

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

County(ies): City of Berkeley

Fiscal Year: 2007-08

Program Workplan # 5

Date: 7/16/07

Program Workplan Name WELLNESS/RECOVERY SUPPORT SERVICES

Type of Funding 2. System Development

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 115 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: 115 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				
b. Travel and Transportation	\$2,000			\$2,000
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)	\$17,000			\$17,000
f. Total Support Expenditures	\$19,000	\$0	\$0	\$19,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)	\$136,548			
c. Employee Benefits	\$85,308			
d. Total Personnel Expenditures	\$221,856	\$0	\$0	\$221,856
3. Operating Expenditures				
a. Professional Services	\$0			
b. Translation and Interpreter Services	\$3,000			
c. Travel and Transportation	\$2,500			\$2,500
d. General Office Expenditures	\$2,622			\$2,622
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	\$8,122	\$0	\$0	\$8,122
4. Program Management				
a. Existing Program Management				
b. New Program Management				
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
				\$10,000
6. Total Proposed Program Budget				
	\$248,978	\$0	\$0	\$248,978
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	5,000			\$5,250
b. Medicare/Patient Fees/Patient Insurance				
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$5,000	\$0	\$0	\$5,250
2. New Revenues				
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
3. Total Revenues				
	\$5,000	\$0	\$0	\$5,000
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$243,978	\$0	\$0	\$243,978
E. Percent of Total Funding Requirements for Full Service Partnerships				
				10.0%