SAN JOAQUIN COUNTY

Mental Health Services Act (MHSA)

Three-Year Program & Expenditure Plan

Community Services and Supports

Fiscal Years 2005-06, 2006-07, 2007-08

Submitted: June 21, 2006

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San Joaquin County Behavioral Health Services

Mental Health Services Act – Community Services and Supports Draft Plan Executive Summary

Background

California voters passed Proposition 63 in November of 2004, placing a 1% tax on adjusted annual income of individuals earning over one million. The proposition was enacted into law as the Mental Health Services Act (MHSA) effective January 1, 2005. The overall purpose is "to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness." Funding is designed to address the mental health needs of the unserved and underserved populations by expanding and developing the types of services and supports that have proven to produce successful outcomes, considered to be innovative, cultural and linguistically competent, and consistent with evidence-based practices.

The MHSA requires five essential elements: 1) community collaboration, 2) cultural competence, 3) consumer/family driven system of care, 4) wellness focus, and 5) integrated seamless service experiences for consumers and families. Outcomes that the programs should accomplish include:

- Decrease racial disparities, hospitalization, and incarceration
- Increase in timely access to care and treatment
- Decrease out-of-home placements
- Decrease homelessness
- Increase meaningful use of consumer time and capabilities

The three fiscal years covered by the County's CSS Plan are 2005-06, 2006-07, and 2007-08. It is expected that the County will receive approximately $ 5.6 million in each of these years. Because most of the first year was needed for the required planning process, the California Department of Mental Health (DMH) is allowing counties to prorate the program funding for Year 1 and counties may request the remainder of the first year funding, up to a maximum of 75% of the first year allocation, as one-time-only funds for additional planning efforts and system improvement activities to prepare for the implementation of programs and services.

Three Types of System Transformation Funding Available

Since county mental health programs do not have the infrastructure or resources to provide full services to everyone in need immediately, the DMH will make available three different types of system transformation funding under the Community Services and Supports Component of the MHSA.

- *Full Service Partnership Funds – funds to provide "whatever it takes" for initial populations*

  With the initial implementation of the MHSA, DMH will take the first step in funding counties to develop Full Service Partnerships with identified initial populations. These partnerships shall be culturally competent and shall include individualized consumer/family-driven mental health services and supports plans which emphasize recovery and resilience, and which offer integrated service experiences for consumers and families. In selecting initial populations, specific attention should be paid to populations and individuals that are currently unserved, and to reducing racial/ethnic disparities.

  Funding for the services and supports for Full Service Partnerships may include flexible funding to meet the goals of the individual services and supports plans. Access to generic community services should be obtained whenever feasible and appropriate. Mental Health Services Act funds are for community services and supports when access to these services cannot be obtained from other sources and such expenditures are consistent with other MHSA requirements.

- *General System Development Funds – funds to improve programs, services and supports for the identified initial Full Service Populations and for other high risk consumers*

  General system development funds are needed to help counties improve programs, services and supports for all consumers and families (including initial Full Service Partnership populations and others) to change their service delivery systems and build transformational programs and services. Strategies for reducing ethnic disparities should be considered. Examples for this kind of funding are consumer and family services such as peer support, education and advocacy services, mobile crisis teams, funds to promote interagency and community collaboration and services, and funds to develop the capacity to provide values-driven, evidence-based and promising clinical practices. This funding may only be used for mental health services and supports to address the mental illness or emotional disturbance. (Mental health services and supports include mental health treatment, rehabilitation services including supportive housing and supportive employment, and personal service coordination/case management.

- *Outreach and Engagement Funding – funds for outreach and engagement of those populations that are currently receiving little or no service.*

  This funding is established in recognition of the special activities needed to reach unserved populations. Outreach and engagement can be one component of an overall approach to reducing ethnic disparities. Examples of this type of funding would be funding for racial ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations and health clinics; organizations that help individuals who are homeless or incarcerated, and that link potential consumers to services; funds for consumers and families to reach out to those that may be reluctant to enter the system; funds for screening of children and youth; and school-and primary care-based outreach to children and youth who may have serious emotional disorders. This funding may only be used for those activities to reach unserved populations. Some individuals may have had extremely brief and/or only crisis oriented contact with and/or service from the mental health system and should be considered as unserved.

In this initial plan, counties may request ongoing funding for any or all of the three categories and may request one-time-only start-up funds in any of these funding areas. For the three-year planning period, DMH requires that counties request a majority of their total Community Supports and Services funding for Full Service Partnerships, in order to begin to provide full service to as many individuals/families as possible.

Community Public Planning Process (Part 1, Section 1)

The community outreach began with five MHSA informational meetings scattered geographically around the county in August 2005. The original informational meetings were the start of a comprehensive community planning process that was open, participatory, consensus based and inclusive of all stakeholders, including identified populations who are historically isolated, underserved, unserved and disenfranchised.

During October 2005, a focused effort began to reach ethnic and marginalized populations, by asking leaders in the specific populations to reach into their own communities to gather information about mental health needs. The contracted organizations to do this outreach were: Mary Magdalene Community Services (African-American), Lao Family Community, Lao Khmu Association, Vietnamese Voluntary Foundation, Inc. (VIVO), Asian Pacific Self-Development and Residential Association (APSARA), El Concilio, Native Directions, Community Partnership for Families (Muslim/Middle Eastern), and San Joaquin County AIDS Foundation (gay, lesbian, bi-sexual, transgender outreach). Surveys and focus groups continued for a month to gather data. A total of 5,138 contacts were made during this process.

Information from the outreach, along with mental health and county data, were presented to the six work groups. The work group reviewed the data and community input during three to six meetings, per group, to bring forward prioritized recommendations to the MHSA Steering Stakeholder Committee. These workgroups were: 1) Children and Youth, 2) Transitional Age Youth, 3) Adult, 4) Older Adult, 5) Criminal Justice and 6) Unserved, Underserved Ethnic.

Mental Health Needs and Disparities (Part II, Section II)

Unserved and/or underserved individuals with serious mental illness and with mental health needs are a common situation in San Joaquin County. San Joaquin County currently has a population of nearly 615,000 persons. The Mental Health Services Act is intended to transform services provided to some of the county's neediest residents: people whose incomes are below the poverty line and who have a serious emotional disorder (SED) or a serious mental illness (SMI) for which they need care. The overall poverty rate in San Joaquin County is about 14% and 86,648 persons fall below the poverty line. An estimated 21,245 county residents whose incomes are below the poverty line may be expected to have a SED or SMI at any one time.

In fiscal year 2004-2005 San Joaquin County Behavioral Health Services served approximately 10,996 individuals with 586 of these individuals being fully served. Fully served is defined as intensive services that closely assist and monitor a consumer's multiple needs, including psychosocial needs, medication, housing, and employment support. Intensive service provision for all consumers has been a challenge due to severe budget cuts. It is anticipated that the Full Service Partnership component of MHSA will help alleviate some of the need.

Data reflects that the population with the highest number in need regardless of age is the Latino population. The population with the highest number fully served is children and youth. This age group holds 59% of the total population of those fully served by mental health services. See table below.

Table 1. Age Group with Mental Health Prevalence and % Fully Served

Age Group	Est. # County Residents with SED/SMI	% Share of Total County Residents with SED/SMI	# Fully Served	% Share of Fully Served
Children & Youth (0-15)	13,363	30%	416	59%
Transitional Age Youth (16-25)	8,324	18%	125	18%
Adult (26-59)	18,653	41%	158	22%
Older Adult (60+)	4,876	11%	6	1%
TOTAL	**45,216**	**100%**	**705**	**100%**

Children/Youth, ages 0-15

Forty nine percent of the low-income children/youth in the county who likely need public mental health services are Latino; 18% are Caucasian, 18% are Asian, 9% are African American, and 1% are Native American. There are a higher percentage of African American children in San Joaquin County in foster care compared to other ethnic groups. African American children comprise 7.29% of the county's child/youth population, but 22.7% of the county's foster care population. When looking at race/ethnicity, African American (17.9%) and Latino (17.8%) children have the highest percentage of recurrence in the use of mental health services.

Transition Age Youth, ages 16-25

When the data for San Joaquin County's population of transitional age youth is divided by ethnicity it shows Native Americans comprise 0.7%, other 3.1%, African Americans 6.1%, Asian/Pacific Islanders 10.7%, Latino 27% and Whites 52.4%. Latinos, Asian/Pacific Islanders and 'other' are all underserved, accounting for 31.1% of the total served including inappropriate service, the underserved and those fully served. Two populations demonstrated the least number of fully served members. Among the Native American and 'other' populations a total of eight transitional age youth received full services, four from each group. During the planning process, 84 homeless individuals were contacted and 5% were between the ages of 18 and 24.

Adults, ages 26-59

It is no surprise, considering the current information, that the Adult (26-59) Latino population is severely underrepresented in the county's mental health treatment system. Among the many factors that contribute to this disparity are the following:

- Limited knowledge concerning mental health services and acknowledgement of mental health issues
- Barriers such as language and cultural diversity of providers
- Stigma associated with mental illness and seeking services
- Culture of family and informal support that encourages handling problems within the family and culture
- Lack of transportation
- Financial constraints
- Limited services, locations and availability
- Fear of deportation

Asian/Pacific Islanders represent 10.7% of the county population, 15.1% of the poverty population and 20% of consumers served, and African Americans represent 6.1% county population, 7.9% county poverty population and 12.7% of those served, while Hispanics represent 27% of the county population, 40% of

the poverty population and only 13.3% of those served in the adult age group. While African Americans appear to be well served, they are often not served appropriately with diagnosis only after their illness has escalated, putting them into higher levels of care or within the justice system.

Older Adults, 60 and older

There are 90,392 person ages 60 years and older living in San Joaquin County, representing 15% of the total population in 2004. The projected number of persons, ages 60 plus in 2010 will be 112,072. In contrast to younger ages, where male and female populations are similar, the female population comprises 61%. While the rest of the population is projected to grow by 15.3%, the population of over 60 is projected to grow at a rate of 20%. This trend compels us to reach out to this often isolated population.

Whites represent 52% of the population with Latino following at 27%, Southeast Asian at 11% and African American at 6%. The population living under 200% of the Federal Poverty Level (FPL) in the Older Adult age group is 27,353 or 12% of the poverty population. Relatively speaking, older White, African-American and Asian/ Pacific Islander adults are more strongly represented in the treatment system while Latino older adults are highly underrepresented (total served Latinos represent 11.5%, yet comprise 40% of the county poverty population).

Across all age groups, a consistent finding in San Joaquin County's penetration and usage data analysis is that Latinos and African-American are underrepresented in the mental health system.

Identifying Initial Populations for Full Service Partnerships (Part II, Section III)

Children & Youth, 0-17

Child & Youth Program Full Service Partnership

Full Service Partnerships (FSP) for children and youth will target those with severe emotional disturbances who are uninsured, underinsured, unserved, underserved, and inappropriately served in the 0 to 17-age range.

Latinos have the greatest need in terms of ethnicity in this age group in San Joaquin County, with African Americans considered inappropriately served in the Foster Care system. Both African Americans and Latinos are over represented in the Juvenile Justice System. The children targeted for FSP will have one or more of the following situational characteristics:

- Those at risk of, or involved in the Juvenile Justice System
- Those at-risk of out-of-home placement

- Dependents at risk of residential treatment or stepping down from residential treatment
- Homeless or at risk of homelessness
- Those in need of crisis intervention and/or at serious risk of psychiatric hospitalization
- Those having problems at school or at risk of dropping out
- High-level service users and/or those at risk due to lack of services because of cultural, linguistic, lack of insurance, or economic factors

Transition Age Youth (TAY), ages 16-25

La Familia FSP (20% TAY, 70% Adult, 10% Older Adult)
BACOP FSP (20% TAY, 70% Adult, 10% Older Adult)
SEARS FSP (20% TAY, 70% Adult, 10% Older Adult)
Forensic (30% TAY, 70% Adult)

Full Service Partnerships will target unserved/underserved and inappropriately served TAY ages 16 to 25 years old. Ethnic groups with the greatest need for services include Latinos, Southeast Asians, and African Americans in San Joaquin County. The TAY targeted for Full Service Partnerships will have one or more of the following situational characteristics:

- Have a serious mental illness
- Repeated use of emergency mental health services
- Have co-occurring disorders
- Homeless or at risk of homelessness
- At risk of involuntary hospitalization or institutionalization
- High-risk youth with serious emotional disturbance in the Justice System and out-of-home placement, and or recidivists with significant functional impairment

La Familia FSP will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. TAY consumers will have individualized treatment plans that are strength-based and reflect the consumer's goals Traditional Latino values will be integrated into the treatment milieu.

BACOP FSP will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American youth and young adults.

SEARS FSP will provide therapy, rehabilitation, case management, and medication services to Southeast Asian TAY consumers, working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic.

Adults, ages 26-59

La Familia FSP (20% TAY, 70% Adult, 10% Older Adult)
BACOP FSP (20% TAY, 70% Adult, 10% Older Adult)
SEARS FSP (20% TAY, 70% Adult, 10% Older Adult)
Forensic (30% TAY, 70% Adult)

Forensic Full Service Partnership Court Program

This program will serve the seriously mentally ill offender in San Joaquin County who is involved with the criminal justice system and who may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless.

Adults targeted for FSP services will range in age from 26 to 59 years old and have one or more of the following situational characteristics:

- Seriously mentally ill
- Homeless or at risk of homelessness
- Co-occurring substance abuse problems
- Involved in the criminal justice system
- Frequently discharged from psychiatric hospitals and/or are frequently hospitalized or are frequent users of emergency room services for psychiatric problems

The Forensic FSP will provide 24/7 supportive services as needed to all participants who have been determined to be incompetent to stand trial and other consumers involved in the court process. Program options will focus on a "whatever it takes" philosophy using treatment strategies learned from the AB 2034 programs and the Mentally Ill Offender Crime Reduction Program. AB 2034 provides intensive services to homeless persons with serious mental illness. Services will be culturally competent and sensitive to individual ethnic, religious and personal sexual orientation needs.

See Transitional Age Youth for descriptions of La Familia FSP & BACOP FSP and SEARS FSP programs that will also serve the adult population.

Older Adults, ages 60 and older

GOALS - Gaining Older Adult Life Skills (100% Older Adult)
La Familia FSP (20% TAY, 70% Adult, 10% Older Adult)
BACOP FSP (20% TAY, 70% Adult, 10% Older Adult)
SEARS FSP (20% TAY, 70% Adult, 10% Older Adult)

Older adults identified to participate in the GOALS FSP will be 60 years of age or older with serious mental illness and functional impairments. Individuals may also have co-occurring substance abuse disorders and/or other physical health conditions.

Older Adults targeted for FSP services will have one or more of the following situational characteristics:

- Homeless or at risk of homelessness
- Frequent users of emergency room services for psychiatric problems or are frequently hospitalized
- Reduced personal and/or community functioning due to physical and/or health problems
- Isolated and at risk for suicide due to stigma surrounding their mental health problems

GOALS Full Service Partnership will provide a “one-stop shop” located in Stockton, with a component based out in the community with mobile capabilities. Services include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, nutrition/food service, and more. Inherent in these programs is the Senior Peer Counseling connection which involves other consumers and/or family members who are available to assist at lower levels of care.

La Familia FSP will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. Older adult consumers will have individualized treatment plans that are strength-based and reflect the consumer’s goals Traditional Latino values will be integrated into the treatment milieu.

BACOP FSP will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American older adults.

SEARS FSP, working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, will provide therapy, rehabilitation, case management, and medication services to Southeast Asian older adult consumers.

<u>Community Services and Supports Program Strategies (CSS)</u> (Part III, Section IV; Exhibit 4a)

The County's CSS Plan contains twelve separate programs. The programs are:

Funding Category	Specific Program – Strategy
Consumer Support	The Wellness Center
Full Service Partnerships (includes Outreach and Engagement components)	Child and Youth Full Service Partnership
	Black Awareness Community Outreach Program (BACOP)
	La Familia Full Service Partnership
	Southeast Asian Recovery Services (SEARS)
	Forensic Full Service Partnership Court Program
	Gaining Older Adult Life Skills (GOALS)
Support to Full Service Partnerships	Community MHSA Consortium (for ethnic outreach and service coordination support)
	Housing Empowerment and Employment Recovery Services
System Development	Community Behavioral Intervention Services
	24/7/365 Community Response Team
	Co-Occurring Residential Treatment Program

It is estimated that approximately 2,250 consumers will be served annually by these programs and services.

Wellness Center ($ 455,294)[1]

[1] Net operating budget beginning 06-07

Number of Consumers to be served: 300 per year

The Wellness Center is a new program designed, organized and run by people who have or have had mental health problems. The Center is based on the concept of a consumer-run and self-help program by outreaching to peers, mentoring peer; assisting peers develop independence, life skills and coping skills; and reducing isolation and stigma by reaching out to staff and the community to be a partner in transformation.

Consumers who have designed this program state the mission of the Wellness Center is: “We are people who are not our illness. We are consumers with strengths within ourselves and want to be recognized for our strengths. It is important to recognize that each one of us has a core gift to offer and share with others. We are here to help other consumers find the gift within themselves. This in turn builds strength within us all.”

The Wellness Center will provide a safe, supportive community environment, an atmosphere of acceptance, self-worth, dignity and respect; and a place to increase knowledge by learning from one another. The focus of The Wellness Center will be recovery and empowerment. The Center will provide opportunities for consumers to tell their stories of recovery to peers and wider audiences as well as promote the belief within consumers, staff and the community that recovery is possible.

Goals of The Wellness Center will be to promote mutual peer group, education and growth and reduce stigma within the mental health system and in the community; promote belief in consumers, staff and community in the recovery model; and develop a partnership with staff, family members, interested persons and involved agencies in the community.

Child and Youth Full Service Partnership ($ 387,621)

Number of Consumers to be served: Outreach and Engagement: 300 per year
Full Service Partnership: 60 per year

San Joaquin County Behavioral Health Services (SJCBHS), Probation and Human Services Agency (HSA) have worked together in partnership for many years in the service of children/youth and their families. The addition of this Full Service Partnership (FSP) program will serve 60 new children/youth in HSA’s Intake and Assessment Unit and the Immediate Response Team, and youth in the Juvenile Justice System who are on probation. Both crisis response and community based mental health services will be included, with the availability to respond 24 hours a day, seven days a week. All the targeted children and youth will have a diagnosis of a serious emotional disturbance and be in the child welfare foster care system or the juvenile justice system.

The “whatever it takes” phrase has been coined through the wraparound model and children’s system of care philosophy and is the essential key to successfully serving children/youth and their families.

Our goal in this FSP is to decrease the need for out-of-home placement at the children’s shelter, in juvenile hall, and in foster family and group care, reducing institutionalization as children and youth become resilient.

Black Awareness Community Outreach Program ($ 829,732)

Number of Consumers to be served: Outreach and Engagement: 225 per year
Full Service Partnership: 45 per year

The Black Awareness Community Outreach Program (BACOP) will be a new and innovative service. It is a Full Service Partnership designed to serve the unserved and inappropriately served. The primary objective of the BACOP component of services will be an emphasis on African Americans currently in the system and who are inappropriately served. This effort will identify two groups of individuals of African American descent who utilize intensive Behavioral Health Services: Crisis and Inpatient Services. These individuals will fall into two groups: 1) those who use intensive services at an inordinate rate and do not use any other supportive service within mental health, and 2) those individuals who are currently receiving active case management service, payee-ship, and other support service yet continue to use intensive services at a greater rate than the general mental health population. The former group frequently has increased contact with law enforcement agencies and a failure to exhibit adaptive behaviors that leads to continued instability.

A primary objective of the BACOP model will be to address those individuals who are currently unserved. A Full Service Partnership will emphasize an intensive outreach and engagement effort utilizing designated CBOs with a primary objective of building a community-based approach, targeting locations where African American populations frequent and use as a point of services outside the mental health system. This partnership will involve faith-based organizations, community-based organizations, law enforcement, human and social service agencies, and other community gatekeepers.

The First 90 Days Model intensive support component will be a service delivery model, which can be utilized by all age groups, ethnic populations and new individuals entering the mental health system. The objective of the First 90 Days Model concept is to ensure that the first contact with the mental health system is positive, supportive, and produces outcomes that promote continued and appropriate usage of the system and increased independence and self-reliance.

La Familia ($ 669,456)

Number of Consumers to be served: Outreach and Engagement: 300 per year
Full Service Partnership: 60 per year

La Familia will increase the penetration rate for Latinos receiving specialty mental health services in San Joaquin County. It will be an ethnically, culturally and linguistically competent Full Service Partnership co-located with a specialized Latino-focused clinic, La Familia Servicios Psico-Sociales. The La Familia FSP will serve transition age youth, adults and older adults. This Full Service Partnership will work in conjunction with community-based organizations (CBO). The team will work together with specialized Latino-focused contract programs to coordinate treatment and ensure continuity of care. During the screening process, treatment will be based on the individual needs of the consumer and/or family member that supports recovery and wellness. The focus of treatment will be strength-based emphasizing resiliency and accessing natural community supports/healers. Outreach will be a strong component, with specialized advertising and direct face-to-face involvement in the Spanish-Speaking community, including outreach activities in schools, churches and community/senior centers; at health fairs, specialized events and speaking engagements.

This program will serve transition age youth to older adults of Latino origin with serious mental illness and cognitive/functional impairment, with special emphasis on Spanish-Speaking persons/family members. Current data indicates that Latinos in San Joaquin County are seriously underserved at all points of service. Language, acculturation, intergenerational and economic factors have been known to significantly affect this population. Traditionally, Latinos coming from a close-knit family system are more likely to handle problems within the family rather than reaching out to social service organizations for assistance. Many Latinos will reach out to medical doctors, churches, and faith healers before coming to mental health for treatment. Developing trust and respect between mental health services and the Latino community will require extensive effort, outreach and working hand-in-hand with community-based organizations that already have positive relationships with this community.

SEARS – Southeast Asian Recovery Services ($ 579,059)

Number of Consumers to be served: Outreach and Engagement: 300 per year
Full Service Partnership: 60 per year

The Southeast Asian Recovery Services program will provide Full Service Partnerships to the Southeast Asian community to address the myriad of psychosocial barriers to ongoing wellness. The primary ethnic minorities

comprising this population are Cambodian, Vietnamese, Lao, and Hmong. The program will provide recovery-oriented services delivered in a consumer centered, culturally and linguistically competent manner. Cultural competence of all staff with the utilization of bicultural service provision staff will be an important aspect of this program. Outreach and community education will be done in collaboration with community-based organizations serving Southeast Asians and representing the Cambodian, Vietnamese, Lao, and Hmong communities. Effective, culturally competent services with the goal of respecting their native culture will be the goal of psychosocial interventions. Evidence-based practices with dual diagnosis service availability will be an integral part of the program.

Transitional age youth, adults and older adults with a serious mental illness and functional impairment, with particular focus on individuals of Southeast Asian descent will be the target population. Many of the target population are monolingual in their native language and bi-cultural with the associated difficulties in interfacing with the mainstream culture. Traditional psychosocial interventions need to be modified to be culturally congruent with this target population. The language barrier that each of these four populations (Cambodian, Vietnamese, Lao, and Hmong) experience is a critical issue that will be addressed in the provision of services and in reaching out to these individuals.

Forensic Full Service Partnership Court Program ($ 532,815)

Number of Consumers to be served: Outreach and Engagement: 225 per year
Full Service Partnership: 45 per year

The Forensic Full Service Partnership Court Program will be a comprehensive, collaborative and integrative program with a focus on Full Service Partnership. Programming will be designed to address the needs of Mentally Ill Offenders. Mentally Ill Offenders will receive treatment involving community based non-profit agencies that may contract with San Joaquin County Behavioral Health Services (BHS) or within the structure of BHS. The goal of the program is to reduce the seriously mentally ill offender's cycle of re-offense, to encourage and support resilience and to enhance the opportunity to recover to a productive lifestyle in the community. To achieve this goal, a Full Service Partnership, as well as an agreement with San Joaquin County Criminal Justice System will be necessary to create a collaborative partnership with the seriously mentally ill offender. This collaboration shall address, at a minimum, the misdemeanor incompetent-to-stand-trial defendants, probation violations, and other offenders who require such services. Program options will focus on "whatever it takes" using treatment strategies learned from the successful AB 2034 programs and the Mentally Ill Offender Crime Reduction Program.

