

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

County(ies): City of Berkeley

Fiscal Year: 2007-08

Program Workplan # 3

Date: 7/16/07

Program Workplan Name MULTI-CULTURAL OUTREACH

Type of Funding 3. Outreach and Engagement

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 160 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: Eric Brenman

Client Capacity of Program/Service Expanded through MHSA: 160 Telephone Number: 510/981-5114

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene	\$0		\$0	\$0
b. Travel and Transportation	\$0		\$0	\$0
c. Housing	\$0		\$0	\$0
i. Master Leases	\$0		\$0	\$0
ii. Subsidies	\$0		\$0	\$0
iii. Vouchers	\$0		\$0	\$0
iv. Other Housing	\$0		\$0	\$0
d. Employment and Education Supports	\$0		\$0	\$0
e. Other Support Expenditures (provide description in budget narrative)	\$0		\$0	\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$37,026			\$37,026
c. Employee Benefits	\$20,079			\$20,079
d. Total Personnel Expenditures	\$57,105	\$0	\$0	\$57,105
<b>3. Operating Expenditures</b>				
a. Professional Services			\$0	\$0
b. Translation and Interpreter Services	\$1,500		\$0	\$1,500
c. Travel and Transportation	\$1,000		\$0	\$1,000
d. General Office Expenditures	\$2,326		\$0	\$2,326
e. Rent, Utilities and Equipment	\$0		\$0	\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$4,826	\$0	\$0	\$4,826
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
	\$26,500			\$26,500
<b>6. Total Proposed Program Budget</b>				
	\$88,431	\$0	\$0	\$88,431
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
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				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
				\$0
<b>D. Total Funding Requirements</b>				
	\$88,431	\$0	\$0	\$88,431
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				5.0%