

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

County(ies): City of Berkeley

Fiscal Year: 2007-08

Program Workplan # 1

Date: 7/16/07

Program Workplan Name Wrap-around Services for Children

Type of Funding 1. Full Service Partnership

Months of Operation 3

Proposed Total Client Capacity of Program/Service: 10 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: 10 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			\$0	\$0
b. Travel and Transportation			\$0	\$0
c. Housing			\$0	\$0
i. Master Leases			\$0	\$0
ii. Subsidies			\$0	\$0
iii. Vouchers			\$0	\$0
iv. Other Housing			\$0	\$0
d. Employment and Education Supports			\$0	\$0
e. Other Support Expenditures (provide description in budget narrative)			\$0	\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$0	\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$0	\$0
c. Employee Benefits			\$0	\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services			\$0	\$0
b. Translation and Interpreter Services			\$0	\$0
c. Travel and Transportation			\$0	\$0
d. General Office Expenditures			\$0	\$0
e. Rent, Utilities and Equipment			\$0	\$0
f. Medication and Medical Supports			\$0	\$0
g. Other Operating Expenses (provide description in budget narrative)			\$0	\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
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	\$136,705			\$136,705
6. Total Proposed Program Budget	\$136,705	\$0	\$0	\$136,705
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			\$0	\$0
e. County Funds			\$0	\$0
f. Grants			\$0	\$0
g. Other Revenue			\$0	\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)			\$0	\$0
b. Medicare/Patient Fees/Patient Insurance			\$0	\$0
c. State General Funds			\$0	\$0
d. Other Revenue			\$0	\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$136,705	\$0	\$0	\$136,705
E. Percent of Total Funding Requirements for Full Service Partnerships				