The seriously mentally ill offender will include all adults, male and female residing within San Joaquin County who are involved with the criminal justice system and have been identified as struggling with a serious mental illness. This population may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless. Currently the mentally ill offender is unserved, underserved or not appropriately served.

GOALS – Gaining Older Adult Life Skills ($ 582,170)

Number of Consumers to be served: Outreach and Engagement: 225 per year
Full Service Partnership: 45 per year

The Older Adult System of Care MHSA work plan proposes one Full Service Partnership to address the needs of older adults aged 60 and higher who have serious mental illness and who need a network of providers. The name of this program will be GOALS - Gaining Older Adult Life Skills. This Full Service Partnership will involve both contracted and non-contracted community-based organizations as well as non-profit agencies working together with San Joaquin County Behavioral Health Services (BHS). The goals of this program include a reduction of homelessness, hospitalizations, emergency room visits, institutionalization, and isolation, as well as an increase in social community supports and ability to function in the community with a philosophy of "whatever it takes." Several objectives needed to fulfill these goals include: providing easier access to services, providing culturally sensitive treatment and care, reducing the stigma surrounding mental illness, addressing the special needs of the elderly, improving quality of life for those older adults who have a serious mental illness, enhancing prevention and intervention programs, engaging older adult consumers in the recovery/wellness model, providing readily accessible transportation, and provision of secure safe, affordable, and appropriate housing. In addition, consumers and their families will be an integral part of this partnership, guiding and evaluating the process as it develops.

A one-stop "shop" located in Stockton will be established with a component based out in the community with mobile capabilities. This program is essential to the older adult mentally ill population since consumers aged 60 and above have vast differences in their ability to access services due to physical ailments or transportation barriers. The one-stop shop will involve a host of programs and services being made available to seniors, with plans to expand to each major city in the county. These 'one-trip' services can include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, and nutrition/food service. Some consumers are more homebound and will benefit from a mobile team of experts who can deliver care so that the consumers can maintain their housing situations. Inherent in these programs is the Senior Peer Counseling connection, which involves other

consumers and/or family members who are available to assist at lower levels of care. A range of services and treatment options is the desired goal, utilizing community partners to assist with outreach, referrals, assessments, and ongoing program service delivery. The BACOP First 90 Days Model will be utilized and faith-based organizations will be incorporated into the programs and services.

The target population will be 45 older adults (60 years and older) with serious mental illness (SMI) and functional impairments. The individuals may also have co-occurring substance abuse disorders and/or other physical health conditions. For those most infirmed, the mobile treatment team will serve their needs. The 45 consumers served would include individuals who are currently not being served or are experiencing a reduction in their functioning level and could be more fully served; homeless or at risk of homelessness; at risk of institutionalization, hospitalization and nursing home care; and frequent users of emergency rooms. Included in this group of individuals could be some transition age older adults (approximately age 55 through 59) who are experiencing functional impairments similar to older adults and who are at risk for any of the above-mentioned categories.

Community MHSA Consortium ($ 247,435)

Number of Consumers to be served: Outreach and Engagement is provided through community based organizations working in conjunction with Full Service Partnership programs. The estimated numbers to be served is part of the Full Service Partnership description.

The Community MHSA Consortium will be comprised of community-based organizations (CBOs), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations. The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA planning process. Additionally, the Consortium will assist Behavioral Health Services in rolling out the approved mental health programs and in evaluating evidence-based practices.

Educational efforts of the Consortium will focus on program orientation, service delivery, with a targeted emphasis on the unserved and underserved populations. Within some cultural groups a word does not exist in their language to explain “mental illness.” Stigma is present and the fear of being labeled “crazy” has kept individuals from accessing services. The Consortium will provide education and cross training on mental illness and dual-diagnosis, emphasizing wellness and recovery. Community strengths and resiliency will be identified and supported by all efforts of the Consortium.

The goal of the Consortium will be to reduce cultural, racial, ethnic and linguistic disparities within the mental health delivery system. To assist in achieving these

goals, a full-time Ethnic Services Manager/Cultural Competency (ESM/CC) Coordinator will provide the staff infrastructure to address cultural, racial, ethnic and linguistic disparities within the mental health system. The Consortium is a means to continue community collaboration resulting in improved service delivery for all consumers and family members.

Priority populations of the Community MHSA Consortium will be all cultural, racial and ethnic populations with individuals that have serious mental illness. Special emphasis will be placed on populations with the greatest disparities. This includes, but is not limited to; Cambodian; Hmong; Laotian; Vietnamese; Native American; Asian descent; African-American; Muslim/Middle Eastern, gay, lesbian, bisexual and transgender (GLBT); homeless; consumer and family members. This outreach will include the active participation of the Community MHSA Consortium which has agencies that have established trust and can provide an entrance to hard-to-reach populations. It should be noted that these priority populations are located throughout San Joaquin County. Special emphasis will be placed on the homeless populations and factors that contribute to homelessness. Linguistic competency will be a major focus to support consumers' full participation in the treatment process in the language of their choice.

Housing Empowerment and Employment Recovery Services ($ 2,450 one time expenditure)

Number of Consumers to be served: Housing Assistance 60 per year
Employment Support 60 per year

For people recovering from symptoms of severe mental illness, a home and a job are the cornerstones of the vision of recovery. The Housing Empowerment and Employment Recovery Services program proposes specific services that will increase stable, safe, affordable, permanent housing. Through employment services, individual goals for security and personal identity will be identified and supported.

A home can be a space to live in dignity and a way to move toward recovery – a foundation of community care. While stable housing does not directly result in recovery, it is a necessary element that increases the effectiveness of all other mental health and support service interventions. The Housing Empowerment Service goal is to increase the number of days of safe and affordable housing for each participating consumer. Housing is repeatedly placed high in the priorities articulated by people with symptoms of mental illness, family members, community based organizations and mental health staff, and most recently expressed at the Mental Health Services Act's Public Hearings, Workgroups and Consensus Meetings throughout San Joaquin County.

The primary goal of Recovery Employment Services (RES) is to empower consumers to identify employment as a viable goal and to facilitate the process of choosing, getting and keeping a job. The first steps toward these goals may include developing planned activities and/or employment day goals for each participating consumer. This focus is an assurance of the integration of an individualized support plan to sustain employment activities and reduce losses of resources and personal identity.

The Community Based Housing and Employment Specialist Teams will be developed within non-profit organizations specializing in housing and employment. A non-profit program specializing in independent living skills activities will provide support to both of these teams. The formation of these teams will enhance and develop a system wide opportunity for housing and employment that will be the cornerstones of recovery for those enrolled in all Full Service Partnerships. Consumer and family input and employment opportunities will be identified within the community-based organizations. This involvement will ensure ongoing focus on the daily housing and employment needs of the population and communities served. San Joaquin County will utilize experiences and promising practices gained by participating in demonstration grant funded Dual Diagnosis Housing Project awarded by PATH funding and SHIA grant (Supportive Housing Initiation Assistance) housing project funded by State General Funds. An onsite consumer housing recovery coach and a central drop in apartment in a scattered site situation will provide needed supports and direction.

Partnerships with the State Department of Rehabilitation, along with the State supported WorkNet Program, San Joaquin County Human Resources and other employers of this area will continue to provide additional opportunities toward training and employment. Linkages are also available to the Gipson Center, a socialization and employment readiness contract program.

The priority population for this program will be 60 individuals for housing and 60 individual for employment identified by the Full Service Partnerships, who are diagnosed with severe mental illness with identified needs for stabilized housing and employment, education and training. The numbers served will be selected from the total number (255) of enrolled adult or older adult members. This population may experience co-occurring alcohol and substance abuse issues and/or medical health challenges. The population identified for these services are among the un-served, underserved and inappropriately served focusing on Latino, African-American, Native American, Muslim/Middle Eastern, and Southeast Asian along with those who identify with diverse life styles and sexual preferences.

Community Behavioral Intervention Services ($ 360,000)

Number of Consumers to be served: 240 per year, with 60 of these consumers being part of a FSP

A community behavioral intervention service will provide quality behavioral interventions to at-risk unserved and underserved mentally ill persons. This wraparound service will reduce or prevent first time hospitalization, relapses, and psychiatric readmissions. Emphasis will be on recovery and fostering resiliency through services of specialized behavioral interventionist for the transitional age youth, adult, and older adult. Direct referrals for behavior intervention services will be taken from Full Service Partnership assessment staff, crisis assessments, (e.g., hospital emergency rooms, mental health crisis intervention teams, etc), community agencies, and community based organizations with the overall goal of providing interventions at the lowest level of care and in the community to reduce trauma and stigma experienced by many first contact consumers. The philosophy of this program encompasses using whatever interventions are necessary to preserve a consumer's stable environment by increasing recovery-based behaviors.

The priority population will be 60 individuals with symptoms of serious mental illness, at any one time, who are at risk of relapses and possible crisis situations who may be experiencing co-occurring alcohol and substance abuse issues and/or medical health challenges. It is expected that 240 consumers will be served per year. The population identified for this service is among the unserved, underserved and inappropriately served in San Joaquin County with a priority to the Latino, African-American, Native American, Muslim/Middle Eastern, GLBT and Southeast Asian populations.

24/7/365 Community Response Team ($ 550,312)

Number of Consumers to be served: This program will serve an additional 300 consumers annually

Crisis Intervention Services (CIS) proposes to expand our current core behavioral health response services already coordinated with seven hospital emergency room programs and nine law enforcement agencies in our County. CIS is proposing a transformation of the current system to include:

- Increased mobile community crisis response for assessment and intervention services 24/7/365.
- Joint response of mental health staff with law enforcement to reduce incarcerations and inappropriate use of hospital emergency rooms.
- Mental health response teams for intervention and prevention services to reduce use of law enforcement agencies for intervention in a crisis.

- Coordination with the consumer-operated Wellness Center, developing peer support and assistance through the use of volunteer and/or employed consumer/family members, as included members of the multi-disciplinary crisis teams.
- Focus on recovery and resiliency at all stages and levels of services.
- Increase our ability to provide culturally sensitive response capabilities and expanded language capabilities.
- Increase our response capability with the development of mobile, multidisciplinary response teams 24/7/365.
- Develop an integrated career ladder allowing a path from volunteer to mental health specialist.
- Increase hot and warm-line capabilities available 24/7/365.
- Increase our ability for outreach and support and decrease consumers' isolation.
- Increase support to consumers to enable them to manage their independence and community functioning.
- Decrease frequent use of emergency medical care.
- Coordinate services and communications between warm/hot line and mobile Community Response Team.

The priority populations for Crisis Intervention Services (CIS) are adults and older adults with serious mental illness (SMI), children and youth with serious emotional disability (SED), and family and friends of SED and SMI consumers seeking information, education, assistance and support. Concurrently, we provide a walk-in mental health clinic offering assessments, referrals, information and education for individuals in the community seeking mental health assistance and support.

The homeless, hard-to-reach rural populations and other underserved ethnic populations will be better served by the warm and hot lines, as well as the mobile Community Response Teams. Efforts will focus around early intervention and stabilization.

Increased outreach will be provided to agencies and associations, Board and Care Homes, and family members working and living with those with mental illness. Outreach will emphasize information and training to assist in early intervention and alternatives to emergency room services and involuntary hospitalizations and incarcerations. Special emphasis will be placed on providing culturally sensitive and linguistically appropriate response services.

One-Time-Only Funding

Co-Occurring Residential Treatment Program ($ 500,000 one time only)

Number of Consumers to be served: 18 at any one time; 50 in 3 year period

This application is for one-time money to effectively provide start up support for a holistic dual diagnosis residential program, which was the vision of a collaborative between San Joaquin County Behavioral Health Services (BHS), Substance Abuse Services (SAS), Probation, Superior Courts, County Office of Education, along with the support of Human Services Agency (HSA). Treatment design is based upon the concept that substance abuse in adolescents is a family disease and that recovery and resiliency is an ongoing process, not an event, which requires the treatment to focus around family intervention. Co-occurring mental health disorders are viewed as both a function of and a determinate of dysfunction. Therefore, there is a need for a holistic program to address the problem, in tune with the MHSA.

This program will serve 18 youth in Juvenile Probation's Placement Unit at any given time, with anticipated average length of stay of 12 months, serving a total of 50 youth in a three-year period. All the targeted youth have serious emotional disturbance and a co-occurring substance abuse problem, and will receive mental health and substance abuse services as the key component, up to seven days a week, with on site public education, and the ability to serve special education students' Individual Educational Plans (IEP). This is has been a missing service in San Joaquin's Children's System of Care. Residential services provided locally allow the necessary family component to occur, which is key for successful outcomes and reduced recidivism.

The intent of the program design is to divert selected substance abusing youth with a co-occurring mental health disorders from placement in other facilities, e.g., out-of-county or out-of state residential programs, Peterson Hall, Camp, California Youth Authority, etc., in order to provide rehabilitative conditions for juvenile offenders and their families. Moreover, by providing a residential alternative within San Joaquin County, we can divert a population of young offenders who are at risk for later committing additional criminal acts associated with their disorder from the justice system. Effective treatment of substance use disorders among adolescents requires a comprehensive approach that incorporates family and health issues. Many Seriously Emotionally Disturbed (SED) youth have learned to self medicate their symptoms, while others, due to various risk factors, make poor choices, and find addiction and abuse tough to escape.

The Intensive Supervision Unit (ISU) in Juvenile Probation's Placement Department is the high-end part of their system. Minors who are placed

residentially as Wards of the Court (W&I Code 602) are found to be unmanageable in their homes and/or communities. Hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options) concomitant with treatment are put in the basket of group home placements. While the intent of a holistic treatment environment is to cause that change, many of the youth with court placement orders wait in an impacted Juvenile Hall of 179 beds, while an overloaded probation officer searches the few group homes available (that do not fit the minor's need well) in hopes of getting on the top of the long waiting list. Success in traditional residential programs for these youth is poor at best; the programs are not designed for the co-occurring disorder of substance abuse and emotional disturbance.

Latinos and Asian, Pacific Islanders, and Native American youth are underserved while African Americans are over represented in our juvenile justice area mental health programs, reflecting an imbalance in our system. If these youth are to be resilient and become responsible citizens in the community, youth must be in recovery for the return home, and family strengths must be emphasized and improved, and aftercare and support from the local community of like cultural groups must be available.

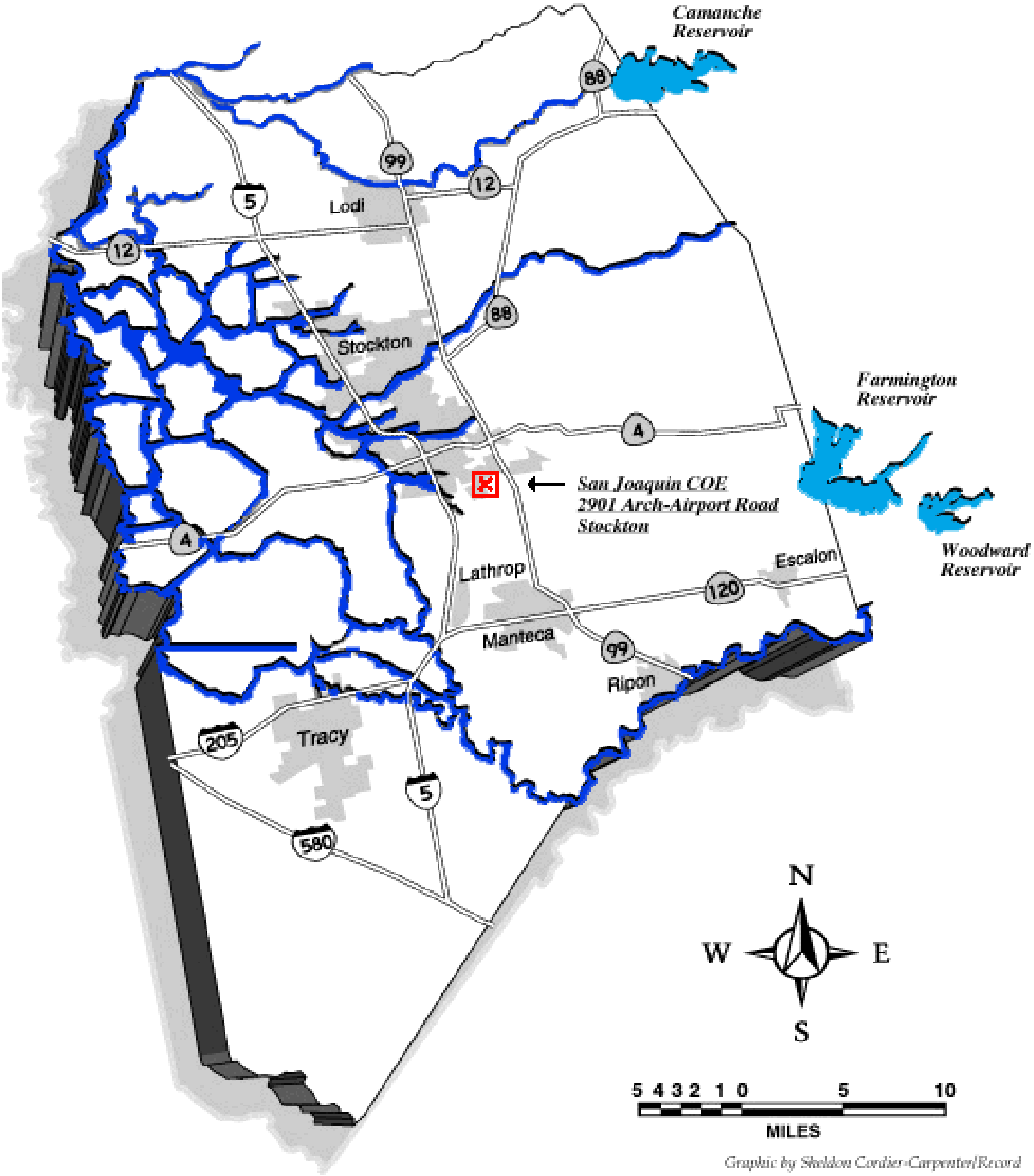
Administration net operating budget is $451,766 per year. One time funding is across most programs as follows: Wellness Center ($512,900); Child & Youth Program ($32,400); Black Awareness Community Outreach Program ($86,800); La Familia ($82,375); SEARS – Southeast Asian Recovery Services ($35,925); Forensic Full Partnership Court Program ($ 81,940); GOALS – Gaining Older Adult Life Skills ($173,125); Community MHSA Consortium ($142,700); Housing/Recovery Employment Services ($ 4,700); Community Behavioral Intervention Services ($18,800); 24/7/365 Community Response Team ($ 454,250); Co-Occurring Residential Facility ($ 500,000) and Administration ($ 1,285,740).

Conclusion

The careful development of the San Joaquin County MHSA Community and Services and Supports Plan resulted from intense work and community outreach by a large group of consumers, family members, service providers, community based organizations, mental health employees, mental health experts and other public agencies. The main objective was to develop and continue to develop strategies to expand and increase services to those individuals and their families who are the most unserved, underserved and inappropriately served in a culturally competent, recovery based model of system transformation. While we cannot meet all of the increasing demands for service, these programs and services will begin to enhance the continuum of services that increase access to care for the seriously mentally ill in diverse ethnic and marginalized populations.

It is our sincere hope that those with severe mental illness and participating communities will continue to have a meaningful voice in the planning, development, delivery of and evaluation of services.

San Joaquin County



Graphic by Sheldon Cordier-Carpenter/Record

Overview

San Joaquin County is located in California's Central Valley, east of the San Francisco Bay area and includes the cities of Stockton, Lodi, Manteca, Escalon, Ripon, Lathrop, Lockeford, French Camp, and Tracy, in addition to numerous other small cities and unincorporated areas, such as the Delta Islands. As of 2004, the county's population was nearly 643,100, with a racial mix of 44% Caucasian, 34% Hispanic, 14% Asian, 7% African American, and 1% Native American. San Joaquin County is the 15th largest county in California. Stockton, the county seat, is the 12th largest city in California and in the top five in predicted growth.

Per capita income for the county is $17,365 and 17.7% of the population and 13.5% of families are below the poverty line. Out of the total population, 23.7% of those under the age of 18 and 10% of those 65 and older are living below the poverty line.

The County covers 1,400 square miles and is in the heart of California's richest farmland. The Port of Stockton is the second busiest inland port on the U.S. west coast, handling more than seven million tons of cargo with trade relationships with more than 55 countries.

San Joaquin County Behavioral Health Services (BHS) completed its initial, broad-based community planning process as set forth in the Request for Funding document submitted to the Department of Mental Health on March 15, 2005.

BHS views the Mental Health Services Act as a unique and unparalleled opportunity to accelerate its progress toward a culturally competent mental health system focused on recovery and wellness. The Mental Health Services Act will build on a foundation that includes:

- A successful AB 2034 program, the Homeless Engagement and Response Team (HEART) that embodies recovery and client empowerment values. AB 2034 provides intensive services to homeless persons with serious mental illness.

- An effective children and youth system of care in which SJCBHS partners closely and effectively with child welfare, probation, education, judges, schools and a network of community agencies and providers.

- A strong investment in culturally competent services, including an effective Transcultural Clinic serving the Southeast Asian communities, establishment of the Black Awareness Community Outreach Program, and ten years of capacity-building to better serve the Latino community of San Joaquin County.

San Joaquin County submits the following three-year plan that describes how the organization will act quickly to implement the Mental Health Services Act Community Services and Supports Three-Year Program Plan for Fiscal Years 2005-2006, 2006-2007, and 2007-2008.

Throughout the document, BHS has continuously addressed the Five Essential Elements inherent in the Mental Health Services Act. Through MHSA-funded strategies, BHS will work with consumers, families and communities to create culturally competent, consumer/family driven mental health services, and support activities that are wellness focused, that support recovery and resilience, and offer integrated service experience for consumers and their families.

BHS is proposing twelve (12) new or expanded programs that utilize one of the three types of funding available: Full Service Partnership Funds, General System Development Funds, and Outreach and Engagement Funds. Implementation will occur in a timely fashion to ensure a thoughtful and effective rollout of MHSA-funded programs and strategies.

The proposed programs and budgets reflect the need to access historically underserved ethnic and unreached populations, such as the gay, lesbian, bi-sexual and transgender groups.

Table 1. San Joaquin County Mental Health Services Act Program and Funding Categories

Funding Category	Specific Program – Strategy
Consumer Support	The Wellness Center
Full Service Partnerships (includes Outreach and Engagement components)	Child and Youth Full Service Partnership
	Black Awareness Community Outreach Program (BACOP)
	La Familia Full Service Partnership
	Southeast Asian Recovery Services (SEARS)
	Forensic Full Service Partnership Court Program
	Gaining Older Adult Life Skills (GOALS)
Support to Full Service Partnerships	Community MHSA Consortium (for ethnic outreach and service coordination support)
	Housing Empowerment and Employment Recovery Services
System Development	Community Behavioral Intervention Services
	24/7/365 Community Response Team
	Co-Occurring Residential Treatment Program

The San Joaquin County Funding Request for MHSA Community Program Planning focused on addressing and reducing disparities of access to mental health services for underserved ethnic communities within the County. The planning process followed through with that commitment by involving nine community-based organizations that represented a broad array of communities: Hmong, Cambodian, Vietnamese, Laotian, Native American, African American, Latino, Muslim/Middle Eastern, and Gay, Lesbian, Bisexual and Transgender communities. The partnership with the CBOs enabled unserved segments of the community to effectively participate. The voices of the underserved and unserved resonate loudly throughout the Community Services and Support Plan.

