
a. Professional Services	\$0			\$0
b. Translation and Interpreter Services	\$2,100			\$2,100
c. Travel and Transportation	\$3,500			\$3,500
d. General Office Expenditures	\$3,000			\$3,000
e. Rent, Utilities and Equipment	\$30,000			\$30,000
f. Medication and Medical Supports	\$20,959			\$20,959
g. Other Operating Expenses (provide description in budget narrative)	\$0			\$0
h. Total Operating Expenditures	\$59,559	\$0	\$0	\$59,559
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				
				\$10,000
6. Total Proposed Program Budget				
	\$1,102,836	\$0	\$0	\$1,102,836
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds (AB 2034)	\$521,409			\$521,409
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue	\$0			\$0
h. Total Existing Revenues	\$521,409	\$0	\$0	\$521,409
2. New Revenues				
a. Medi-Cal (FFP only)	\$60,000			\$60,000
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. State General Funds	\$0			\$0
d. Other Revenue	\$0			\$0
e. Total New Revenue	\$60,000	\$0	\$0	\$60,000
3. Total Revenues				
	\$581,409	\$0	\$0	\$581,409
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$521,427	\$0	\$0	\$521,427
E. Percent of Total Funding Requirements for Full Service Partnerships				