Addressing disparities of access in ethnic communities is the transformative theme of the San Joaquin County CSS plan. This theme involves three overarching strategies:

1. ***County – Community Full Service Partnership Model.*** The Full Service Partnership (FSP) model is built on Behavioral Health Services staff providing the core clinical services, with community-based organizations reflective of the nine communities, providing outreach, engagement, support and case management. The core County staff and the CBO staff together form the FSP teams.

2. ***Community, Consumers and Families at the Core.*** In order to continue the transparency and inclusiveness that was developed through community outreach with consumers, families and underserved ethnic communities at the core of the planning process, a Community MHSA Consortium will be established. This working group will meet weekly and will become a driving force in the continuing transformation of mental health services in San Joaquin County, just as it drove the focus of the planning process.

3. ***First 90 Days Model.*** The Black Awareness Community Outreach Program (BACOP) has developed a promising model for engaging new and inappropriately served consumers to help them successfully access services. This model, termed both the “First 90 Days Model” and the “BACOP Model”, was adopted throughout the CSS Plan by programs as an effective way to improve access to services for underserved ethnic communities. The BACOP Model involves providing the consumer, at first point of contact with San Joaquin County Behavioral Health Services, with a personal navigator of like culture and ethnicity whom can provide support, guidance and help reduce the stigma of receiving treatment for a mental illness.

Part I: County Public Planning Process and Plan Review Process

Section I: Planning Process

1) *Briefly describe how your local public planning process included meaningful involvement of clients and families as full partners from the inception of planning through implementation and evaluation of identified activities.*

San Joaquin County Behavioral Health Services (BHS) began soliciting the general perspective and contributions of consumers and family members over a decade ago. For more than ten years BHS has employed consumers in a variety of key roles, particularly outreach and mentoring. The Mental Health Services Act (MHSA) planning process offered the County an opportunity to expand on its commitment to involve consumers and family members in its service planning and delivery. There were five original MHSA information meetings held geographically throughout the county to help the community gain an understanding of how the Act was formed and how it could help with mental health services. Then six different groups were formed to go out into the community, again covering the county geographically, to gather input about the specific mental health needs for the following: 1) Children and Youth, 2) Transitional Age Youth, 3) Adult, 4) Older Adult, 5) Criminal Justice and 6) Underserved Ethnic. The medical community, including San Joaquin General Hospital, Community Medical Centers, Delta Health Care, Saint Joseph's Hospital and Sutter Tracy Community Hospital, were invited to participate in the six work groups. Five meetings were held for each group. Then, for six weeks, many different community-based organizations helped with in-depth outreach into the following respective communities: 1) Vietnamese, 2) Hmong, 3) Cambodian, 4) Laotian, 5) Muslim/Middle Eastern, 6) Latino, 7) African-American, 8) Gay, Lesbian, Bisexual, Transgender, 9) Native American Indian and 10) Homeless.

Additionally, the San Joaquin Behavioral Health Services staff collected extensive data from the Latino community and from consumers coming to the Transcultural Clinic that serves the Southeast Asian community. After all of the information was gathered, compiled, and analyzed, each of the groups began to reach consensus over a series of four to six meetings. The total number of contacts made in the community through this planning process was 5,138.

Graph 1. San Joaquin County MHSA Planning Structure

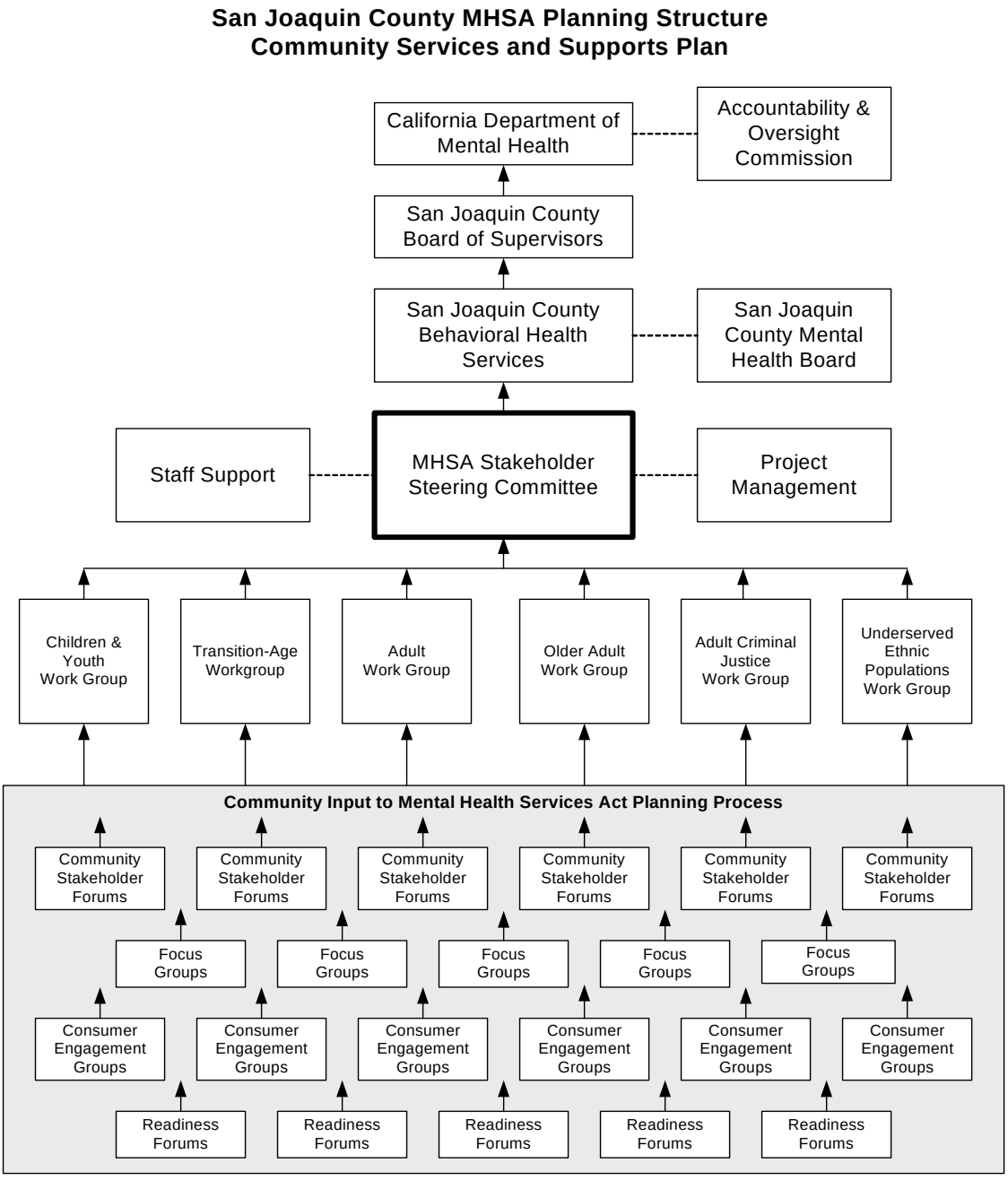


Table 2. San Joaquin County Mental Health Services Act Planning Participants, August 2005 – February 2006

Type of Meeting	Number of Meetings	Range of Dates	Number of Participants
Initial Community MHSA Information Meetings	5	August 18, 2005 to August 24, 2005	205
Community Input Meetings – Children & Youth Workgroup	4	September 7, 2005 – September 27, 2005	79
Community Input Meetings – Transitional Age Youth Workgroup	5	September 8, 2005 – September 28, 2005	113
Community Input Meetings – Adult Workgroup	5	September 8, 2005 – September 29, 2005	114
Community Input Meetings – Older Adult Workgroup	4	September 8, 2005 – September 20, 2005	93
Community Input Meetings – Underserved Ethnic Workgroup	7	September 9, 2005 – October 1, 2005	120
Community Input Meetings – Criminal Justice Workgroup	5	September 8, 2005 – October 5, 2005	177
Consumer Outreach	Large picnic event that included 'voting' on service needs & surveys, as well as other focus groups, surveys and interview outreach	September- October 2005	492
Asian Pacific Self-Development and Residential Association	Surveys and 5 focus groups	September 8, 2005 through October 2005	194
Black Awareness Community Outreach Program	Surveys and multiple meetings and focus groups	October 2005	450

Type of Meeting	Number of Meetings	Range of Dates	Number of Participants
El Concilio	Five focus groups and multiple surveys	October 2005	306
Gay, Lesbian, Bi-Sexual, Transgender Outreach	Multiple focus groups and surveys	October 2005	237
Homeless Outreach	Surveys, focus groups and interviews	October 2005	153
Lao Family Outreach	Surveys, focus groups and interviews	October 2005	79
Lao Khmu Outreach	Surveys, focus groups and interviews	October 2005	181
Latino Behavioral Health Services Outreach	Surveys, focus groups and interviews	October 2005	710
Native American Indian Outreach	Surveys and interviews	October 2005	30
Behavioral Health Services, Transcultural Clinic	Surveys	October 2005	61
Criminal Justice Outreach (Honor Farm & other)	Surveys and focus group	October 2005	45
Vietnamese Outreach	Surveys and focus groups	October 2005	131
On-going Underserved Ethnic Outreach Support Meetings		Weekly meetings during October through December	Unknown, approximately 80

Type of Meeting	Number of Meetings	Range of Dates	Number of Participants
Consensus Meetings for each workgroup – 1) Children & Youth 2) Transition Age Youth 3) Adult 4) Older Adult 5) Criminal Justice 6) Underserved Ethnic	Four to seven meetings per workgroup to identify and prioritize programs and services	November and December 2005	881
MHSA Stakeholder Committee Meetings & other		September 2005 – February 2006	207
		Total	**5,138**

San Joaquin County Mental Health Board

The County's Mental Health Board (MHB) is primarily composed of consumers and family members. Currently 12 of the MHB's 15 members (80%) are either consumers or family members. The Board plays an active role in reviewing Behavioral Health Services' programs and activities, and advising County staff on issues of concern.

The Board has been actively linked to the Mental Health Services Act planning process from its inception through two family members who served on the MHSA Steering Committee. Since August 2005, San Joaquin County's MHSA Project Liaison Richard Sanguinetti has met monthly with the Mental Health Board for project updates. The Board was trained on their role in the MHSA by California Institute for Mental Health (CIMH) early in the planning phase. Members also attended a one-day retreat in preparation for the public hearing. Board members reviewed and commented on the draft plan before its publication, and sponsored the plan's public hearing and public review process.

MHSA Stakeholder Steering Committee

The MHSA Stakeholder Steering Committee, appointed by the Board of Supervisors, served as the key oversight and decision-making body throughout the County's MHSA planning process. The Committee is made up of 16 members, of whom 9 are consumers or family members. Thus, consumers and

family members comprise the majority on the Mental Health Services Act Steering Committee. Many members, including several consumers and family members, were also actively involved in the Community Outreach and Consensus group activities described below. The Committee reviewed the priority recommendations developed by the consensus groups and determined overall Countywide priorities for the first three years of new programming under the MHSA.

The Committee decided early in the planning process that its meetings would be open to the public. Throughout the early phases of the process the Committee encouraged consumer and family members from the public to participate in its discussions and deliberations. During the Committee's formal decision-making process, consumers and family members participated as observers, and were provided with formal opportunities to comment on the proceedings.

The MHSA Stakeholder Steering Committee remains active—it will provide continuing oversight of the implementation of the programs approved and funded by the Mental Health Services Act. Equally important, the Committee will provide oversight and guidance of the transformation process in which recovery, resilience and placing consumers and family members at the core of the decision-making process are paramount.

National Alliance for the Mentally Ill (NAMI) – San Joaquin County

The local chapter of National Alliance for the Mentally Ill (NAMI) has had an office at Behavioral Health Services' service complex for over 20 years, allowing its grassroots volunteers to offer information and assistance onsite to consumers and family members of consumers. NAMI regularly sponsors talks and other informational events, such as screening the documentary *Out of the Shadow*, and offers training for family members on how to negotiate the mental health system. Two NAMI members, including the current president, served on the MHSA Stakeholder Steering Committee.

Power 'N' Support

Power 'N' Support, a consumer-initiated and run support group, began in August 2003 at San Joaquin County Behavioral Health Services with a consumer-focused newsletter and quickly evolved into a support group. Currently the group meets weekly to discuss the Mental Health Services Act and has about 25 active members. It continues to grow in size and influence. BHS provides the group with space and funding.

Power 'N' Support members have been very active in the Mental Health Services Act planning process, and have played in a key role in helping to transform the County's mental health services toward greater cultural competence, a stronger focus on consumer involvement and choice in service planning, and enhanced

emphasis on recovery and wellness. This is an ethnically diverse group representing the Southeast Asian, African American and Latino populations.

The Power 'N' Support team first galvanized around Proposition 63:

- In February 2004 the Power 'N' Support team began efforts to get Proposition 63 on the ballot with registration and signature gathering drives
- In June 2004 the team kicked off a series of voter education workshops to build mental health consumer's confidence in the voting process. Two workshops were held on a monthly basis. In October 2004 the team held seven voter education workshops before election day
- On election day team members arranged for transportation to the polls and helped consumers with the voting process
- The team attended two different Advocacy Day events at the State Capitol to encourage Assembly members to pass Proposition 63
- Seven consumers attended the California Network of Mental Health Consumers Rally for Proposition 63 at the State Capital in June 2004
- Power 'N' Support created an eight-member team - San Joaquin County Power of Support - that raised nearly $2000 in support of Proposition 63

After the passage of Proposition 63, Power 'N' Support members were active in the MHSA planning process in the following ways:

- Two members served on the MHSA Stakeholder Steering Committee
- In December 2004 eight team members attended the first Mental Health Services Act Stakeholders meeting
- Three team members attended a number of conferences and trainings on the MHSA from January through May 2005
- Three mental health consumers from Power 'N' Support spoke at the San Joaquin County Behavioral Health Services *Celebration of Recovery* and Mental Health Services Act kickoff event in May
- Three to seven consumers attended Oversight and Accountability Commission meetings in June and July 2005
- Members attended California Institute for Mental Health (CIMH) webcast and site-based trainings, as well as California Department of Mental Health (DMH) teleconferences
- Power 'N' Support members spearheaded an effort to use Behavioral Health Services' annual Consumer Picnic as an opportunity to solicit consumer surveys. They collected 277 service priority surveys from consumers at the September 2005 picnic, as well as 232 surveys to identify consumers' housing needs. Consumers were also asked to vote

on the strategies that had surfaced during the workgroup phase of the community needs assessment.

- Members also visited Board and Care homes to obtain information from residents on their priorities
- One member is currently assisting in reading MHSA proposals from other counties

The active involvement of Power 'N' Support members in the MHSA planning process has had a lasting impact on the County's service approach. Starting in January 2006, BHS contracted with the Central Valley Low Income Housing Corporation (CVLHIC) to provide Power 'N' Support members with formal mentoring and assistance to:

- Develop staff training modules and materials, and conduct training
- Attend and participate in internal staff meetings, particularly those at which staff are making decisions about consumers
- Provide staff with a perspective on how consumers experience mental health services.

Consumer involvement continues to be central to the transformation of mental health services in San Joaquin County.

Consumer Employment

During the last 10 years, Behavioral Health Services has employed consumers in part-time and full-time positions in a variety of capacities, both to conduct outreach as well as provide mentoring services. For example, consumers have helped conduct outreach through the County's Homeless Engagement and Response Team (HEART) program (its AB2034 State-funded program for homeless individuals with severe and persistent mental illness). During the Mental Health Services Act planning process, the County employed consumers to:

- Conduct outreach and help other consumers complete surveys
- Attend and participate in the needs assessment and consensus phases of the planning process
- Develop the County's MHSA logo and web site: www.sjmhsa.net

Financial Assistance to Consumers and Family Members

To help reduce barriers to participation, Behavioral Health Services used a portion of its MHSA planning funding to provide:

- Consumers and family members with an expense stipend of $15 for each Community, Workgroup, Consensus, and MHSA Stakeholder Steering Committee meeting they attended

- Food for participants in meetings that took place over the lunch hour or all day
- Transportation to MHSA meetings in a County vehicle.
- Childcare was provided, as needed, to consumer participants

Workgroup Process

Consumers and family members served as co-chairs of the six workgroups representing the under and unserved: Children and Youth Workgroup, Transition Age Youth Workgroup, Adult Workgroup, Older Adult Workgroup, Underserved Ethnic Populations Workgroup, and Criminal Justice Workgroup. The co-chair provided consumer perspective, as well as helped with meeting facilitation and encouraged other consumers to attend.

Additional Consumer and Family Member Involvement and Outreach

Consumers and family members also contributed to the planning process in the following ways:

- A consumer member of the Criminal Justice Consensus Group took the initiative on his own to survey mentally ill individuals in the court system to identify their needs and priorities.
- Consumers assisted with community presentations and training sessions.
- One consumer and two family members from San Joaquin County are serving on the DMH committee: Dr. Robert Moore, president of NAMI of San Joaquin County, Nancy Smith, a family member, and Jeff Gianpetro, a consumer, are tasked with evaluating county Mental Health Services Act plans submitted to the state.
- One consumer and one family member participated on the staff team tasked with developing detailed budget assumptions for each of the prioritized strategies.

2) *In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.*

The public planning process was designed to maximize input from as diverse and representative group of stakeholders as possible. An extensive public awareness campaign was conducted in San Joaquin County to ensure inclusive and diverse input from the community. Between August 2005 and November 2005, the County held 70 plus Community Outreach, Workgroup, and Consensus Group meetings to educate, solicit input concerning needs, and identify priorities.

Special efforts were made to reach out to and obtain feedback from the County's unserved, underserved and inappropriately served populations. Activities and information were posted electronically on the local Mental Health Services Act website at www.sjmhsa.net.

The public planning process was thorough, with over 5,000 participants involved. The public planning process included the following efforts:

Initial Outreach Activities

- E-mail announcements – In the initial planning stages, Project Liaison Richard Sanguinetti compiled an e-mail group list of stakeholders, which included consumers, family members, agencies, community-based organizations, and Behavioral Health Services staff. Throughout the planning process, e-mails were used to notify meeting times and dates, trainings, etc.
- Newspaper ads published in English and Spanish
- Informational flyers in English and Spanish sent by mail
- Press releases in English and Spanish
- Radio ads in English and Spanish
- Weekly CBO Leadership meetings focusing on accessing ethnic communities

Targeted Outreach Activities

Informational Community Meetings

Five Community Meetings held throughout San Joaquin County proved to be a vital means of kicking off the MHSA community awareness campaign. Open Community Meetings in which stakeholders offered different perspectives, listened to one another, and engaged in productive dialogues set the stage for a comprehensive and fruitful planning process.

Prior to the meetings, e-mails were sent to those on the stakeholder list inviting them to attend. Newspaper ads were published throughout the county and flyers in targeted languages were mailed to disseminate information about the meetings. The availability of translators for non-English-speaking and hearing-impaired participants was publicized, and these translators were available at the Community Meetings. These combined efforts, along with working with CBOs located in ethnic communities, began a method of networking that made communities aware of the meetings and helped start the local planning process.

Attendance averaged 40 individuals at each one-and-one-half hour meeting, with valuable input from stakeholders about the Mental Health Services Act planning process. Presenters and facilitators at the Community Meetings, including the Behavioral Health Services Director, a consumer representative, the MHSA Project Liaison, the Project Consultant, and Mental Health Board members, conducted a PowerPoint presentation, followed by a question and answer session. Attendees were invited to attend and participate in a series of Workgroup meetings that would be taking place during September and October 2005.

Workgroups

The Mental Health Services Act planning process centered on six Workgroups, with each Workgroup focused on a specific area of need. The Workgroups formed the basis for community collaboration for various stakeholders including consumers, families, citizens, agencies, organizations and businesses working together in areas of common interest. Workgroups included:

1. *Children and Youth Workgroup:* Children and youth with serious emotional disorders and their families who are not currently being served or who are underserved. This included uninsured youth not eligible for Medi-Cal, Healthy Families or Healthy Kids in the juvenile justice system, and youth so underserved that they are at risk of foster home placement. Special emphasis was placed on children and youth from underserved and unserved ethnic populations.
2. *Transition Age Youth Workgroup:* Transition age youth who are currently unserved or underserved who have serious emotional disorders or serious mental illness. This group included persons who are homeless or are at risk of being homeless, youth who are aging out of children and youth services, and youth who have experienced a first episode of major mental illness. Special emphasis was placed on youth from underserved and unserved ethnic populations.
3. *Adult Workgroup:* Adults with serious mental illness, including persons with a co-occurring substance abuse disorder or health condition, who are underserved or unserved. This group included persons who are homeless or at risk of being homeless, and persons who are institutionalized. Special emphasis was placed on adults from underserved and unserved ethnic populations.
4. *Older Adult Workgroup:* Older adults with serious mental illness, including persons with co-occurring disorders and a primary diagnosis of mental illness, who are unserved or underserved. This group included individuals who have a reduction in personal or community functioning, who are homeless or at risk of being homeless, or who are institutionalized or are

at risk of being institutionalized. Special emphasis was placed on older adults from underserved and unserved ethnic populations.

5. *Adult Criminal Justice Workgroup:* Adults with serious mental illness, including co-occurring substance abuse disorders, who are involved in the criminal justice system. SJCBHS gathered stakeholders and utilized lessons learned from its successful 'Mentally Ill Offender Crime Reduction Grant '(MIOCRG) program to reduce incarceration through recovery-based mental health programs. Special emphasis was placed on providing services to persons from underserved and unserved ethnic populations.
6. *Underserved Ethnic Populations Workgroup:* Asian, African-American and Latino communities have limited access to community mental health services, in some instances only 25% or less of the access afforded the highest utilization groups. One crucial role of this workgroup was to ensure that cultural competence was embedded in all services that become part of the MHSA Community Services Plan. Another crucial role was to address the development of specialized services to move San Joaquin County Behavioral Health Services substantially forward toward parity of access.

A total of thirty-five Workgroup meetings were held at a variety of venues throughout San Joaquin County during September 2005. The two-hour meetings were held in libraries, churches, community centers, and restaurants, with complimentary food and beverages provided. Workgroup participation was open to all interested stakeholders and attendance averaged from 17 to 33 participants per meeting. The minutes of the workgroup meetings are available at http://sjmhsa.net/summaries.html so that members from different groups could follow the progress of all work groups.

During each meeting stakeholders identified needs, determined high-need populations, discussed barriers to services and determined what services have worked in the past and were currently working. Services were proposed to meet the needs of the population and at the conclusion of the meeting stakeholders voted on the five services that they would like to see funded by the MHSA.

The Behavioral Health Services manager with the greatest expertise in the Workgroup topic was assigned as the primary staff liaison to the Workgroup and functioned as the Chair of the Workgroup. In each Workgroup, a consumer or family member was chosen by Workgroup members to serve as the Co-chair. The Chair and Co-Chair worked closely together to ensure that the voices of consumers and family members were heard and were central to each Workgroup's planning process. Facilitators from LeadershipOne assisted at Workgroup meetings by scheduling meeting agendas, facilitating meetings, recording stakeholder comments, and writing meeting summaries which were later posted on the MHSA website. Extensive proactive outreach to consumers

and families was provided in order to achieve meaningful inclusion and participation as full workgroup members in the Mental Health Services Act planning process. Peer counselors and consumer and family outreach workers helped involve consumers and families. Power 'N Support took the lead in providing and coordinating outreach and developing means to include consumers in the planning process, including transportation, transportation and childcare assistance.

The San Joaquin County chapter of the National Alliance for the Mentally Ill (NAMI) published articles about the Mental Health Services Act planning activities in its bimonthly newsletter and sent out flyers to 220 members encouraging them to attend workgroup meetings. "We had a good representation at all of the workgroup meetings," said Mary Ellen Cranston-Bennett, president of NAMI.

Community-based organizations also assisted each Workgroup with outreach to support consumer and family involvement.

Outreach and Needs Assessment to Underserved, Unserved & Inappropriately Ethnic populations

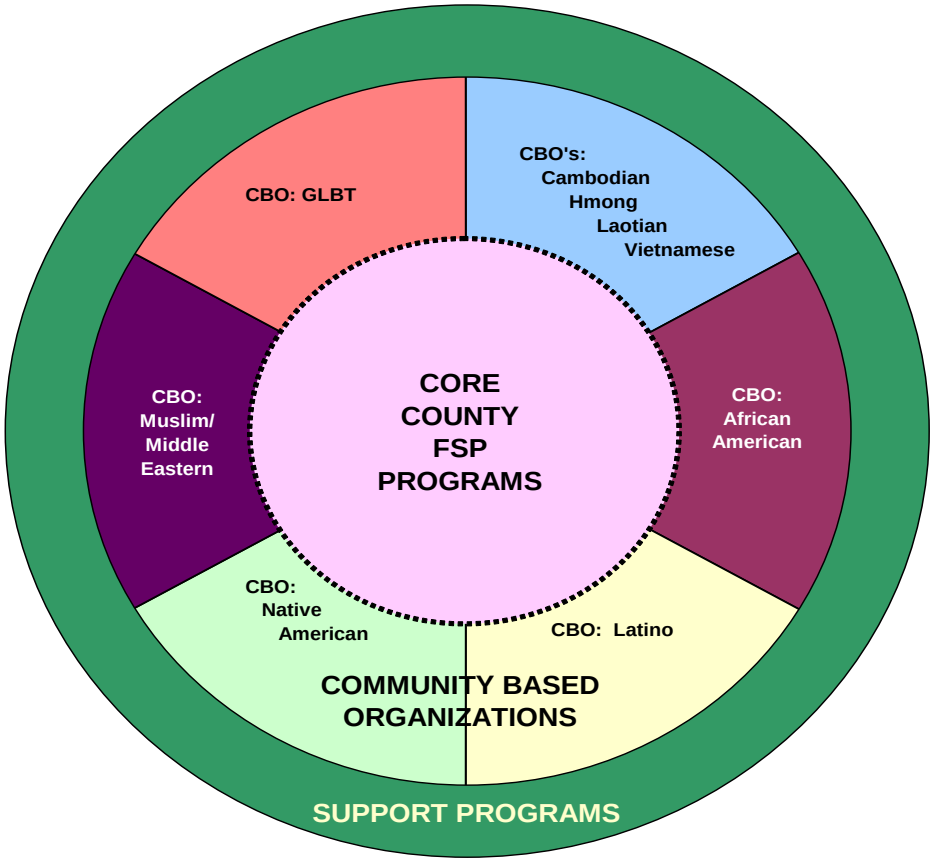
A major thrust of the San Joaquin County Mental Health Services Act planning process was the inclusion of underserved ethnic populations. Prior to the MHSA planning process there had been little collaboration between Behavioral Health Services and community-based organizations (CBOs) in San Joaquin County. Realizing, however, that those organizations were a vital link to hard-to-reach communities, BHS invited CBOs to join together to discuss ideas about how to best reach underserved, unserved and inappropriately served ethnic populations.

"There was some mistrust in the room at that first meeting," commented the San Joaquin County Mental Health Services Act Project Facilitator. "It seemed that the community-based organizations didn't believe that BHS would be committing the resources and funds required to perform outreach to the underserved ethnic populations." Over the course of several meetings, trust and cooperation grew between Behavioral Health Services and community-based organization staffs. Nine contracts were eventually secured with CBOs to reach out and include persons and leadership from the underserved ethnic populations and underserved/unserved groups in San Joaquin County. Contracted CBOs included Mary Magdalene (African-American), Lao Family Community, Lao Khmu Association, Vietnamese Voluntary Foundation, Inc. (VIVO), Asian Pacific Self-Development and Residential Association (APSARA), El Concilio, Native Directions, Community Partnership for Families (Muslim/Pakistani), and San Joaquin County AIDS Foundation (gay, lesbian, bi-sexual, transgender outreach). This effort helped ensure that underserved ethnic populations effectively participated in all six workgroups.

In order to support the consumers, family members and CBOs, weekly meetings continued with Behavioral Health Services to address obstacles and share successes. Two main issues surfaced as an obstacle: trust and stigma. It became apparent that various communities lacked trust and, in some cases, a large amount of distrust was affecting the engagement process. The community-based organizations became a vital link for bridging and developing a trust between the community and BHS. In addition to addressing obstacles and successes, they shared strategies for accessing the different communities.

The nine CBOs continue to meet with Behavioral Health Services staff on a biweekly basis to discuss outreach and education efforts. “Through our Mental Health Services Act planning process, we’ve reached a level of trust with these community partners that is unprecedented for us,” said the San Joaquin County Behavioral Health Services Director. “We look forward to ongoing partnerships.”

At a Stakeholder Steering Committee meeting in December 2005, the BHS Director visually outlined the partnership and relationship among mental health consumers, community-based organizations and Behavioral Health Services (see graph below).



Conceptual Model: Full Service Partnerships

Core County Programs:
- Case Management
- Clinical & Rehab Services
- Medications
- Recovery Coaches
- Access to full array of programs

CBO's:
- Community Outreach
- Engagement
- Education
- Recovery Support
- Cambodian
- Hmong
- Laotian
- Vietnamese
- African American
- Latino
- Native American
- Middle Eastern
- Gay, Lesbian, Bisexual & Transgender (GLBT)

Contracted Support Programs:
- Specialized support services, e.g., housing wraparound, employment & wellness centers

Graph 2. San Joaquin County Full Service Partnership Model

Bob Martinez, a California Institute of Mental Health consultant and past director of the CIMH Center for Multicultural Development, assisted in the MHSA planning process as an expert on the underserved ethnic population. “The biggest issue we’re dealing with,” explained Martinez, “is how to best provide services to a multicultural population. We need to engage each ethnic group ‘where they’re at’ since they all have a different prospective of exactly what mental health is. In order to serve these populations you first must develop a trust with them. They won’t tell you how to help them if they don’t feel comfortable talking to you. We need to see how the ethnic communities view mental health and any stigma attached to it and then we need to create interventions.”

During outreach efforts, consumers indicated that stigma was a major factor in keeping people from accessing mental health services. Additionally, certain ethnic communities did not have a word for “mental illness” but had a clear understanding of what it was to be unstable or unbalanced. Other defining issues that surfaced were the lack of knowledge about dual-diagnosis and mental illness, where to access services, and what services were available.

Each CBO developed different strategies to access their communities, including one-on-one contact; going to the homes and apartment complexes where racial/ethnic communities live; going to churches, temples, mosques, and faith-based organizations; working with social services; attending social or community celebrations/activities; conducting focus groups; and hosting special dinners with an MHSA agenda. Individuals were asked, “What would make services better? What would make services easier to access? What services were needed?”

“Our local commitment to bringing the ethnic communities on board made it possible for this county to be recognized by the state as an example of how outreach and engagement of ethnic populations can happen,” said Samuel Vaughn of Mary Magdalene Community Services. “This is the first time we’ve been asked for our input on what services are needed for the community that we serve,” added Robert Lampkins of the San Joaquin County AIDS Foundation.

Project Liaison Richard Sanguinetti called the outreach process “drilling down” in an effort to go deeper to gain a depth of understanding about community needs. “With our community-based organizations we’re going out into communities that haven’t had access to mental health so that we can overcome language and cultural barriers and reduce stigma. Our needs assessment showed us that many people in the underserved/ethnic population didn’t know about our services and that we need to continue to reach out to them,” he said.

Outreach efforts targeted the following populations:

A. *The African-American Community:* An ad hoc group of San Joaquin County Behavioral Health Services staff developed the Black Awareness Community Outreach Program (BACOP) concept three years ago to reach out to the African-American community, with the goal of reducing obstacles and barriers to access. With the advent of the Mental Health

Services Act planning process it became clear that additional assistance was needed to reach the African American community. San Joaquin County Behavioral Health Services (SJCBHS) contracted with an African American community-based organization, Mary Magdalene Community Services. BACOP/Mary Magdalene then worked together to develop a strategic plan to outreach to the African American community to bring them into the Mental Health Services Act planning process. The following represents their efforts:

- Annual Black Family Day Celebration held at the Stockton Civic Auditorium. According to the Record, over 700 people were in attendance at this daylong event. Materials were handed out to attendees, including the MHSA planning schedule and process. Over 100 interest cards were filled out with follow-up contact information, and an invitation to attend BACOP Committee meetings
- A focus group was held at "The Rock," a community drop-in center. Forty-five participants from the African American community shared their ideas on the mental health needs of their community
- Pat Lloyd Scholarship Concert Association's (PLSCA) 16th Annual Scholarship Concert held was at Delta College. The concert was put on by PLSCA and the AAEA African American Employees Association (AAEA) and included a presentation regarding the Mental Health Services Act. Materials handed out to the audience included the MHSA planning schedule and planning process, interest cards with follow-up contact information and an invitation to attend BACOP Committee meetings
- A number of BACOP/Mary Magdalene & community volunteers canvassed targeted areas, passing out flyers and other information regarding the MHSA
- Focus groups were held involving various sororities including Delta Sigma Theta and Links
- Mary Magdalene transported 17 transitional age African American youth (TAY) to a TAY workgroup meeting in Tracy. Participants openly shared their ideas and opinions regarding mental health services for African American youth and transitional age youth
- Throughout the months of September, October and November, Mary Magdalene transported individuals from the African American community to15 planning and consensus meetings. These efforts helped to insure that the African American community remained an active part of this planning process
- A focus group was held with 20 professional women where ideas and community needs were discussed
- A focus group was held at Larch Clover Community Center in the city of Tracy. Participants shared their ideas on the mental health needs of their community

- A focus group was held at the Stockton Teen Center. Twenty-five youth and transitional age youth participated, sharing their ideas on the mental health needs for their age group
- A presentation was given at the Black Baptist Minister's monthly meeting regarding the Mental Health Services Act. Ministers were given surveys and invited to attend a Ministers and Wives Summit on the MHSA
- A presentation was given at Christ Temple Apostolic Church on MHSA and the needs of mental health services in the African American community. Surveys were completed.
- An African American Ministers & Wives Summit was held. Forty-five pastors and wives and other community leaders were in attendance
- A presentation on the Mental Health Services Act was made at a forum hosted by the *Record* that focused on the needs of the African American community
- At an NAACP monthly meeting, a presentation on the MHSA was made and surveys completed
- During the months of October and November Mental Health Services Act surveys were completed at health fairs, schools and churches throughout the county
- BACOP assisted at the BHS consumer picnic where surveys were completed and invitations were extended to attend BACOP meetings
- A follow-up meeting with African American pastors and community leaders was held to update them on the MHSA planning progress
- The media, including TV, radio and newspapers, was accessed in an effort to reach and inform the African American community, including:
    1) Black Awareness Community Outreach Program members discussing MHSA and how it relates to the African American community on SJTV weekly program called "The Community Speaks"
    2) Radio Announcements regarding the Mental Health Services Act on two separate programs which ran on KSTN 1420 Radio Station.
    3) Articles in two African American Community based newspapers (*The Central Valley Press* and *The Central Valley Drum*). Articles included information about MHSA and an invitation to participate in the planning process.

B. *The Southeast Asian Community:* BHS contracted with four organizations which provide services to the Southeast Asian communities of San Joaquin Community. Many of the target population are monolingual in their native language and bicultural in lifestyle, with the associated difficulties in adapting to the mainstream culture. The language barrier that

this population experiences is a critical issue and contracted CBOs were invaluable to Behavioral Health Services in helping bridge the communication gap.

a. Lao Family Community was developed by indigenous leadership when the first wave of refugees came to the County some twenty years ago. Lao Family conducted three focus groups and surveys with 59 respondents from the Hmong community.

b. Lao Khmu Association, a Laotian community-based organization, conducted three focus groups with 97 participants in the Laotian community, generating 84 surveys. “Outreach had a big impact in the community in terms of people’s perceptions about mental health. They felt that the information we provided was very educational,” said a Lao Khmu agency representative.

c. VIVO, the Vietnamese Voluntary Foundation, Inc., held a focus group with 110 participants, and collected, compiled, and analyzed 21 surveys in the Vietnamese community. Diem Ngo, director of VIVO, a resource and referral agency for Vietnamese residents, said no one wants to be labeled "dien khung," or “crazy”. But many non-English speaking immigrants suffer illnesses such as depression or bi-polar disorder and even more are stressed living in an unfamiliar culture.

d. APSARA, the Asian Pacific Self-Development and Residential Association, has been providing social services and outreach services to Cambodian immigrants for the past 13 years. Staff went door-to-door talking to people and asking them questions, which were written in Khmer and recorded in English. Staff also went to the Buddhist temple during a special ceremony where people were gathered. Eight focus groups were conducted and one community meeting was held, with a total of 220 people participating in these outreach efforts.

e. Additionally, 61 surveys were collected, compiled and analyzed from BHS’s Transcultural Clinic, which provides mental health services to the Southeast Asian communities.

C. The Latino Community:

- BHS contracted with the Council for the Spanish Speaking (El Concilio) Latino Mental Health Program to provide outreach to the Latino community. According to El Concilio staff, language, acculturation, intergenerational, migrant and economic factors have been known to significantly affect this population. Traditionally, Latinos coming from a close-knit family system are more likely to handle problems within the family rather than reaching out to social service organizations for assistance. Many Latinos reach out to medical doctors, churches, and

faith healers before coming to mental health for treatment. Five countywide focus groups were conducted with 108 attendees and 106 surveys were gathered. Data showed that the Latino community has had the least access and the lowest penetration rate of any large ethnic population in San Joaquin County, and, even more telling, that many Latinos knew nothing about Behavioral Health Services and its services.

- BHS Latino Mental Health staff conducted extensive outreach to individuals and established community groups, at local churches and flea markets. A total of 710 contacts were made with survey and focus group data collected, compiled, and analyzed.

D. The Native American Community:

- The community-based organization, Native Directions, Inc., (Three Rivers Lodge) conducted five outreach focus groups with the Native American community. Thirty individuals completed surveys which indicated that cultural barriers have contributed to poor health and under-utilization of health services. Modesty, taboos, and use of traditional healing practices are important elements of the cultural belief system maintained by the Native American community. Most health beliefs are closely linked to religious beliefs and psychotic episodes may be seen as spiritual insight.

E. The Muslim/Middle Eastern Community:

- Six focus groups were held during evening hours when Muslims were gathered for Ramadan. Forty to 50 individuals participated in each focus group. “Participants felt more comfortable completing surveys because of the stigma of discussing mental illness,” said Robina Asghar, Executive Director of the Community Partnership for Families. Two hundred fifty nine surveys were collected.

F. Homeless Population:

- Behavioral Health Services Homeless Outreach staff conducted a focus group for 30 inmates, from the County jail, which generated 15 surveys. Additionally, staff held a countywide focus group for 25 homeless individuals and also surveyed 59 individuals.

G. Gay, Lesbian, Bisexual, Transgender Population:

- Led by the San Joaquin AIDS Foundation, 17 focus groups were conducted with groups such as high school gay and straight alliances, support groups, college/university organizations, and Parents and Friends of Lesbians and Gays. Two hundred thirty-seven surveys were compiled. “What was developed in this process will have a positive

impact as it will be actually what is needed by those we serve," said Robert Lampkins of the San Joaquin County AIDS Foundation.

Consensus Work Groups

After surveys and focus groups were conducted and workgroups prioritized services, 31 Workgroup Consensus meeting were held during the months of November and December 2005. Each Consensus Workgroup was tasked with, over the course of five meetings, reaching consensus on programs, services, and strategies to bring forward as final recommendations to the MHSA Stakeholder Steering Committee.

A planning meeting was held in October 2005 with the MHSA Stakeholder Steering Committee to determine the consensus workgroup process. A process that was effective, informative and representative of the needs within the San Joaquin County community required:

1. Active facilitation using clear consistent guidelines of process and set agenda
2. Good community and research-based data
3. Knowledge of evidence based, best and promising practices
4. A clear understanding of the decisions/recommendations that the group had impact over

By the meeting's end it was decided that Consensus workgroup members would include:

- Workgroup leader (1)
- Co-leader (1)
- Consumer and/or family member (6)
- One representative selected by each contracted ethnic/underserved population (VIVO, El Concilio, APSARA, Mary Magdalene, Native American, Lao Family, Lao Khmu, GLBT, homeless) (9)
- Major public agencies that were appropriate to the workgroup (up to 3)
- Non-profits that were appropriate to the workgroup (up to 3)

The Workgroup Chair (appropriate BHS manager) was the same individual(s) that led the Workgroups during the community input phase. The Workgroup Co-Chair was a consumer or family member who worked closely with the Chair and Transformation Consultant to ensure that the voices of consumers and family members were heard and were central to each Workgroup's consensus and recommendation process. The Stakeholder Steering Committee members and BHS Director felt strongly that all nine ethnic and GLBT populations should have a dedicated seat on each workgroup to ensure their community input and ideas were heard and incorporated.

The CIMH Transformation Consultants attended Consensus meetings and provided research on best practices and evidence-based strategies that Workgroup members were exploring. Early in the meeting process, LeadershipOne staff presented research data compiled from the community-based organization outreach and survey process to help Workgroups key in on unserved and underserved populations.

Workgroup members were representative of consumers, family members of consumers, and the community at large. Their role was to consider all data and input in helping the group reach a consensus about prioritized recommendations to bring forward to the San Joaquin County Mental Health Services Act Stakeholder Steering Committee. If everyone present in the room could not come to consensus then the vote moved over to the workgroup membership (this happened only once throughout the consensus meeting process). Work built from one meeting to the next as a holistic look at the data, populations, and needs was taken. The Transformation Consultant and facilitators were present at each meeting, but were not voting members.

All Consensus Workgroup meetings were held at the Behavioral Health Services offices except the Criminal Justice meetings. Those Consensus meetings were held at the courthouse to ensure that there was participation by the judges and others involved in the criminal justice system, such as the District Attorney's Office, the Public Defender's Office and Probation. Meetings were two to three hours in length, and attendance averaged at 28 participants per meeting. Each Workgroup reached consensus by the final meeting, prioritizing services and strategies that would be recommended at the December 2005 MHSA Stakeholder Steering Committee meeting. The consensus recommendations for each workgroup were available at http://sjmhsa.net/summaries.html.

Additional Outreach Efforts

- Media interview: Project Liaison Richard Sanguinetti discussed the Mental Health Services Act on Tony Washington's popular local interview show on cable station SJTV (San Joaquin County TV). The segment repeated for the next three weeks. Sanguinetti also provided information for an article in *The Record*, Stockton's daily newspaper. The Tracy Press also covered the MHSA process.
- Informational Presentations:
    - Two presentations by the Project Liaison and a MHSA Stakeholder Steering Committee member were made to staff of the Central Valley Region Crestwood facilities about the recovery model described in the MHSA.

- The Project Liaison conducted a PowerPoint presentation to the San Joaquin County Chapter of Marriage and Family Therapists about how the Mental Health Services Act will likely create a demand for services.

San Joaquin County submitted a 'Removal of Conditions to San Joaquin County's Mental Health Services Act (MHSA) Community Program Planning' that ensured geographical and gender inclusion within the planning process. The package of supplemental information was submitted on December 8, 2005 and a letter was received from California Department of Mental Health on December 27th expressing that the conditions had been adequately addressed and that conditions were lifted.

3) *Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.*

Bruce Hopperstad, LCSW, director of San Joaquin County Behavioral Health Services, had the overall responsibility for the planning process. Approximately 20% of his time was committed to the project, but none of his costs were charged to MHSA.

Assisting Mr. Hopperstad as Project Liaison was Richard Sanguinetti, who recently retired from his position as Chief Mental Health Clinician. He was brought back to San Joaquin County Behavioral Health Services to take on a leadership role in the MHSA planning process. "I was so excited to participate in this process that I came out of retirement to get involved," he said. "I am very intrigued about how the Mental Health Services Act is going to change the way we do business." One hundred percent of his time as a part-time employee was dedicated to the project.

Cheryl Torres, Consumer Outreach Coordinator, committed 50% of her time on the Mental Health Services Act planning process, attending stakeholder meetings and trainings, participating in workgroup meetings, performing outreach, and assisting in writing the MHSA plan. Costs for this time commitment are charged to MHSA.

Pat Alexander returned from retirement to work on a part-time basis to assist the Black Awareness Community Outreach Program (BACOP), especially with outreach to the African American community. One hundred percent of her time, as a part-time employee, was charged to the project.

With a proven expertise in the community planning process, LeadershipOne contracted with Behavioral Health Services to serve as Project Facilitator in August 2005. LeadershipOne has been conducting full-scale community needs

assessments and developing strategic plans for public agencies, non-profits, state associations and businesses for the past twelve years. Lois Lang, Psy.D., principal consultant, led the team of six facilitators and support staff. The LeadershipOne team has worked through the facilitation, design, implementation and evaluation of more than 20 long-term projects that were over six months in length.

Specific coordination and facilitation roles in the Mental Health Services Act planning process included:

- Publicizing meetings
- Generating mailing lists
- Scheduling meeting rooms
- Performing meeting facilitation
- Charting and recording meeting notes
- Summarizing meetings for posting on the website
- Performing needs assessment
- Providing Mental Health Board training
- Assisting in the writing the MHSA plan

Specialized "transformation" consultants were utilized to bring information to state-of-the-art wellness and recovery concepts and evidence-based practices to each of the workgroups. A contract was developed with the California Institute for Mental Health (CIMH) for consultants with special expertise in transforming mental health services in the areas covered by the various workgroups. CIMH consultants proved to be invaluable to the workgroups during Consensus meetings, providing guidance and expertise in helping prioritize chosen strategies. CIMH Consultants included: Bob Martinez and Rudy Lopez, Underserved Ethnic Populations; Al Lammers, Criminal Justice; Cynthia Jackson, Older Adult; Lucinda Dei Rossi and Neal Adams, Adult; Bill Carter, Youth; and Debra Brasher, TAY.

Each Workgroup Leader redirected a portion of his/her time (approximately 20%) to facilitate and participate in the many aspects of MHSA planning activities. In addition to leading workgroup and consensus meetings, leaders helped generate stakeholder mail and e-mail lists, attended Community meetings and Stakeholder Steering Committee meetings, participated in California Institute of Mental Health web cast trainings, and wrote individual sections of the Mental Health Services Act plan. The costs related to these staff are not charged to the MHSA budget.

Workgroup Leaders included: Children and Youth Services: Kim Suderman, Deputy Director; Transition Age Youth (TAY): Michele Rowland-Bird, Chief Mental Health Clinician; Lynn Thomas-Shaw, Chief Mental Health Clinician; Adult Services: Tosh Saruwatari, Deputy Director; John Schaeffer, Deputy Director;

Becky Gould, Deputy Director; Older Adult: Sue Gruber, Program Manager; Criminal Justice: Linda Collins, Mental Health Court Liaison; and Unserved and Underserved Populations: Marla Ford, Chief Mental Health Clinician and Michele Salter, Mental Health Clinician III.

Contracts were secured with nine community-based organizations (CBOs) to reach out and include persons and leadership from the underserved ethnic populations and underserved/unserved groups in San Joaquin County. CBOs include VIVO (Vietnamese Voluntary Foundation, Inc.), Lao Family Community of Stockton, Lao Khmu Association, APSARA (Asian Pacific Self Development and Residential Association), Native Directions, Inc, Community Partnership for Families of San Joaquin County, Mary Magdalene Community Services, El Concilio, and San Joaquin County AIDS Foundation. CBOs were tasked with holding meetings and focus groups, generating surveys, and gathering data.

MHSA Stakeholder Steering Committee Chair Ken Cohen, San Joaquin County Health Care Services Agency Director, provided oversight and direction to the planning process. Approximately 5% of his time was spent with MHSA, but none of his costs were charged to MHSA.

BHS Finance Staff assisted directly with the development and writing of the Mental Health Services Act Three-Year Plan Budget and Budget Narratives. Their amount of time spent on the project was 20% and the costs related to these staff are not charged to the MHSA planning process. They include Beth Way, Deputy Finance Director; Bruce Mahan, Accountant Auditor III; Lewis Rose, Accountant Auditor II, Ray Shalaty, Management Analyst II; and Ejaz Ahmed, Accounting Officer.

Rudy Arrieta, Performance Outcome Coordinator, worked to gather prevalence and system capacity data, attended web cast trainings, and assisted with the development and writing of the MHSA plan. The costs related to Mr. Arrieta's time are not charged to the MHSA budget.

Behavioral Health Services Information Technology Staff. Donna Yim and John Hamilton assisted mental health consumers Don Anderson and Jeff Gianpetro in their efforts to develop the MHSA web site. Ms. Yim and Mr. Hamilton were also tasked with converting files to PDF for the website posting and providing support for the California Institute of Mental Health web casts. Twenty percent of their time was devoted to the project and costs for their time are not charged to the MHSA planning budget.

Many other Behavioral Health Services Staff participated in the MHSA planning process activities by completing one or more of the following tasks:

- Liaison with ethnic community leaders
- Provided outreach and support to consumers and family members
- Assisting in the development and writing of the MHSA plan

The amount of time these staff members devoted to the above activities varied from 10% to 20% or less, and costs are not charged to the Mental Health Services Act planning process. Following is a list of those BHS staff:

- Steve Ellington, program manager for the Transcultural Clinic
- Tammy Mayo, BACOP
- Gilbert Chan, Information Technology Services
- Candida Antonio, Behavioral Health Services support staff

4) *Briefly describe the training provided to ensure full participation of stakeholders and staff in the local planning process.*

With the intent of making the Mental Health Services Act planning process as participative and transparent as possible to community stakeholders, training was provided to consumers, families, and Behavioral Health Services staff, staff of BHS contractors and staff of other agencies who have direct contact with mental health consumers, including welfare, probation, the courts, education, law enforcement and others.

From January through July 2005 the Project Liaison, Performance Outcome Coordinator, Consumer Outreach Coordinator, and consumer members of Power 'N Support and the San Joaquin Chapter of NAMI traveled weekly, then bimonthly to Sacramento to attend day-long presentations on the Mental Health Services Act. Members of this group also attended two general stakeholder meetings and five regional meetings. "San Joaquin County usually had the largest representation of any county at these meetings," said Project Liaison Sanguinetti. Internally, BHS started a series of meetings with CBOs and consumers to have discussions and share strategies for outreaching and engaging diverse ethnic, homeless and GLBT communities.

Behavioral Health Services staff members were provided detailed information about the MHSA planning process at a meeting in August 2005 after the Community Outreach meetings had been presented. Bruce Hopperstad, Richard Sanguinetti, and LeadershipOne gave a PowerPoint presentation and answered questions and concerns about the Mental Health Services Act. A workgroup was also scheduled at the end of September so that staff could provide input about proposed strategies before Consensus Meetings were underway. According to the Project Liaison, staff buy-in was crucial to the process.

Behavioral Health Services encouraged broad attendance at California Institute of Mental Health web cast trainings, which were held twice a week starting in September through beginning of December. On average 20 people attended—consumers, family members, and staff. Trainings, in easy to use Microsoft Live

Meeting format, were on such topics as evidence-based practices and supportive housing. Web cast trainings continued again in January and ran through March.

Over the course of five consecutive weeks, 70 to 80 Behavioral Health Services staff and psychiatrists were presented with information about the Mental Health Services Act during a weekly lecture period. The Project Liaison also attended monthly psychiatric team meetings where he explained the MHSA to the group.

LeadershipOne met with the MHSA Stakeholder Steering Committee in mid-December 2005 to present County prevalence data. To prepare for the upcoming decision-making process based on final workgroup recommendations, LeadershipOne reiterated guidelines set forth in the Mental Health Services Act and discussed the county planning process that had been completed to that point. The meeting was well attended, not only by MHSA Stakeholder Steering Committee Members, but also by other consumers, family members, community members, CBO staff and Behavioral Health Services staff.

Throughout the Mental Health Services Act planning, participants were encouraged to comment on all aspects of the process. Overall community feedback was positive and although not every stakeholder agreed with how the process was conducted, everyone was given the opportunity to voice his or her opinions, and input was incorporated as the process went forward.

Project Liaison Richard Sanguinetti believes that the planning process has been invaluable for all involved. “Consumer involvement has been unprecedented. We’ve given mental health consumers a forum to voice their needs, and by participating in this process we’re seeing the real people behind the need. Our consumers are thriving in these leadership roles.”

Part I, Section II: Plan Review

1) Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.

In February 2006 members of the MHSA Stakeholder Steering Committee were presented with draft copies of the San Joaquin Mental Health Services Act plan and a public meeting of the Stakeholder Steering Committee was held five days later on February 22, 2006. Those attending the meeting were given drafts of the document as well.

Workgroup leaders presented individual sections of the plan to the Steering Committee, followed by a question and answer session. Members of the public were also given a one-hour period to comment on and ask questions about the plan.

At the day's end, MHSA Stakeholder Steering Committee members asked Workgroup leaders to make revisions to the MHSA plan in order to meet the county's budget allocation.

The draft plan was distributed geographically to libraries throughout the county, including libraries in north and south Stockton, Tracy, Manteca and Lodi. The draft plan was announced to all of the ethnic and other outreach groups who assisted during the planning process: Mary Magdalene Community Services(African-American outreach), Lao Family Community (Hmong outreach), Lao Khmu Association, Vietnamese Voluntary Foundation, Inc.(VIVO), Asian Pacific Self-Development and Residential Association (Cambodian outreach), El Concilio, Native Directions, Community Partnership for Families (Muslim/Middle Eastern), and San Joaquin County AIDS Foundation (Gay, Lesbian, Bi-Sexual, Transgender outreach). The draft plan was also placed on the MHSA website (www.sjmhsa.net), announced in newspapers and on Spanish radio, as well as being placed at appropriate BHS clinic sites. Along with the plan, an executive summary that explained the MHSA Act, the County planning process and resulting programs/services was available for those who didn't want to read the full plan. Comments and suggestions were asked of the public, prior to the public meeting, by having comment cards at each location where a draft plan was available.

The draft plan was released on Friday, March 24, 2006 and posted on the website. The plan was delivered to the Cesar Chavez, Margaret Troke and Maya Angelou library in Stockton, the Tracy library, the Manteca library and the Lodi library. It was also placed at the Office of the Clerk of the Board of Supervisors, First 5 San Joaquin, and all BHS clinics in Tracy, Manteca, Lodi, Transcultural Clinic in Stockton and main site at 1212 North California in Stockton. The draft plan for review and the announcement of the public meeting (April 24, 2 p.m.)

were announced and advertised in the following newspapers: The Record (countywide and Stockton-based), Vida en el Valle, Lodi Sentinel, Manteca Bulletin and Tracy Press. The announcement was also covered in several other newspaper articles and through Entravision Corporation being broadcast on three local radio stations – La Tricolor 100.9 FM, Super Estrella 97.1 FM and KCVR Jose 1570 AM.

2) Provide documentation of the public hearing by the mental health board or commission.

The Mental Health Board conducted a public hearing on Monday, April 24th from 2 p.m. to 5 p.m. to receive public comment. The meeting was held at the Mental Health Center in order to facilitate consumer and family participation. There were sixty eight people in attendance, representing the following groups:

- Consumers: 11
- Family Members: 9
- Staff: 12
- Community Agencies: 15
- General Public: 15
- Did not Disclose: 3

All attendees received a copy of public comments that had been submitted prior to the meeting either in person, mail, faxed or from the website. The Chairman of the Board facilitated the public comment, received comment cards from the audience and everyone who wanted to comment was given the time to speak. Comments were from consumers, family members, community based organizations, community members at large and mental health staff. A total of 27 persons spoke at the public hearing with two of those people speaking twice. A total of 201 comment cards were received, either before, during or after the public hearing. Thus, a total of 201 comments were received, representing the following groups:

- Consumers: 15 comments
- Family Members: 31 comments
- Staff: 3 comments
- Community Agencies: 90 comments
- General Public: 90 comments
- Did not Disclose: 54 comments

All of the comments were then compiled and presented to the MHSA Stakeholder Steering Committee on Thursday, April 27th. The Stakeholder Steering Committee reviewed, categorized and discussed the comments. The SSC made decisions and directed SJCBHS to make the needed changes to the draft MHSA Plan before submission to the San Joaquin County Board of Supervisors.

3) Provide the summary and analysis of any substantive recommendations for revisions.

Most of the recommendations for revisions were not substantive in nature, but many were significant to consumers, family members and the community in the way in which programs were clarified with an emphasis on recovery, access and cultural competency. The following discussions and decisions resulted from the public comments:

A. **Black Awareness Community Outreach Program (BACOP).** Public commented on ~ $18,000 per consumer vs. other programs, such as La Familia, at around ~ $11,000. The Director of SJCBHS explained that the Full Service Partnership amount for BACOP is closer to ~$11,800 per consumer and that the rest is to build infrastructure that is already in place for other ethnic groups, such as the Transcultural Clinic that currently serves Southeast Asian consumers. It was noted that BACOP will also provide outreach and engagement services to Middle Eastern, Native Indian American and GLBT communities. There was also public comment request asking for additional funds for this program, which was rejected by the Stakeholder Steering Committee.

B. **Ethnic Specific Service Offerings.** Public comment reinforced the need to initially target specific unserved/underserved ethnic groups to increase access with the goal to fully integrate into a culturally competent mental health system. A common theme was the need for SJCBHS to increase the cultural and linguistic competency of staff.

C. **Number of programs – multiple programs vs. fewer programs.** There were several points made regarding the capacity and ability to begin and manage the number of proposed programs. After significant discussion, the conclusion was that there is the will and capacity to successfully implement the workplans as proposed.

D. **Geographic distribution of services and transportation.** Public comment was clear that SJCBHS needs to continue to look at geographic distribution of services throughout the County. Part of

this will be accomplished by requiring community based organizations to demonstrate their capacity to deliver services countywide during the Request for Proposal process. There was also a recommendation to create a subcommittee to work with public transit system to increase access of services to outlying areas.

E. **Wellness Center/ Martin Gipson Socialization Center clarification.** Public comment asked that the Plan clarify that the existing Martin Gipson Socialization Center will continue to exist and that the proposed Wellness Center in the MHSA Plan is supplemental to Gipson Center activities. The Wellness Center will support those coming into mental health, especially during crisis and will work with the consumer to define and reach recovery. One consumer noted during the April 24th public comment meeting the need for showers and washing machine facilities at the Gipson Center. A decision by the MHSA Stakeholder Steering Committee was to amend the one-time funding budget to include this request.

F. **Model for Mobile Outreach.** The intent for mobile outreach is to have teams available for early intervention and to work closely with emergency crisis services. Part of this work plan (24/7/365 Community Response Team SD-5) is the establishment of a warm line and hot line. The public requested and the MHSA Stakeholder Steering Committee directed that the MHSA Plan clarify the definition of the warm line/hot line, including what types of situations would constitute a hand-off from warm line to hot line for intervention.

4) If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.

There were no substantive changes to the Plan – please see #3 above and the Attachment, 'Meeting Summary, MHSA Stakeholder Steering Committee Meeting, April 27, 2006.'

Part II: Program and Expenditure Plan Requirements

Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports

1) Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

Table 3. San Joaquin County Mental Health Services Act, Issues by Age Group, 2006

Children/Youth	Transition Age Youth	Adults	Older Adults
Community Issue *At risk of out-of-home placement Service Strategy Child Welfare FSP	Community Issue *Homelessness Service Strategy Housing Empowerment	Community Issue *Frequent hospitalizations and medical care Service Strategy Behavioral Intervention Services, Community Response Team	Community Issue *Access Service Strategy GOALS, SEARS, BACOP, La Familia, Native Directions
Community Issue *Involvement in Child Welfare & Juvenile Justice Systems Service Strategy Juvenile Justice FSP	Community Issue *Inability to live independently Service Strategy Wellness Center, Behavioral Intervention Services, Recovery Employment Services	Community Issue *Homelessness Service Strategy Housing Empowerment	Community Issue *Isolation Service Strategy GOALS

Children/Youth	Transition Age Youth	Adults	Older Adults
Community Issue *Frequent hospitalizations and medical care Service Strategy Community response Team	Community Issue *Co-occurring disorders Service Strategy Co-occurring Residential Treatment Program	Community Issue *Inability to Work Service Strategy Recovery Employment Services, Community Response Team	Community Issue *Homelessness Service Strategy Housing Empowerment Services
Community Issue *Co-occurring disorders Service Strategy Co-occurring Residential Treatment Program	Community Issue *Access Service Strategy SEARS, La Familia, BACOP	Community Issue *Inability to Manage Independence Service Strategy Wellness Center	Community Issue *Frequent Hospitalizations and Medical Care Service Strategy Community Response Team, Behavioral Intervention Services
Community Issue *Access Service Strategy SEARS, La Familia, BACOP, Native Directions	Community Issue *Institutionalized or Incarcerated Service Strategy Forensic FSP, Juvenile Justice FSP, Child & Youth FSP	Community Issue *Access Service Strategy SEARS, La Familia, BACOP, Native Directions	Community Issue *Inability to Manage Independence Service Strategy Wellness Center

Table 4. San Joaquin County MHSA, Underserved Ethnic Population Workgroup Results

Race/Ethnicity	Community Issues	Service Strategies
Asian/Pacific Islander	Access, Language barriers, Cultural barriers, Isolation	SEARS, CBO Consortium MHSA
Black or African American	Access, Cultural barriers, misdiagnosis	BACOP, CBO Consortium MHSA
Hispanic or Latino	Access, Language barriers, Cultural barriers, Isolation	La Familia, CBO Consortium MHSA
Native American	Access, Language barriers, Cultural barriers, Isolation	CBO Consortium MHSA
Muslim / Middle Eastern	Access, Language barriers, Cultural barriers, Isolation	CBO Consortium MHSA

2) Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.)

Multiple interrelated processes led to the selection of the community issues described below: community input from Workgroups and Consensus groups, community needs assessment and data, outreach to ethnic populations, surveys, focus groups, and one-on-one interviews was categorized and aligned with the Mental Health Services Act and the recommended priority populations set forth in the Department of Mental Health guidelines. Community input was then ranked in terms of frequency of response and matched to an extensive analysis of census and agency data provided estimates of the numbers of unserved, inappropriately and underserved in the county. The following community issues were chosen to be the focus of MHSA services for the next three years:

- Issue: Access. Group Affected: All

  Access to care was identified as a core issue across all age groups. Lack of access contributes to racial disparities in treatment participation and to the consequences associated with untreated mental illness. San Joaquin County is home to nearly 615,000 persons. An estimated 37,822 county residents whose incomes are below the poverty line may be expected to have a SED or SMI at any one time. Fewer than 600 or 2.75% of these people can be classified as fully or adequately served in any given year.

- Issue: Frequent hospitalizations and medical care. Group Affected: Older Adults, Adults, Children & Youth

Community input suggested an over-reliance on acute inpatient care for populations with a serious mental illness. Emergency psychiatric evaluations and hospitalizations are frequently the outcome when community-based mental health resources are not appropriately used and is more frequently seen in ethnic populations. Often the inpatient hospital provider is not equipped to manage the mental health needs of those with serious mental illnesses. A lack of knowledge about alternative community-based help and early intervention is a key issue. Additionally, a large percentage of this population receives their mental health care from their primary care physician. Primary care and mental health providers recognize that there is a need to provide integrated community-based programs and supports to prevent frequent hospitalizations.

San Joaquin County Behavioral Health Services inpatient unit, during 2004, had an average of 118 admissions per month, with an average of 42 new admissions. Thirty five percent of all admissions in 2004 were new admissions with a readmission rate of an average of 76 per month or 65%. During January to June 2005, there was an average of 114 total average admissions per month, with an average of 38 per month as new admissions. Thirty three percent of admissions, January to June 2005, were new admissions with a readmission rate of 76 average per month or 67%.

- Issue: Homelessness. Group Affected: TAY, Adults, Older Adults

Roughly 3,300 persons are homeless in San Joaquin County on any given night, the majority of these being adults. Homeless adults and older adults with serious mental illnesses face many additional life complications, such as social isolation, stigma due to their mental disorder, co-occurring disorders, lack of transportation, difficulty finding affordable housing, scarcity of in-home support services, and lack of culturally competent health services. The number one way to improve outcomes for the transitional age youth is to maintain a stable living environment. The affects of homelessness were identified as one of the biggest barriers to accessing needed mental health services for all groups.

- Issue: At risk of out-of-home placement. Groups affected: Children & Youth

A comprehensive service approach that supports the entire family was among the top issues identified by community stakeholders during the MHSA planning process.

During the year of 2005, there were 8,075 family referrals, of which many are duplicates, made to the Child Welfare Bureau with 787 new individual Child Protective Service dependency petitions filed with the San Joaquin County Juvenile Court.

The MHSA planning groups named service to foster children and their families as a high priority. In June 2004 the San Joaquin County Human Services Agency reported that 34% of the Latino children who had a referral to Child Protective Services had a substantiated referral. African American children comprise 8% of the County's child/youth population, but 22% of the County's foster care population. The experience of our professional staff indicates that many, perhaps most of these youth are in need of mental health care.

- Issue: Isolation. Group involved: Older Adults

Older adults are often more isolated than other adults as their circle of family and friends becomes smaller. Those with mental illnesses, specifically dual-diagnosis, may not receive the attention they need from health professionals. Many health professionals lack geriatric mental health expertise; thus, they do not educate, advise and encourage older adults with serious mental illnesses to seek out and engage appropriate services. Professionals and others who encounter isolated older adults frequently are not trained to assess or screen for mental health issues.

- Issue: Involvement in child welfare and juvenile justice system. Group affected: Children & Youth

In 2003, San Joaquin County has the highest overall rate of juvenile arrests (7,985 per 100,000 juveniles) of any county in California with a juvenile population greater than 50,000. Between 1992 and 2000 the number of cases entering the juvenile justice system increased by 33.7%. In 1999, with a county population of 562,500 and a juvenile population of 73,800, ages 10-17, 5,846 crimes were committed. Juvenile violent crimes increased 57.6% in San Joaquin County between 1990 and 2000. During fiscal year, 2004-2005, 25 transitional age youth (ages 18-24) were identified as receiving services within the juvenile justice system.

Mental health services to youth in the juvenile justice system are not found to be representative of the county's ethnic demographics. Latinos, Asian Pacific

Islanders, and Native American youth are underserved, while African Americans are over represented in the juvenile justice system.

MHSA planning groups identified the importance of addressing the unmet health needs of children entering out-of-home placements.

- Issue: Co-occurring disorders. Groups affected: Children & Youth, TAY

The Intensive Supervision Unit (ISU) in Juvenile Probation's Placement Department is the high end of their system. While the intent of a holistic treatment environment is to cause change, many of the youth with court placement orders wait in an impacted juvenile hall of 179 beds, while an overloaded probation officer searches for the few group homes available in hopes of getting on the top of the waiting list. Of these, the number of severely emotionally disturbed children and youth, who are self-medicating with illegal street drugs, are increasing at an alarming rate and overly represented in ethnic populations. In 2003, San Joaquin County had the highest overall rate of juvenile arrests (7,985 per 100,000 juveniles) of any county in California with a juvenile population greater than 50,000. Success in traditional residential treatment programs for these youth is poor at best. The programs are not designed for the co-occurring disorder of substance abuse and emotional disturbance or illness.

- Issue: Inability to live independently or manage independence. Groups affected: TAY, Adults, Older Adults

Seriously mentally ill TAY, Adults, and Older Adults are often unable to manage their independence and be self-sufficient due to untreated mental health issues, lack of community services and supports, and public attitudes about their capacities and abilities.

During community input from stakeholders and workgroup members, it was acknowledged that transitional age youth exiting group homes, foster care placement, and the justice system were often not equipped with the skills needed to live and manage their lives independently.

- Issue: Inability to work. Group affected: Adults

Community stakeholders ranked needs for supportive education, supported employment and community living classes very high. Mental health consumers have identified employment as a viable goal and are asking for assistance in choosing, getting, and keeping a job. Mental Health Services Act workgroups identified mental illness and emotional disorders that impair the ability to work, as well as the lack of related employment supports for persons with serious mental or emotional challenges as a major problem.

- Issue: Institutionalized or Incarcerated. Group affected: TAY and Older adult

Many mentally ill TAY (transitional age youth) in the county's justice system have been unserved or inappropriately served by the mental health services system prior to incarceration. It is very possible that many of these incarcerated juveniles with a SED would not have been in the justice system had adequate services been available and accessible. Many ethnic youth are particularly vulnerable to entry into the juvenile justice system. During the year 2004/2005, adult and older adult mentally ill offenders treated in county jail totaled 977. The program manager for this area, estimates this number to be at least double or closer to 1,800.

It is cheaper for California counties to send many of their troubled juveniles out of state than to keep them here. After state and federal reimbursement, it costs each county less to send children elsewhere than to deal with them at home or commit them to CYA. In San Joaquin County, the Chief Probation Officer oversees a 45-bed camp program for delinquent youth, as well as a 179-bed Juvenile Hall. Both are perpetually overcrowded with a delinquent population that overwhelms probation officers. San Joaquin's rate of commitment to both out-of-state facilities and the CYA is among the highest in the state. But as one of California's poorer counties, San Joaquin cannot afford to send its chronic nonviolent offenders to the CYA, even though there are four CYA facilities just south of Stockton.

The CYA's sliding scale fee system, imposed in 1997, charges significantly more for lesser offenders than for murderers, meaning all of California's counties have been searching for different ways to house midlevel felons. The charges are higher for lesser offenders to discourage counties from sending them into CYA prisons rather than trying rehabilitation. Typically, they are youths that have run away from at least a few group homes or probation ranches and have committed repeat property crimes such as burglary or auto theft. Usually, they have not harmed anyone seriously, or they would be eligible for low-rate CYA incarceration.

Chief Probation Officer Hope, and others, would prefer to run programs in their own counties, keeping kids close enough to have them work through problems with their families and to reintegrate them into their own communities, but they can't afford to. Probation had an average of 24 juveniles placed in out-of-state programs such as the Arizona Boys Ranch, Glen Mills Schools in Pennsylvania, Rite of Passage in Nevada, EXCELSIOR in Colorado, and VisionQuest in Arizona. In addition, Probation had an average of 102 juveniles placed in programs throughout California. Although it costs $3,679 per month for every youth sent to VisionQuest, San Joaquin County pays only about 45 percent of that because state and federal

agencies reimburse for out-of-state placements for low-income youth. Technically, delinquents are considered foster children if they are placed in unlocked facilities such as the Rite of Passage rather than in lockdown facilities such as CYA. Because the out-of-state programs typically are remote and inaccessible, they don't use locks or fences, making them eligible for foster-care dollars.

But if a similar program was started in San Joaquin County, Probation couldn't pay the same rates. County-run programs are ineligible for state and federal rebates. That's why Colusa and Solano counties foot the entire bill for Fouts Springs Camp. "Standards are so restrictive that they almost deny the ability to be creative or innovative," said Dan Macallair, associate director for the Center on Juvenile and Criminal Justice in San Francisco. Ideally, he said, counties should be able to contract for individualized services on a case-by-case basis using funding that comes with fewer restrictions. The problem with current legislative reforms is that most are aimed at modifying the existing system. What troubled youth need, he said, is a complete system overhaul.

Many probation officials agree, saying that if they were given fewer restrictions they could easily find more productive solutions inside California.[1]

3) Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.

San Joaquin County currently has a population of nearly 643,100 persons. The Mental Health Services Act is intended to transform services provided to some of the county's neediest residents: people whose incomes are below the poverty line and who have a serious emotional disorder (SED) or a serious mental illness (SMI) for which they need care. The overall poverty rate in San Joaquin County is about 14% and 86,648 persons fall below the poverty line. An estimated 40,408 county residents whose incomes are 200% below the poverty line may be expected to have a SED or SMI at any one time.

During the planning process it became evident that limited data existed for various populations that would be targeted. While information was abundant concerning African Americans, Whites, Asians and Latinos, mental health statistics and references concerning the Native American, GLBT (Gay, Lesbian,

[1] Stanton, S. & Brown, M., *"Who's Guarding the Kids",* Sacramento Bee, July 30, 1998.

Bi-Sexual, Transgender) and Muslim/Middle Eastern populations within San Joaquin County were minimal if non existent. Through extensive outreach efforts within these communities information was obtained that provided invaluable insight concerning the way these communities address mental illness.

While some cultures and ethnicities are more accepting or tolerant of mental illness, there is a stigma that all groups apply and it is that stigma that acts as a barrier to health. Some cultures do not even have a word for mental illness. One of the focus groups in the Cambodian community was very quiet until a family member started talking about her father who wouldn't come out of his room and cried a lot, then stories began being shared by many others.

In fiscal year 2004-2005 San Joaquin County Behavioral Health Services served approximately 10,996 individuals with 707 of these individuals being fully served. Fully served is defined as intensive services that closely assist and monitor a consumer's multiple needs, including psychosocial needs, medication, housing, and employment support. Intensive service provision for all consumers has been a challenge due to severe budget cuts. It is anticipated that the Full Service Partnership component of MHSA will help alleviate some of the need.

Children/Youth

Fifty percent of the low-income children/youth in the county who likely need public mental health services are Latino; 18% are Caucasian, 17% are Asian, 9% are African American, and 1% are Native American.

Penetration rates indicate that County mental health services are reaching a small percentage of the poverty population. Children and youth are served at a rate of 6.6% for full service or 416 of the estimated 6,221 children ages 0-15 with a SED in San Joaquin County that are living below the 200% poverty threshold; 233 were male and 183 were female with white males topping the numbers at 100 fully served and white females at 78 fully served. The mental health services system left 1,570 children and youth under or inappropriately served and 4,235 went without any type of service at all. Native Indian Americans had only 4 receiving full service; 3 female and one male.

There are a higher percentage of African American children in San Joaquin County in foster care compared to other ethnic groups. African American children comprise 8% of the county's child/youth population, but 22.7% of the county's foster care population. Native Americans follow their demographic a little more closely. During the period of July 1, 2004 through June 30, 2005 there were only four new entries, two re-entries and two exits from the foster care system. In 2004, 31% of African American children referred to CPS had substantiated referrals. And these substantiated referrals reflect about 2% of the total African American youth population. During 2004, the 'other' ethnic category, which includes the Middle Easter/Muslim population, had the highest population of children with substantiated CPS referrals. 'Other" had 1,332 out of 2,937 which was the total for all ethnicities. When looking at race/ethnicity, African American

(17.9%) and Latino (17.8%) children have the highest percentage of recurrence and inappropriate treatment that is often entry into treatment at a higher level of need.

San Joaquin County reported 627 dropouts in the 2003-04 school year, of which Latinos comprised 42%, Caucasians 24%, African Americans 15%, and Asians 12%. San Joaquin County is the host to a large migrant population. There were 13,105 children ages 0-13 registered with the San Joaquin County Migrant Education Department in 2003/04.

Incarceration among the youth in San Joaquin County is prevalent. Data from 2002 indicated 8,147 arrests per 100,000 juveniles putting San Joaquin County's juvenile arrest rate 55% higher than the state average. The juvenile felony arrest rate followed the same trend at 68% above the California state average. As stated earlier, mental health services directed towards children and youth within the juvenile justice system are not representative of the county's ethnic demographics. Latinos, Asian/Pacific Islanders, Muslim/Middle Eastern and Native American youth are underserved, while African Americans appear high in number, they are noted as inappropriately served and often served via a higher level of care, such as through the juvenile justice or child welfare systems.

Transition Age Youth

When the data for San Joaquin County's population of transitional age youth is divided by ethnicity it shows Native Americans comprise 2%, other 3%, African Americans 8%, Asian/Pacific Islanders 14%, Latino 40% and Whites 33%. There is an estimated 8,324 youth with a SED or SMI in San Joaquin County and of those 4,070 are living below the 200% poverty threshold.

Latinos, Asian/Pacific Islanders and 'other' are all underserved, accounting for 31.1% of the total served including inappropriate service, the underserved and those fully served. It is important to note that the Muslim/Middle Eastern population of San Joaquin County makes up a large proportion of the 'other' category.

Two populations demonstrated the least number of fully served members. Among the Native American and 'other' populations a total of eight transitional age youth received full services, four from each group. Sixty nine males and 56 females have received full service with white males and white females being the top two recipients following the same trend as the children and youth age group.

Transitional age youth in foster care is consistently lower than in other age groups of children. These youth are more adept at avoiding authority and professionals and therefore they are less likely to receive treatment, be incarcerated, or placed in foster care; moving between friends and relatives homes is a common occurrence. During this period of life it is also less likely that welfare systems will place a child out of the home considering they are so close to their own inherent independence as a young adult, coupled with the demands

of a system having to deal with younger age groups. Entry into care is often initiated through higher levels of care, as in the juvenile justice system or hospitalization. During the planning process, 84 homeless individuals were contacted and 5% were between the ages of 18 and 24.

Adults

The Adult (26-59) Latino population is severely underrepresented in the county's mental health treatment system. Among the many factors that contribute to this disparity are the following:

- Limited knowledge concerning mental health services and acknowledgement of mental health issues
- Barriers such as language and cultural diversity of providers
- Stigma associated with mental illness and seeking services
- Culture of family and informal support that encourages handling problems within the family and culture
- Lack of transportation
- Financial constraints
- Sociopolitical factors
- Limited services, locations and availability
- Fear of deportation

There are 297,302 persons between the ages of 26-59 years of age living in San Joaquin County or 43.8% of the county's population. Overall, 25.1% of the adults ages 26-59 are living below the 200% poverty level. It is estimated that 18,653 of those adults between the ages of 26 and 59 have a SMI and 6,984 of those people are living below 200% poverty.

Mental health services have penetrated the adult population similarly to the other three age groups. Only 158 people were considered fully served offering a penetration rate of 2.1% of the target population. This is the second highest penetration rate among all four age groups with Children and Youth being the highest. Of the 158 people, 57 were males and 101 were females and the ethnic group receiving the highest number of consumers served, as a percentage, was White with African American coming in second.

Adult, Asian/Pacific Islanders represent 11% of the county population, 14% of the poverty population and 20% of the adult consumers served, and African Americans represent 8% county population, 10% county poverty population and 12.7% of all adults served, while Hispanics represent 34% of the county population, 43% of the poverty population and only 13.3% of those served in the adult age group. While African Americans appear to be well served, they are often not served appropriately with diagnosis only after their illness has escalated, putting them into higher levels of care or within the justice system.

Older Adults

There are 89,296 person ages 60 years and older living in San Joaquin County, representing 13% of the total population in 2005. The projected number of persons, ages 60 plus in 2010 will be 112,072. In contrast to younger ages, where male and female populations are similar, the female population comprises 61%. While the rest of the population is project to grow by 15.3%, the population of over 60 is projected to grow at a rate of 20%. This trend compels us to reach out to this often isolated population.

Whites represent 63% of the population with Latino following at 16%, Southeast Asian at 12% and African American at 6%. The population living under 200% of the Federal Poverty Level (FPL) in the Older Adult age group is 24,436 or 12% of the poverty population. Relatively speaking, older White, African-American and Asian/ Pacific Islander adults are more strongly represented in the treatment system while Latino older adults are highly underrepresented (total served Latinos represent 11.5%, yet comprise 18% of the county poverty population).

There are an estimated 1,636 low income older adults with SMI and only 6 who are fully served. Under or inappropriately served older adults total 1,160, and unserved are estimated at 3,710. The total of unserved, under or inappropriately served older adults total 4,870. The unserved is estimated at 76% of the number of older adults in poverty with severe mental illness.

Across all age groups, a consistent finding in San Joaquin County's penetration and usage data analysis is that Latinos and African-American are underrepresented in the mental health system.

4) If you selected any community issues that are not identified in the "Direction" section above, please describe why these issues are more significant for your county and how the issues are consistent with the purpose and intent of the MHSA.

Not applicable, all identified community issues were in the "Direction" section above.

Part II, Section II: Analyzing Mental Health Needs in the Community

1) Using the information from population data for the County and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.

The unserved, underserved and inappropriately served population in San Joaquin County comprises a total of 40,408 people spanning all four age groups addressed in the Plan. The target population is based on three separate groups: 1) the number of people that have not been served, 2) the people that have been underserved and 3) those that have been inappropriately served within the low income population of San Joaquin residents with a SED or SMI.

The designation of these populations was reached so that people with SED/SMI in the <200% poverty group are in the greatest need for comprehensive services. Among the four different age groups Latinos were consistently the largest unserved population regardless of age with the White population next except for the children and youth age group where the second largest unserved population was Asian. African Americans were consistently inappropriately served with an over representation in the justice and foster care system.

Children/Youth

San Joaquin County includes a large population of unserved children ages 0-15 within San Joaquin County. Data indicates that of the 13,363 children with SED/SMI, 6,221 are within the population falling below the 200% poverty rate. Of those under or unserved children, 50% are Latino, 17% are Asian, 18% are White, 9% are African American, and 5% are of mixed race indicating other with the remaining 1% percent being Native American.

Transition Age Youth

Like the 0-15 age group that goes unserved within the County the pattern carries over into the subsequent age groups. Transitional Age Youth is no exception; it too has a large population of unserved youth. Within the 16-25 year old population living below the 200% poverty rate there are a total of 4,070 youths. Latinos again are the most underserved making up 48% of that population. Whites are at 23%, Asian 17%, African Americans 8%, and other ethnicities came in at 5% of the population.

Adults

While there are 18,653 adults 26-59 that are considered adults within San Joaquin County with a SED or SMI, 6,984 of those people are within the low income population for the county. African American's make up 8% of the population, Native American's 1%, other ethnicities 4%, Asian 14%, White 33% and Latinos 40%.

Older Adults

The older adult population shows no disparities in distribution. While it is a smaller population in general, with 4,876 persons estimated to have a SED or SMI and 1,636 of those people are living in poverty, the pattern remains similar with the a slight variation, other ethnicities comprise 3% of the older adult low income SED/SMI population, white 55%, Native American 1%, Latino 18%, Asian/Pacific islander 17% and African American 6%. This is the only age group where the Latino population does not carry the highest percentage.

2) Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/inappropriately served, by age groups, race/ethnicity, and gender. Also provide the total county and poverty population by age group and race/ethnicity. (Transition Age Youth may be shown in a separate category or as part of the Children and Youth or Adults.)

Table 5. San Joaquin County MHSA, Service Need and Utilization: Children and Youth

Children and Youth (0-15)	Fully Served		Underserved & Inappropriately Served		Total Served		< 200% County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	34	31	172	101	338	16.9%	5,929	9%	14,848	8%
Asian / Pacific Islander	5	4	33	18	60	3.0%	9,192	14%	19,080	11%
Latino	53	46	230	134	463	23.2%	34,926	53%	78,650	45%
Native American	1	3	11	8	23	1.2%	415	1%	4,303	2%
White	100	78	518	280	976	48.9%	12,876	20%	51,840	30%
Other	40	21	39	35	135	6.8%	2,182	3%	6,575	4%
TOTAL	233	183	1,003	576	1,995	100.0%	65,520	100%	175,251	100%

Table 6. San Joaquin County MHSA, Service Need and Utilization: Transition Age Youth

Transition Age Youth (16-25)	Fully Served		Underserved & Inappropriately Served		Total Served		< 200% County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	17	15	119	111	262	16.8%	3,100	8%	9,812	8%
Asian / Pacific Islander	3	7	81	63	154	9.9%	6,316	16%	15,948	14%
Latino	14	9	107	155	285	18.3%	18,873	49%	46,790	40%
Native American	3	1	45	26	75	4.8%	204	1%	1,819	2%
White	31	21	335	352	739	47.4%	8,573	22%	38,952	33%
Other	1	3	20	21	45	2.9%	1,728	4%	3,276	3%
TOTAL	69	56	707	728	1,560	100.0%	38,794	100%	116,597	100%

Table 7. San Joaquin County MHSA, Service Need and Utilization: Adults

Adults (26-59)	Fully Served		Underserved & Inappropriately Served		Total Served		< 200% County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	19	21	291	466	797	12.7%	7,310	10%	23,300	8%
Asian / Pacific Islander	2	5	414	833	1,254	20.0%	10,804	14%	32,684	11%
Latino	7	16	292	521	836	13.3%	32,017	43%	100,137	34%
Native American	2	3	125	124	254	4.0%	785	1%	4,834	2%
White	27	55	1,202	1,776	3,060	48.7%	21,002	28%	131,245	44%
Other	0	1	40	35	76	1.2%	2,723	4%	5,102	2%
TOTAL	57	101	2,364	3,755	6,277	100.0%	74,641	100%	297,302	100%

Table 8. San Joaquin County MHSA, Service Need and Utilization: Older Adults (60+)

Older Adults (60+)	Fully Served		Underserved & Inappropriately Served		Total Served		< 200% County Poverty Population		County Population	
	M	F	M	F	M&F	% of Total Served	M&F	% of Total	M&F	% of Total
African American	0	0	44	56	100	8.6%	1,617	7%	5,037	6%
Asian / Pacific Islander	0	0	110	155	265	22.7%	4,127	17%	10,462	12%
Latino	0	0	64	70	134	11.5%	4,458	18%	14,520	16%
Native American	0	0	11	10	21	1.8%	275	1%	1,221	1%
White	2	4	211	395	612	52.5%	13,188	54%	56,678	63%
Other	0	0	15	19	34	2.9%	771	3%	1,378	2%
TOTAL	2	4	455	705	1,166	100.0%	24,436	100%	89,296	100%

3) Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race/ethnicity, gender, primary language, sexual orientation, and special needs.

As noted earlier, data reflects that the population with the highest number in need regardless of age is the Latino population. The population with the highest number fully served is Children and Youth. This age group holds 59% of the total population of those fully served by mental health services. Data indicates that the Adult age group maintains 22%, Transitional Age Youth 18%, and Older Adults 1%.

Table 9. Estimated Number of Full Served County Residents with SED/SMI

Age Group	Est. # County Residents with SED/SMI	% Share of Total County Residents with SED/SMI	# Fully Served	% Share of Fully Served
Children & Youth (0-15)	11,192	30%	416	59%
Transitional Age Youth (16-25)	8,188	18%	125	18%
Adult (26-59)	16,671	41%	158	22%
Older Adult (60+)	4,357	11%	8	1%
TOTAL	**40,408**	**100%**	**707**	**100%**

An observation is that while the White population is the second largest for those unserved living below poverty, it is also consistently the largest number represented in the fully served population among all four age groups.

Children & Youth (0-15)

There are 13,363 children between the ages of 0 to 15 who represent the total population of children in San Joaquin with an SED or SMI. There are 6,221 low income children and youth with an SED or SMI. Of the latter group only 416 are considered to be fully served and 1,579 are considered to be under or inappropriately served leaving 5,697 unserved. Latinos represent 3,703 (51%), Asians 1,338 (18%), African Americans 627 (9%), Native Americans 43 (1%), 'Other' 350 (5%) and White 1,216 (17%) of the population of 7,276 children or youth who are unserved, under-served or inappropriately served.

Transitional Age Youth (16-25)

The total County TAY population has an estimated 8,324 individuals with SED / SMI. The low income TAY population has an estimated 4,070 individuals with SED or SMI. Of the latter group, 125 were fully served, 1,552 were under or inappropriately served and 2,481 went without any type of service at all. African Americans represent 293 (7%), Asians 601 (15%), Latinos 1,606 (40%), Native American 21 (1%), Other 166 (4%) and White 1,348 (33%) of TAY individuals who are unserved, under-served or inappropriately served.

Adult (26-59)

San Joaquin County has a population of 18,653 adults ages 25 to 59 that are estimated to have SMI. There are 6,984 low-income adults that have an SMI. Of the low-income group, 1,285 of these adults are considered unserved and 6,119 were either inappropriately or under served. The number of adults that were considered fully served only reached a total of 158. Unserved, under-served or inappropriately served low-income SMI adults consisted of African-American 516 (7%), Asian 1,138 (15%), Latino, 2,939 (40%), Native American 40 (1%), Other 308 (4%), and White 2,463 (33%).

Older Adults

The total older adult population with a SED or SMI in San Joaquin numbers 4,876 with an estimated 1,636 of those people living in poverty. Of the estimated low-income population with a SED or SMI, data indicates that 6 people were fully

served, 1,160 were under or inappropriately served and 667 were without any services. All six of those that were fully served were White and 52% of those that were either inappropriately or under served were White as well. Again, the need to reach out to other ethnic populations is clear, for example the estimated Latino low-income population with a SMI is 301, but only 134 or 45% of this population receives some type of service, while almost 98% of the White adult low-income population is served. The Latino population has 1/5 the penetration rate of the White population and therefore demands methods to ensure outreach through community based organizations who better understand and can serve the culture and language needs of each unique population.

4) Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this plan.

Based on the evident disparities in access to care for the ethnically diverse groups mentioned above, San Joaquin County Behavioral Health Services is committed to continuing expansion of its culturally competent capacity in the proposed MHSA funded programs described in this plan. The following objectives include specific strategies and interventions to address access to care disparities. Objectives to increase access to care and reduce health care disparities countywide include:

- Provide outreach to engage and increase access to care for Latino and Asian Americans in the mental health system. This will include outreach activities in schools, at health fairs, in churches, in community/senior centers, at specialized events, and through speaking engagements; specialized advertising; and direct face-to-face involvement in the community.
- Provide early and appropriate intervention, prevention, access and support services to the African American population to ensure early entry, and support to decrease higher levels of inappropriate care.
- Provide outreach and engagement to the Native American, Muslim/Middle Eastern and Gay-Lesbian-Bisexual-Transgender communities, in order to provide support and promote successful engagement with mental health services. This outreach and engagement will occur in partnership with the ethnic and GLBT communities. This partnership will occur by contracts with CBOs in the respective communities who understand and support the populations that need service.
- Provide education and cross-training on mental illness and dual-diagnosis, emphasizing wellness, recovery and cultural competency.

- Provide services in an individualized, client/family focus that supports wellness and recovery. The focus of treatment will be strength-based, emphasizing resiliency and accessing natural community supports/healers.
- Provide linguistically and culturally appropriate services in settings that are more acceptable to ethnically diverse individuals and have less stigma associated with them. One of these settings may be primary care providers.
- Provide a culturally competent staff and utilize bicultural service provision staff.
- Increase penetration and client retention rates.
- Evaluate methods to address stigma and increase access for selected underserved communities.
- Identify and implement interventions that work effectively with ethnic populations.

Part II, Section III: Identifying Initial Populations for Full Service Partnerships

1) From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

Regardless of the age population, BHS is dedicated to work closely with all ethnic and marginalized populations. CBOs within the ethnic and GLBT communities will play an integral part by 1) educating the community about available services, 2) identifying community members with possible needs, 3) providing culturally specific interventions within their communities, 4) helping community members 'navigate' through the County system and 5) supporting community members within their communities.

Children & Youth

Child & Youth Program Full Service Partnership

Full Service Partnership (FSP) for children and youth will target those with severe emotional disturbances who are uninsured, underinsured, unserved, underserved, and inappropriately served in the 0 – 17 age range.

Latinos have the greatest need in terms of ethnicity in this age group in San Joaquin County, with African Americans considered inappropriately served in the Foster Care system. Both African Americans and Latinos are over represented in the Juvenile Justice System. The overall juvenile arrest rate and the juvenile felony arrest rate in the county are significantly higher than the state average. San Joaquin County is host to a large migrant population and Latinos had the highest school dropout rate in the county.

The children targeted for Full Service Partnership will have one or more of the following situational characteristics:

- Those at risk of, or involved in the Juvenile Justice System
- Those at-risk of out-of-home placement

- Dependents at risk of residential treatment or stepping down from residential treatment
- Homeless or at risk of homelessness
- Those in need of crisis intervention and/or at serious risk of psychiatric hospitalization
- Those having problems at school or at risk of dropping out
- High-level service users and/or those at risk due to lack of services because of cultural, linguistic, lack of insurance, or economic factors

Additional situational characteristics include exposure to domestic violence, physical, emotional, and verbal abuse; and access to care barriers.

The **Child & Youth FSP** will work with children/youth and their families entering the Child Welfare/Foster Care system through the San Joaquin County Human Services Agency's Intake and Assessment Unit and Immediate Response Team, or those entering the Juvenile Justice System on probation formally or informally. This Full Service Partnership is committed to a *"whatever it takes"* philosophy of service, including case management with linkage and referral to appropriate community-based services; traditional individual and family therapy; psychiatric medical support; psycho educational support; and 24/7 crisis intervention and support.

Transition Age Youth

La Familia FSP
BACOP FSP
SEARS FSP
Forensic

Full Service Partnerships will target unserved/underserved and inappropriately served TAY ages 16 to 25 years old. Ethnic groups with the greatest need for services include Latinos, Southeast Asians, and African Americans in San Joaquin County. Both African Americans and Latinos are over-represented in the justice system. Latinos have the highest school dropout rate in the county.

The TAY targeted for Full Service Partnerships will have one or more of the following situational characteristics:

- Have a serious mental illness
- Repeated use of emergency mental health services
- Have co-occurring disorders
- Homeless or at risk of homelessness
- At risk of involuntary hospitalization or institutionalization

- High-risk youth with serious emotional disturbance in the Justice System and out-of-home placement, and or recidivists with significant functional impairment

La Familia FSP will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. TAY consumers will have individualized treatment plans that are strength-based and reflect the consumer's goals traditional Latino values will be integrated into the treatment milieu.

BACOP FSP will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American boys.

Working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, **the SEARS FSP** will provide therapy, rehabilitation, case management, and medication services to Southeast Asian TAY consumers.

A full array of services will be provided to assist in the wellness and recovery of TAY. Programs will include a continuum of recovery services specific to the population served. Spanish-speaking services will be available, as the highest percentage of youth unserved are Latinos. Asian language-speaking services targeting Cambodian, Vietnamese, Lao, and Hmong populations will also be available. Cultural competence training for all of the abovementioned populations will be provided to staff in areas to increase their skills and understanding of the cultural communities.

Adults

La Familia FSP
BACOP FSP
SEARS FSP
Forensic

Forensic Full Service Partnership Court Program

This program will serve the seriously mentally ill offender in San Joaquin County who is involved with the criminal justice system and who may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless.

Adults targeted for FSP services will range in age from 26 to 59 years old and have one or more of the following situational characteristics:

- Seriously mentally ill
- Homeless or at risk of homelessness
- Co-occurring substance abuse problems
- Involved in the criminal justice system
- Frequently discharged from psychiatric hospitals and/or are frequently hospitalized or are frequent users of emergency room services for psychiatric problems

The Forensic FSP will provide 24/7 supportive services as needed to all participants who have been determined to be incompetent to stand trial and other consumers involved in the court process. Program options will focus on a *"whatever it takes"* philosophy using treatment strategies learned from the AB 2034 programs and the Mentally Ill Offender Crime Reduction Program. Services will be culturally competent and sensitive to individual ethnic, religious and personal sexual orientation needs.

La Familia FSP will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. Adult consumers will have individualized treatment plans that are strength-based and reflect the consumer's goals Traditional Latino values will be integrated into the treatment milieu.

BACOP FSP will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American adults.

Working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, **the SEARS FSP** will provide therapy, rehabilitation, case management, and medication services to Southeast Asian adult consumers.

Older Adults

GOALS - Gaining Older Adult Life Skills

La Familia FSP
BACOP FSP
SEARS FSP

Older adults identified to participate in the GOALS FSP will be 60 years of age or older with serious mental illness and functional impairments. Individuals may also have co-occurring substance abuse disorders and/or other physical health conditions.

Older Adults targeted for Full Service Partnership services will have one or more of the following situational characteristics:

- Homeless or at risk of homelessness
- Frequent users of emergency room services for psychiatric problems or are frequently hospitalized
- Reduced personal and/or community functioning due to physical and/or health problems
- Isolated and at risk for suicide due to stigma surrounding their mental health problems

GOALS FSB will provide a "one-stop shop" located in Stockton, with a component based out in the community with mobile capabilities. Services include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, nutrition/food service, and more. Inherent in these programs is the Senior Peer Counseling connection which involves other consumers and/or family members who are available to assist at lower levels of care.

La Familia FSP will offer a multi-disciplinary team of professionals working closely with the Community Behavioral Health Services Consortium. Older adult consumers will have individualized treatment plans that are strength-based and reflect the consumer's goals Traditional Latino values will be integrated into the treatment milieu.

BACOP FSP will target internal services offered in the mental health system, emphasizing a First 90 Days Model of intense support, targeting evaluation, treatment and follow-up based on the recovery model. Focus of service will be on African American older adults.

Working in conjunction with the San Joaquin County Behavioral Health Services Transcultural Clinic, **the SEARS FSP** will provide therapy, rehabilitation, case management, and medication services to Southeast Asian older adult consumers.

2) Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)

In selecting, factors considered included (1) priority population criteria that were identified in the MHSA and the DMH final guidelines for the CSS plan; and (2) San Joaquin County's community input process, during which these populations were consistently affirmed and prioritized.

Children

- Community input meetings, Children & Youth Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

Transition Age Youth

- Community input meetings, TAY Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Community input meetings, Criminal Justice Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

Adult

- Community input meetings, Adult Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Community input meetings, Criminal Justice Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

Older Adult

- Community input meetings, Older Adult Workgroup and Consensus Workgroup
- Community input meetings, Underserved Ethnic Workgroup and Consensus Workgroup
- Community input meetings, Criminal Justice Workgroup and Consensus Workgroup
- Consumer outreach (presentations, focus groups, one-on-one interviews) to unserved/underserved ethnic communities
- Ongoing underserved ethnic outreach meetings
- Prevalence need in San Joaquin County
- Ability to target racial and ethnic disparities in service delivery
- Existence of programs currently successful in serving the target population

3) Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.

Through its consumer support, support to Full Service Partnerships and system development plans, San Joaquin County Behavioral Health Services (SJCBHS) is committed to reducing racial disparities in serving SED and SMI individuals. Contracts will be developed with nine community-based organizations (CBO) to focus outreach services on the unserved and underserved ethnic communities in our county. Each CBO was an integral part of our MHSA planning and worked to ensure that their communities participated in the stakeholder workgroup meetings. The contracted CBOs included Mary Magdalene (African-American), Lao Family Community, Lao Khmu Association, Vietnamese Voluntary Foundation, Inc.(VIVO), Asian Pacific Self-Development and Residential Association (APSARA), El Concilio, Native Directions, Community Partnership for Families (Muslim/Pakistani), and San Joaquin County AIDS Foundation (gay, lesbian, bi-sexual, transgender outreach).

Community input meetings, consumer outreach to unserved/underserved ethnic groups, and an analysis of demographics and racial disparities determined that a variety of ethnic groups and some age populations are underrepresented as recipients of mental health services.

San Joaquin County currently has a population of nearly 615,000 individuals. According to prevalence studies, 44,513 individuals of all ages or 7% of the population are in need of mental health services. Overall, 27.8% of the adults ages 26-59 are living below the 200% poverty level. It is estimated that 18,653 of those adults between the ages of 26 and 59 have a SED or SMI and 6,984 of those people are living below 200% poverty. Recent data reflects that the

population with the highest number in need, regardless of age, is the Latino population. Children and Youth had the highest number of fully served individuals (59%), while Adults had 22%, TAY 18%, and Older Adults 1%. San Joaquin County's white population consistently ranks second for those unserved living below poverty, yet it also consistently has the largest numbers represented in the fully-served population among all four age groups.

Strategy for all Populations

To continue the inclusiveness and transparency started during the MHSA planning process, SJCBHS is creating a Community MHSA Consortium to assist Behavioral Health Services in rolling out the approved mental health programs and in evaluating evidence-based practices. Comprised of community-based organizations (including the nine contracted CBOs mentioned above), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations, the Consortium's goal will be to reduce cultural, racial, ethnic, and linguistic disparities within the mental health delivery system. Priority populations of the Consortium will be all cultural, racial and ethnic populations with individuals that have serious mental illness. Special emphasis will be placed on populations with the greatest disparities. This includes, but is not limited to: Cambodian, Hmong, Laotian, Vietnamese, Asian descent, Native American, African American, Muslim/Middle Eastern, Gay-Lesbian-Bisexual-Transgender, and homeless consumers and family members. Educational efforts of the Consortium will focus on program orientation and service delivery.

When the community-based organizations engaged in outreach and engagement efforts for the MHSA plan, two main issues surfaced as an obstacle to accessing services – trust and stigma. It became apparent that a lack of trust was present and, in some cases, a large amount of distrust was affecting the engagement process. The CBOs became a vital link to bridging and developing trust between the community and Behavioral Health Services. Our consumers also indicated that stigma was a major factor in keeping individuals away from mental health services. A major component of the Consortium will be to educate ethnic communities about mental illness, how to help an individual suspected of having a mental illness, and who to contact to get assistance.

Across all age groups, the highest numbers of unserved, underserved, and inappropriately served SED and SMI individuals in San Joaquin County are those in the Latino, Asian, and African American communities. Three of our Full Service Partnerships – La Familia, SEARS, and BACOP – will focus outreach and services primarily on these ethnic groups in order to reduce ethnic disparities.

Part II, Section IV: Identifying Program Strategies

***1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of MHSA. No separate response is necessary in this section Note: Section VI requires completion of Exhibit 4 (Program Work Plan Summary), which specifies the strategies that will be used in each program*.**

This is not applicable as all strategies that we have utilized in developing the 'Program Work Plans' are strategies set forth by the Mental Health Services Act, in the *Mental Health Services Act: Community Services and Supports – Three-Year program and Expenditure Plan Requirements*, pages 24 – 37.

Part II, Section V: Assessing Capacity

1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.

San Joaquin County has experienced rapid population growth in the last twenty years with an increasing shift to a highly diverse ethnic population. For example, in 1990, 23% of the population was Latino – ten years later in 2000, 33% of the population was Latino.

BHS has been historically diligent in assessing and integrating cultural and linguistic competency into all services; this focus continued during the planning of MHSA programs and services. The 2004 BHS Cultural Competence Plan (CCP) Update received 94 out of 100 possible points from the California Department of Mental Health. Many of the barriers and differing penetration rates identified in the CCP are being addressed so that a system of care ensures cultural and linguistic appropriate treatment services. We have an active presence in the Southeast Asian community with the Transcultural Clinic that predominantly serves the Cambodian, Vietnamese and Laotian communities. BHS has a strong Latino service delivery service with a contract with El Concilio, a local Latino non-profit to provide outreach and deliver services. Internally, there is a focus on access and delivery to the Latino population with services recently delivered at the La Familia - Servicos Psico-Sociales clinic.

BHS will embed strategies to achieve a culturally competent system by eliminating ethnic disparities in access to services and retention of ethnically diverse consumers. Strategies will include:

- Hire a training coordinator to ensure all staff are consistently and continually given opportunities to increase their competence in outreach and delivery of services to diverse populations
- Develop a comprehensive curriculum to address the cultural, racial, ethnic, linguistic and marginalized groups needs, including the GLBT (Gay, Lesbian, Bi-Sexual, Transgender) and physically challenged.
- Proactive recruitment and retention of bilingual/bicultural staff to reflect the county population
- On-going outreach to ethnic communities through non-profits, faith based organizations and other appropriate groups, as well continuation of the CBO Consortium that was formed during MHSA planning in San Joaquin County

The following tables show that there are still insufficient bilingual staffs to meet the language needs of the Latino and Southeast Asian populations. While efforts have begun, we realize that there is a need for more culturally and linguistically diverse staff. MHSA will give us the opportunity to take an important step toward meeting these important needs.

Table 10. San Joaquin County Staff Race/Ethnicity by Function*

	County Population**	Total Staff	Admin/ Mgr	Direct Services	Support Services	Interpreter
TOTALNUMBER	662,027	700	75	440	175	10
		Percentages				
African American	50,839 (8 %)	11 %	4 %	13 %	8 %	0 %
Asian / Pacific Islander	74,271 (12 %)	12 %	5 %	11 %	14 %	50 %
Latino	231,638 (35 %)	21 %	23 %	20 %	22 %	25 %
Native American	9,109 (1 %)	4 %	5 %	3 %	6 %	0 %
White	277,923 (42 %)	37 %	56 %	36 %	35 %	0 %
Other	15,979 (2 %)	15 %	7 %	17 %	15 %	25 %

*Ethnicity/Race data represents multiple responses from each unique staff, provider and contractor.

**Source: California Department of Finance Population Estimates, July 2005.

Only 18% of BHS direct service staff are bilingual Spanish speaking, and less than 1% speak Lao or Hmong, with only one direct service staff who speaks Vietnamese. Contract agencies report similar limitations with hiring bilingual staff. The threshold languages, Spanish & Cambodian, show a continuing need to increase capacity within staff, particularly for those providing direct services. A consortium of four regional health care systems, including San Joaquin County Health Care Services, has recently instituted the Health Care Interpreter Network. The Remote Video/Voice Medical Interpreter Project (RVVMI) provides trained interpreters through a combination of telephone and video technologies that quickly connects healthcare personnel and consumers/providers to interpreter services. Videoconferencing units allow interpreters and consumers/providers to see and hear each other using dual handsets attached to regular telephones. This video interpreting service maximizes the use of all fluent bilingual staff from each consortium partner. For example, if a Hmong speaking client is at Hospital A, but there is not a Hmong interpreter, they can interact, via telephone/video, with a Hmong interpreter at Hospital B. If a staff

person with the needed language is not available, the AT&T language line is used. The network currently is San Joaquin County Health Care Services, Contra Costa Health Services, San Francisco General Hospital and San Mateo Medical Center. San Joaquin County Behavioral Health Services will be joining this network.

Table 11. San Joaquin County Staff Spoken Language Totals by Function*

	County Population**	Total Staff	Admin/Mgr	Direct Services	Support Services	Interpreter
TOTAL NUMBER	519,445	700	75	440	175	10
Spanish	110,158	115	10	79	23	3
Cambodian	9,348	7	1	3	0	3
Cantonese/Mandarin	4,479	6	1	3	2	0
Tagalog/Ilocano	11,034	32	1	14	17	0
Hmong	5,937	7	0	2	3	2
Lao/Khmu	2,682	4	0	2	0	2
Thai	135	6	0	4	0	2
Vietnamese	5,630	3	1	1	0	1
Other/IndoEuropean	18,000	17	1	15	1	0
Sign Language	***	7	0	6	1	0

*Language data represents multiple responses from each unique staff, provider and contractor.

**Source:2000 US Census, Language Other than English Spoken at Home, Age 5 and Older.

***County Sign Language Population not available.

2) Compare and include an assessment of the percentages of culturally, ethnically and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the County and the total population currently served in the county.

San Joaquin County Behavioral Health Services, along with contractors delivering direct services, has 700 employees. The breakdown by ethnicity is 11% of total staff and 13% of direct service staff Identified as African-American, with a general county population of 8%; 12% of all staff identified as Asian/Pacific Islander, 11% of direct service staff and 12% of the general county population; 4% of all staff identified as American Indian, 3% of direct staff and 1.4% of the general county population. White staff identified as 37% of all staff, 36% of direct service staff and 42% of the general county population in 2005. Latino staff

identified as 21% of all staff, 20% of direct service staff and 35% of the general county population. The Latino consumer is the most likely to not be served by professionals and support staff who are culturally and linguistically appropriate.

3) Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or Native American reservations and rancherias, difficulties in hiring consumers and family members, need for training of staff in recovery/resiliency and cultural competence principles and approaches, need to increase collaboration efforts with other agencies and organizations, etc.

Challenge: Ethnically Representative Staffing Shortage

Due to overall human resource shortage in mental health, there is focused competition for culturally and linguistically diverse professionals and support staff.

Strategies:

- Promote mental health as a profession within diverse communities
- Advocate for a cultural and linguistic internship within high schools and San Joaquin Community Delta College
- Develop a Spanish and Southeast Asian languages speaking volunteer program
- Work with Human Resources to recruit, develop and retain bilingual staff to reflect consumer need
- Give bilingual staff support in enhancing their verbal and written skills
- Reassess internal staff for cultural and linguistic capability; develop and implement a plan for internal development.
- Recruit bilingual consumers and family members to assist with interpretation, as appropriate. Provide them with adequate and on-going training.

Challenge: Developing Ethnic, Cultural and Linguistic Appropriate Services

BHS has historically focused on and been committed to cultural competence in the delivery of services to underserved and unserved culturally, ethnically and linguistically diverse populations.

Strategies:

- Conduct on-going cultural competence training with staff, consumers and the community. Utilize the California Brief Multicultural Competency Scale Training Program Curriculum
- Develop and implement best and promising practices for outreach and engagement in diverse communities. Implement, monitor and track outcome measures to establish if the practices are effective to each specific community
- Support staff in training to increase language capabilities
- Monitor and support service contractors to verify that the delivery of services is appropriate to the underserved and unserved populations
- Monitor providers' cultural and linguistic capacity, client outcomes, client satisfaction with services and penetration for all diverse populations
- Embed cultural competence in all aspects of the organization, including policy, programs, operations, treatment, research and evaluation, training and quality improvement

Challenge: Hiring Consumers and Family Members

Hiring and supporting consumers and family members within the mental health system has been a focus of BHS for the last several years.

Strategies:

- Replace specific education requirements within appropriate civil service job descriptions with 'job experience equivalency' requirements
- Provide benefits counseling for consumers, so that they understand how different levels of working (part-time, full-time) will effect their current benefits
- Create jobs with flexible hours and job sharing opportunities

- Develop effective system to advertise to and educate consumers about job opportunities
- Establish procedures and written systems to track the participation of consumers and family members
- Decrease stigma within entire mental health system so that there is an understanding and embracing of adaptations needed to support consumer employment within the system
- Provide cultural competency training to staff and the community at large
- Establish mentoring program in partnership with the CBO Consortium
- Utilize some of the MHSA ‘Education and Training’ component funds to assist in implementing and tracking these strategies in the future

Part II, Section VI. Developing Work Plans with Timeframes and Budgets/Staffing

1) Please complete Exhibits 1, 2, and 3, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.

See Exhibit 1

See Exhibit 2.

See Exhibit 3

2) The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three–year period.

Table 12. Budget Summary by Type of Funding

Type of Funding	FY 05/06	FY 0607	FY 07/08	Totals	% of Total
Full Service Partnerships	$ 497,065	$ 3,670,853	$ 3,942,265	$ 8,110,183	53.95 %
General System Development	$ 1,628,650	$ 1,523,041	$ 1,597,336	$ 4,749,027	31.59 %
Outreach & Engagement	*				
Sub-Total	**$ 2,125,715**	**$ 5,193,894**	**$ 5,539,601**	**$12,859,210**	**85.53 %**
One-Time Non-Program Specific	**				
Administration	$ 1,285,740	$ 451,776	$ 437,921	$ 2,175,437	14.47%
Total Budget	**$ 3,411,455**	**$ 5,645,670**	**$ 5,977,522**	**$15,034,647**	**100 %**

*Each program included the required component of Outreach and Engagement. Those costs are reflected in the Full Services Partnership costs.

** All One Time Costs are Program Specific

3. Please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

Table 13. System Development Fund Consumers by Year

Fiscal Year	Total Individuals	Full Service Individuals
2005/06	0	0
2006/07	600	100
2007/08	1,385	165
Total	**1,985**	**265**

4. Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

Table 14. Outreach and Engagement Consumers by Year

Fiscal Year	Total Individuals	Full Service Individuals
2005/06	0	0
2006/07	750	40
2007/08	1,675	105
Total	**2,425**	**145**

5. For children, youth, and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county, in which case counties should explore collaborative projects with other counties and /or appropriate alternative strategies. Wraparound projects must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.

- SB 163 allows San Joaquin County to participate in providing eligible children with family-based service alternatives to group home care, targeting Wraparound as the service alternative. Wraparound is a family-centered, strength-based, needs-driven planning process for creating

individualized services. Flexible use of state foster care funds and Adoption Assistance Program funds are utilized.

- Population served: The program works with children and their families when the children are currently in RCL 12-14 group homes and need transition services to a lower level of care in a family home setting, or are at risk of placement in RCL 12-14 group home and are in need of stabilization in their current family home living environment in the San Joaquin County Community, placed by Juvenile Probation, Child Welfare, and Mental Health/Education under Chapter 26.5 of the California Government Code.
- Point of entry into program: Special Multidisciplinary Assessment and Referral Team (SMART) gives priority to eligible children with parents/'caregivers who are committed and aligned with the goals of the program. All referrals are approved by SMART prior to acceptance into the program. A subcommittee of SMART functions as the Cross Operations Team for the Program to oversee and authorized services, flexible funds, and program issues. The larger body receives Quarterly Reports on those children/youth, and their families that SMART has authorized for placement.
- Kinds of services provided: Individual, collateral, group, family, case management, crisis intervention, and community based services.

COLLABORATIVE COMMUNITY SUPPORT:
The Cross-Operations Team oversees the continuous quality improvement of the Family Vision program. They interface with the Youth Policy Council, SMART Committee, Administrative Oversight Team, and the actual Family Vision Team.

OUTCOMES:
Data is collected and analyzed through existing System of Care date collection. Additional evaluations tools will be utilized and/or developed as needed to fully evaluate the success of Wraparound. Parents and caregivers are surveyed to determine their level of satisfaction with services and outcomes. Family Partners may also assist with these surveys, ensuring family focused input.

EXHIBIT 1: PROGRAM AND EXPENDITURE PLAN FACE SHEET

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
Fiscal Years 2005-06, 2006-07, and 2007-08

County: San Joaquin County Date: June 21, 2006

County Mental Health Director:

Bruce Hopperstad
Printed Name

Bruce Hopperstad
Signature

Date: June 21, 2006

Mailing Address: San Joaquin County Behavioral Health Services
1212 N. California Street
Stockton, CA 95202

Phone Number: (209) 468-2080 Fax: (209) 468-2399

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Contact Person: Bruce Hopperstad

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Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2005-06

County:		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
FSP-1	**Child & Youth Full Service Partnership**	**$ 32,400**	**$ -**	**$ -**	**$ 32,400**	**$ 16,200**	**$ 16,200**	**$ -**	**$ -**
FSP-2	**Black Awareness Community Outreach Progrm Full Service Partnership-BACOP**	**$ 86,600**	**$ -**	**$ -**	**$ 86,600**	**$ -**	**$ 17,320**	**$ 60,620**	**$ 8,660**
FSP-3	**La Familia Full Service Partnership**	**$ 82,375**	**$ -**	**$ -**	**$ 82,375**	**$ -**	**$ 16,475**	**$ 57,663**	**$ 8,237**
FSP-4	**Southeast Asian Recovery Service Full Service Partnership-SEARS**	**$ 35,925**	**$ -**	**$ -**	**$ 35,925**	**$ -**	**$ 7,185**	**$ 25,147**	**$ 3,593**
FSP-5	**Forensic Full Service Partnership Court Program**	**$ 81,940**	**$ -**	**$ -**	**$ 81,940**	**$ -**	**$ 16,388**	**$ 65,552**	**$ -**
FSP-6	**GOALS-Gaining Older Adult Life Skills Full Service Partnership**	**$ 173,125**	**$ -**	**$ -**	**$ 173,125**	**$ -**	**$ -**	**$ -**	**$ 173,125**
SD-1	**Wellness Center**	**$ -**	**$ 512,900**	**$ -**	**$ 512,900**	**$ -**	**$ 102,580**	**$ 359,030**	**$ 51,290**
SD-2	**MHSA Consortium**	**$ -**	**$ 142,700**	**$ -**	**$ 142,700**	**$ 14,270**	**$ 14,270**	**$ 99,890**	**$ 14,270**
SD-3	**Housing Empowerment & Employment Recovery Services**	**$ -**	**$ 4,700**	**$ -**	**$ 4,700**	**$ 470**	**$ 470**	**$ 3,290**	**$ 470**
SD-4	**Community Behavioral Intervention Services**	**$ 4,700**	**$ 14,100**	**$ -**	**$ 18,800**	**$ -**	**$ 3,760**	**$ 13,160**	**$ 1,880**
SD-5	**24/7/365 Community Respone Team**	**$ -**	**$ 454,250**	**$ -**	**$ 454,250**				
SD-6	**Co-Occuring Residential Facility**	**$ -**	**$ 500,000**	**$ -**	**$ 500,000**	**$ 250,000**	**$ 250,000**	**$ -**	**$ -**
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 497,065	**$ 1,628,650**	**$ -**	**$ 2,125,715**	**$ 280,940**	**$ 444,648**	**$ 684,352**	**$ 261,525**

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2006-07

County:		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
FSP-1	Child & Youth Full Service Partnership	$ 387,621	$ -	$ -	$ 387,621	$ 193,811	$ 193,810	$ -	$ -
FSP-2	Black Awareness Community Outreach Progrm Full Service Partnership-BACOP	$ 829,732	$ -	$ -	$ 829,732	$ -	$ 185,946	$ 580,813	$ 82,973
FSP-3	La Familia Full Service Partnership	$ 669,456	$ -	$ -	$ 669,456	$ -	$ 133,891	$ 468,619	$ 66,946
FSP-4	Southeast Asian Recovery Service Full Service Partnership-SEARS	$ 579,059	$ -	$ -	$ 579,059	$ -	$ 115,812	$ 405,341	$ 57,906
FSP-5	Forensic Full Service Partnership Court Program	$ 532,815	$ -	$ -	$ 532,815	$ -	$ 106,563	$ 426,252	$ -
FSP-6	GOALS-Gaining Older Adult Life Skills Full Service Partnership	$ 582,170	$ -	$ -	$ 582,170	$ -	$ -	$ -	$ 582,170
SD-1	Wellness Center	$ -	$ 455,294	$ -	$ 455,294		$ 91,059	$ 318,706	$ 45,529
SD-2	MHSA Consortium	$ -	$ 247,435	$ -	$ 247,435	$ 24,744	$ 173,203	$ 24,744	$ 24,744
SD-3	Housing Empowerment & Employment Recovery Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SD-4	Community Behavioral Intervention Services	$ 90,000	$ 270,000	$ -	$ 360,000		$ 72,000	$ 252,000	$ 36,000
SD-5	24/7/365 Community Respone Team	$ -	$ 550,312	$ -	$ 550,312				
SD-6	Co-Occuring Residential Facility	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 3,670,853	$ 1,523,041	$ -	$ 5,193,894	$ 218,555	$ 1,072,284	$ 2,476,475	$ 896,268

Exhibit 2: COMMUNITY SERVICES AND SUPPORTS PROGRAM WORKPLAN LISTING

Fiscal Year : 2007-08

County:		TOTAL FUNDS REQUESTED				FUNDS REQUESTED			
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
FSP-1	**Child & Youth Full Service Partnership**	**$ 415,311**	**$ -**	**$ -**	**$ 415,311**	**$ 207,656**	**$ 207,655**	**$ -**	**$ -**
FSP-2	**Black Awareness Community Outreach Progrm Full Service Partnership-BACOP**	**$ 879,547**	**$ -**	**$ -**	**$ 879,547**	**$ -**	**$ 175,909**	**$ 615,683**	**$ 87,955**
FSP-3	**La Familia Full Service Partnership**	**$ 717,282**	**$ -**	**$ -**	**$ 717,282**	**$ -**	**$ 143,456**	**$ 502,098**	**$ 71,728**
FSP-4	**Southeast Asian Recovery Service Full Service Partnership-SEARS**	**$ 620,403**	**$ -**	**$ -**	**$ 620,403**	**$ -**	**$ 124,081**	**$ 434,282**	**$ 62,040**
FSP-5	**Forensic Full Service Partnership Court Program**	**$ 570,122**	**$ -**	**$ -**	**$ 570,122**	**$ -**	**$ 114,024**	**$ 456,098**	**$ -**
FSP-6	**GOALS-Gaining Older Adult Life Skills Full Service Partnership**	**$ 645,100**	**$ -**	**$ -**	**$ 645,100**	**$ -**	**$ -**	**$ -**	**$ 645,100**
SD-1	**Wellness Center**	**$ -**	**$ 477,557**	**$ -**	**$ 477,557**	**$ -**	**$ 95,511**	**$ 334,290**	**$ 47,756**
SD-2	**MHSA Consortium**	**$ -**	**$ 261,192**	**$ -**	**$ 261,192**	**$ 26,119**	**$ 26,119**	**$ 182,835**	**$ 26,119**
SD-3	**Housing Empowerment & Employment Recovery Services**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
SD-4	**Community Behavioral Intervention Services**	**$ 94,500**	**$ 283,500**	**$ -**	**$ 378,000**	**$ -**	**$ 75,600**	**$ 264,600**	**$ 37,800**
SD-5	**24/7/365 Community Respone Team**	**$ -**	**$ 575,087**	**$ -**	**$ 575,087**				
SD-6	**Co-Occuring Residential Facility**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
					$ -				
		$ 3,942,265	**$ 1,597,336**	**$ -**	**$ 5,539,601**	**$ 233,775**	**$ 962,355**	**$ 2,789,886**	**$ 978,498**

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06: Children and Youth: 0 Transition Age Youth: 0 Adult: 0 Older Adult: 0 TOTAL: 0
FY 2006-07: Children and Youth: 15 Transition Age Youth: 37 Adult: 76 Older Adult: 33 TOTAL: 161
FY 2007-08: Children and Youth: 30 Transition Age Youth: 76 Adult: 156 Older Adult: 68 TOTAL: 330

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	%Total	%Non-English Speaking	% Total
2005/06									
% African American									
% Asian Pacific Islander									
% Latino									
% Native American									
% White									
% Other									
Total Population	0	0	0	0	0	0	0	0	0
2006/07									
% African American	7.5%	0.0%	7.5%	0.0%	6.8%	0.0%	6.8%	0.0%	28.6%
% Asian Pacific Islander	5.0%	75.0%	5.6%	77.8%	6.2%	80.0%	6.2%	80.0%	23.0%
% Latino	9.3%	66.7%	9.3%	66.7%	9.3%	66.7%	9.3%	66.7%	37.3%
% Native American	0.6%	0.0%	0.6%	0.0%	0.6%	0.0%	0.6%	0.0%	2.5%
% White	1.9%	0.0%	1.9%	0.0%	1.2%	0.0%	1.2%	0.0%	6.2%
% Other	0.6%	100.0%	0.6%	100.0%	0.6%	100.0%	0.6%	100.0%	2.5%
Total Population	40	17	41	18	40	19	40	19	161 *
2007/08									
% African American	7.9%	0.0%	7.3%	0.0%	7.3%	0.0%	7.3%	0.0%	29.7%
% Asian Pacific Islander	4.8%	75.0%	5.5%	77.8%	6.1%	80.0%	6.1%	80.0%	22.4%
% Latino	9.1%	66.7%	9.1%	66.7%	9.1%	66.7%	9.1%	66.7%	36.4%
% Native American	0.6%	0.0%	0.6%	0.0%	0.6%	0.0%	0.6%	0.0%	2.4%
% White	1.8%	0.0%	1.8%	0.0%	1.5%	0.0%	1.5%	0.0%	6.7%
% Other	0.6%	5.0%	0.6%	50.0%	0.6%	50.0%	0.6%	50.0%	2.4%
Total Population	82	33	82	35	83	37	83	37	330

* number lower than 07/08 as the programs build up to full capacity.

San Joaquin County	Consumer Support	Full Service Partnerships (FSPs)						Support to FSPs		System Development			Administration	
MHSA Community Services and Supports Budgets			Black Awareness		SEARS	Forensic	GOALS		Housing/Recovery	Community	Community	Co-Occurring		SJC Total
FISCAL YEAR 2005-06	Wellness	Child & Youth	Community	La Familia	Southeast Asian	FSP	Gaining Older	MHSA	Employment	Behavioral	Response Team	Residential		MHSA CSS
	Center	FSP	Outreach Program	FSP	Recovery Serv	Court Prog	Adult Life Skills	Consortium	Services	Intervention Serv	24/7 Warm/Hot	Facility	Administration	Plans
	SD-1	FSP-1	FSP-2	FSP-3	FSP-4	FSP-5	FSP-6	SD-2	SD-3	SD-5	SD-6	SD-7	AD-1	
A. Expenditures														
1. Client, Family Member and Caregiver Support Expenditures														
a. Clothing, Food and Hygiene														-
b. Travel and Transportation														-
c. Housing														
i. Master Leases														-
ii. Subsidies														-
iii. Vouchers														-
iv. Other Housing														-
d. Employment and Education Supports														-
e. Other Support Expenditures (provide description in budget narrative)														-
f. Total Support Expenditures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Personnel Expenditures														
a. Current Existing Personnel Expenditures (from Staffing Detail)														-
b. New Additional Personnel Expenditures (from Staffing Detail)														-
c. Employee Benefits										-				-
d. Total Personnel Expenditures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Operating Expenditures														
a. Professional Services														-
b. Translation and Interpreter Services														-
c. Travel and Transportation														-
d. General Office Expenditures														-
e. Rent, Utilities and Equipment														-
f. Medication and Medical Supports														-
g. Other Operating Expenses (provide description in budget narrative)														-
h. Total Operating Expenditures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Program Management														
a. Existing Program Management (A-87 for Administration)														-
b. New Program Management (Other Administration)													-	-
c. Total Program Management CBO Allocation													-	-
5. Estimated Total Expenditures when service provider is not known														-
6. Total Proposed Program Budget	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B. Revenues														
1. Existing Revenues														
a. Medi-Cal (FFP only)														-
b. Medicare/Patient Fees/Patient Insurance														-
c. Realignment														-
d. State General Funds														-
e. County Funds														-
f. Grants														-
g. Other Revenue														-
h. Total Existing Revenues						-								-
2. New Revenues														
a. Medi-Cal (FFP only)		-	-	-	-									-
b. Medicare/Patient Fees/Patient Insurance														-
c. State General Funds		-												-
d. Other Revenue														-
e. Total New Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Total Revenues	-	-	-	-	-	-	-	-	-	-	-	-	-	-
C. One-Time CSS Funding Expenditures	512,900	32,400	86,600	82,375	35,925	81,940	173,125	142,700	4,700	18,800	454,250	500,000	1,285,740	3,411,455
D. Total Funding Requirements	512,900	32,400	86,600	82,375	35,925	81,940	173,125	142,700	4,700	18,800	454,250	500,000	1,285,740	3,411,455
E. Percent of Total Funding Requirements for Full Service Partnerships														
Net Operating Budget	-	-	-	-	-				-	-	-	-	-	-
System Development/Outreach & Engagement		-	-	-	-	-	-							
		300	225	300	300	225	225							
Full Service Partnership Costs		-	-	-	-	-	-	Full Service Partnership		-		**2005-06 One-Time Allocation**		
Full Service Client Slots		60	60	60	60	45	45	Systems Development		-				
								Outreach & Engagement		-		**Variance**		
Full Service Cost Per Client Slot		-	-	-	-	-	-	Administration		-				
									Total Cost	-				
									Total Revenue	-				
										-				

San Joaquin County	Consumer Support	Full Service Partnerships (FSPs)						Support to FSPs		System Development			Administration	
MHSA Community Services and Supports Budgets			Black Awareness		SEARS	Forensic	GOALS		Housing/Recovery	Community	Community	Co-Occurring		SJC Total
FISCAL YEAR 2006-07	Wellness Center SD-1	Child & Youth FSP FSP-1	Community Outreach Program FSP-2	La Familia FSP FSP-3	Southeast Asian Recovery Serv FSP-4	FSP Court Prog FSP-5	Gaining Older Adult Life Skills FSP-6	MHSA Consortium SD-2	Employment Services SD-3	Behavioral Intervention Serv SD-4	Response Team 24/7 Warm/Hot SD-5	Residential Facility SD-6	Administration AD-1	MHSA CSS Plans
A. Expenditures														
1. Client, Family Member and Caregiver Support Expenditures														
a. Clothing, Food and Hygiene		-	-	-	-	-	-							-
b. Travel and Transportation	10,000		-	-	-	-	-							10,000
c. Housing														
i. Master Leases		17,000	76,500	102,000	68,000	76,500	76,500		(416,500)					-
ii. Subsidies														-
iii. Vouchers														-
iv. Other Housing														-
d. Employment and Education Supports	4,500	10,000	22,500	30,000	30,000	22,500	22,500		(142,000)					-
e. Other Support Expenditures (provide description in budget narrative)	24,262													24,262
f. Total Support Expenditures	38,762	27,000	99,000	132,000	98,000	99,000	99,000	-	(558,500)	-	-	-	-	34,262
2. Personnel Expenditures														
a. Current Existing Personnel Expenditures (from Staffing Detail)														-
b. New Additional Personnel Expenditures (from Staffing Detail)	54,060	291,791	362,740	246,934	253,456	188,787	286,278	157,248	-		473,749		344,507	2,659,550
c. Employee Benefits	25,408	129,809	163,155	108,726	111,791	81,397	101,855	73,907	-	-	206,361	-	161,918	1,164,327
d. Total Personnel Expenditures	79,468	421,600	525,895	355,660	365,247	270,184	388,133	231,155	-	-	680,110	-	506,425	3,823,877
3. Operating Expenditures														
a. Professional Services														-
b. Translation and Interpreter Services														-
c. Travel and Transportation	20,200	5,000	5,000	5,000	5,000	5,000	5,000	4,500	-		2,000		5,000	61,700
d. General Office Expenditures	7,480	5,000	5,000	5,000	5,000	5,000	5,000	5,000	-		2,000		3,500	47,980
e. Rent, Utilities and Equipment	3,600	24,734	49,250	-	21,400	30,480			-				45,706	175,170
f. Medication and Medical Supports		7,000	3,500	10,000	6,000	37,775	4,500							68,775
g. Other Operating Expenses (provide description in budget narrative)	2,500	28,000	8,520	5,160	2,580	2,580	10,080	6,780	-		3,780		6,000	75,980
h. Total Operating Expenditures	33,780	69,734	71,270	25,160	39,980	80,835	24,580	16,280	-	-	7,780	-	60,206	429,605
4. Program Management														
a. Existing Program Management (A-87 for Administration)														-
b. New Program Management (Other Administration)													-	-
c. Total Program Management CBO Allocation								1,659,000					-	1,659,000
5. Estimated Total Expenditures when service provider is not known	303,284	238,000	341,000	324,000	324,000	216,000	216,000	(1,659,000)	558,500	600,000				1,461,784
6. Total Proposed Program Budget	455,294	756,334	1,037,165	836,820	827,227	666,019	727,713	247,435	-	600,000	687,890	-	566,631	7,408,528
B. Revenues														
1. Existing Revenues														
a. Medi-Cal (FFP only)														-
b. Medicare/Patient Fees/Patient Insurance														-
c. Realignment														-
d. State General Funds														-
e. County Funds														-
f. Grants														-
g. Other Revenue														-
h. Total Existing Revenues						-								-
2. New Revenues														
a. Medi-Cal (FFP only)		189,084	207,433	167,364	248,168	133,204	145,543			240,000	137,578		114,855	1,583,228
b. Medicare/Patient Fees/Patient Insurance														-
c. State General Funds		179,629												179,629
d. Other Revenue														-
e. Total New Revenue	-	368,713	207,433	167,364	248,168	133,204	145,543	-	-	240,000	137,578	-	114,855	1,762,857
3. Total Revenues	-	368,713	207,433	167,364	248,168	133,204	145,543	-	-	240,000	137,578	-	114,855	1,762,857
C. One-Time CSS Funding Expenditures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D. Total Funding Requirements	455,294	387,621	829,732	669,456	579,059	532,815	582,170	247,435	-	360,000	550,312	-	451,776	5,645,671
E. Percent of Total Funding Requirements for Full Service Partnerships														
Net Operating Budget	455,294	387,621	829,732	669,456	579,059	532,815	582,170	247,435	-	360,000	550,312	-	451,776	5,645,671
System Development/Outreach & Engagement		226,900	504,866	251,046	248,168	199,806	218,314							
		300	225	300	300	225	225							
Full Service Partnership Costs		529,434	532,299	585,774	579,059	466,213	509,399	Full Service Partnership		3,202,178	43.22%	**2006-07 Allocation**		5,645,671
Full Service Client Slots		60	60	60	60	45	45	Systems Development		2,815,169	38.00%			
								Outreach & Engagement		824,550	11.13%	**Variance**		0
Full Service Cost Per Client Slot		8,823.90	8,871.65	9,762.90	9,650.98	10,360.30	11,319.98	Administration		566,631	7.65%			
									Total Cost	7,408,528	100.00%			
									Total Revenue	1,762,857				
										5,645,671				

San Joaquin County	Consumer Support	Full Service Partnerships (FSPs)						Support to FSPs		System Development			Administration	
MHSA Community Services and Supports Budgets			Black Awareness		SEARS	Forensic	GOALS		Housing/Recovery	Community	Community	Co-Occurring		SJC Total
FISCAL YEAR 2007-08	Wellness	Child & Youth	Community	La Familia	Southeast Asian	FSP	Gaining Older	MHSA	Employment	Behavioral	Response Team	Residential		MHSA CSS
	Center	FSP	Outreach Program	FSP	Recovery Serv	Court Prog	Adult Life Skills	Consortium	Services	Intervention Serv	24/7 Warm/Hot	Facility	Administration	Plans
	SD-1	FSP-1	FSP-2	FSP-3	FSP-4	FSP-5	FSP-6	SD-2	SD-3	SD-4	SD-5	SD-6	AD-1	
A. Expenditures														
1. Client, Family Member and Caregiver Support Expenditures														
a. Clothing, Food and Hygiene		-	-	-	-	-	-							-
b. Travel and Transportation	10,000		-	-	-	-	-							10,000
c. Housing														
i. Master Leases		17,850	80,325	107,100	71,400	80,325	80,325		(437,325)					-
ii. Subsidies														-
iii. Vouchers														-
iv. Other Housing														-
d. Employment and Education Supports	4,725	10,500	23,625	31,500	31,500	23,625	23,625		(149,100)					-
e. Other Support Expenditures (provide description in budget narrative)	24,262													24,262
f. Total Support Expenditures	38,987	28,350	103,950	138,600	102,900	103,950	103,950	-	(586,425)	-	-	-	-	34,262
2. Personnel Expenditures														
a. Current Existing Personnel Expenditures (from Staffing Detail)														-
b. New Additional Personnel Expenditures (from Staffing Detail)	56,763	306,381	380,877	259,281	266,129	198,226	300,592	165,110	-		497,436		361,732	2,792,528
c. Employee Benefits	26,679	143,999	179,012	121,862	125,081	93,166	141,278	77,602	-	-	211,442	-	170,014	1,290,135
d. Total Personnel Expenditures	83,442	450,379	559,889	381,143	391,209	291,393	441,870	242,712	-	-	708,878	-	531,747	4,082,662
3. Operating Expenditures														
a. Professional Services														-
b. Translation and Interpreter Services														-
c. Travel and Transportation	20,400	5,000	5,000	5,000	5,000	5,000	5,000	4,500	-		2,000		5,000	61,900
d. General Office Expenditures	9,180	6,700	3,300	6,700	6,700	6,700	6,700	6,700	-		3,700		5,200	61,580
e. Rent, Utilities and Equipment	4,100	25,234	49,750	-	21,900	30,980			-				46,206	178,170
f. Medication and Medical Supports		16,300	10,475	19,300	15,300	44,750	11,475							117,600
g. Other Operating Expenses (provide description in budget narrative)	3,000	28,500	9,020	5,660	3,080	3,080	10,580	7,280	-		4,280		6,500	80,980
h. Total Operating Expenditures	36,680	81,734	77,545	36,660	51,980	90,510	33,755	18,480	-	-	9,980	-	62,906	500,230
4. Program Management														
a. Existing Program Management (A-87 for Administration)														-
b. New Program Management (Other Administration)													-	-
c. Total Program Management CBO Allocation								1,741,950					-	1,741,950
5. Estimated Total Expenditures when service provider is not know	318,448	249,900	358,050	340,200	340,200	226,800	226,800	(1,741,950)	586,425	630,000				1,534,873
6. Total Proposed Program Budget	477,557	810,363	1,099,434	896,603	886,289	712,653	806,375	261,192	-	630,000	718,858	-	594,653	7,893,977
B. Revenues														
1. Existing Revenues														
a. Medi-Cal (FFP only)														-
b. Medicare/Patient Fees/Patient Insurance														-
c. Realignment														-
d. State General Funds														-
e. County Funds														-
f. Grants														-
g. Other Revenue														-
h. Total Existing Revenues						-								-
2. New Revenues														
a. Medi-Cal (FFP only)		202,591	219,887	179,321	265,887	142,531	161,275			252,000	143,772		156,732	1,723,994
b. Medicare/Patient Fees/Patient Insurance														-
c. State General Funds		192,461												192,461
d. Other Revenue														-
e. Total New Revenue	-	395,052	219,887	179,321	265,887	142,531	161,275	-	-	252,000	143,772	-	156,732	1,916,456
3. Total Revenues	-	395,052	219,887	179,321	265,887	142,531	161,275	-	-	252,000	143,772	-	156,732	1,916,456
C. One-Time CSS Funding Expenditures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D. Total Funding Requirements	477,557	415,311	879,547	717,282	620,403	570,122	645,100	261,192	-	378,000	575,087	-	437,921	5,977,522
E. Percent of Total Funding Requirements for Full Service Partnerships														
Net Operating Budget	477,557	415,311	879,547	717,282	620,403	570,122	645,100	261,192	-	378,000	575,087	-	437,921	5,977,522
System Development/Outreach & Engagement		243,109	504,866	268,981	265,887	213,796	241,913							
		300	225	300	300	225	225							
Full Service Partnership Costs		567,254	594,568	627,622	620,403	498,857	564,463	Full Service Partnership		3,473,166	44.00%	**2007-08 Allocation**		5,977,522
Full Service Client Slots		60	60	60	60	45	45	Systems Development		2,956,883	37.46%			
								Outreach & Engagement		869,275	11.01%	**Variance**		0
Full Service Cost Per Client Slot		9,454.24	9,909.47	10,460.36	10,340.04	11,085.71	12,543.61	Administration		594,653	7.53%			
									Total Cost	7,893,977	100.00%			
									Total Revenue	1,916,456				
										5,977,522				

San Joaquin County			Consumer Support	Full Service Partnerships (FSPs)						Support to FSPs		System Development		Administration	SJC
MHSA Community Services and Supports Budgets				Child	Black Awareness		SEARS	Forensic	GOALS		Housing/Rec	Community	Community		Total
			Wellness	& Youth	Community	La Familia	Southeast Asian	FSP Court	Gaining Older	MHSA	Employment	Behavioral	Response Team		MHSA CSS
Staffing			Center	FSP	Outreach Prog	Services	Recovery Serv	Program	Adult Life Skills	Consortium	Services	Intervent Serv	24/7 Warm/Hot	Administration	Plans
			SD-1	FSP-1	FSP-2	FSP-3	FSP-4	FSP-5	FSP-6	SD-2	SD-3	SD-4	SD-5	AD-1	
Chief Mental Health Clinician	Units			1.00	0.50	0.50	0.50		0.50	1				1	5.0
	Cost			67,664	33,832	33,832	33,832		33,832	67,662				67,662	338,316
Mental Health Clinician III	Units			1	1	1	1		1						5.0
	Cost			61,381	61,381	61,381	61,381		61,381						306,905
Mental Health Clinician II/I	Units		-	2	1	-		1	1				3		8.0
	Cost		-	108,120	54,060	-		54,060	54,060				162,180		432,480
Mental Health Specialist II	Units		-		-		-	-	-						-
	Cost		-		-		-	-	-						-
Protective Services Social Worker III	Units							-							-
	Cost							-							-
Consumer Manager	Units		1		-	-		-							1.0
	Cost		54,060		-	-		-							54,060
Psychiatrist	Units			-	0.30	0.40	0.40	0.30	0.30						1.70
	Cost			-	44,148	58,864	58,864	44,148	44,148						250,172
Nurse-Registered	Units			0.50	0.50	0.50			0.50						2.0
	Cost			31,709	31,709	31,709			31,709						126,836
Psychiatric Technician/MH Specialist II	Units				3	1	2		1				3		10.0
	Cost				114,693	38,231	76,462		38,231				114,693		382,310
Forensic Service Coordinator	Units							1							1.0
	Cost							67,662							67,662
Sr. Office Assistant	Units		-	0.75	0.75	0.75	0.75	0.75	0.75	1.00			1	1	7.50
	Cost		-	22,917	22,917	22,917	22,917	22,917	22,917	30,556			30,556	30,556	229,170
Outreach Worker	Units		-	-			-	-	-				5		5.0
	Cost		-	-			-	-	-				166,320		166,320
Management Analyst II	Units									1					1.0
	Cost									59,030					59,030
Contract Analyst	Units													1	1.0
	Cost													55,390	55,390
Fiscal Staff	Units													2	2.0
	Cost													99,015	99,015
Information Systems Staff	Units													2	2.0
	Cost													91,884	91,884
CBO-Case Managers	Units		-	4.00	3.00	4.00	4.00	3.00	3.00		1.00	8.00			30.0
CBO-Mgmt			0.50	1.00	0.75	1.00	1.00	0.75	0.75		2.00				8
CBO-Recovery Coach/Specialists	Units			2.00	2.00	4.00	4.00	3.00	3.00		6.00		-		24.0
CBO-Supervisor			1.00												1
CBO-Outreach Worker	Units		7.00	2.00	1.50	2.00	2.00	1.50	1.50				-		17.5
															-
CBO-Clerical	Units		1.00	1.00	0.75	1.00	1.00	0.75	0.75			1.00			7.3
															-
	TOTALS														
	Cost		54,060	291,791	362,740	246,934	253,456	188,787	286,278	157,248	-	-	473,749	344,507	2,659,550
Total FTE's County			1.00	5.25	7.05	4.15	4.65	3.05	5.05	3.00	-	-	12.00	7.00	52.20
Total FTE's Contractor			9.50	10.00	8.00	12.00	12.00	9.00	9.00	-	9.00	9.00	-	-	87.50
Total FTE's			10.50	15.25	15.05	16.15	16.65	12.05	14.05	3.00	9.00	9.00	12.00	7.00	139.70
															37.37%
															62.63%

			Consumer Support	Full Service Partnerships (FSPs)						Support to FSPs		System Development			Administration	
San Joaquin County																SJC
MHSA Community Services and Supports Budgets				Child & Youth	Black Awareness		SEARS	Forensic	GOALS		Housing/Recvy	Community	Community	Co-Occurring		Total
			Wellness	FSP	Community	La Familia	Southeast Asian	FSP Court	Gaining Older	MHSA	Employment	Behavioral	Response Team	Residential		MHSA CSS
One Time Budget			Center		Outreach Prog	Services	Recovery Serv	Program	Adult Life Skills	Consortium	Housing	Intervent Serv	24/7 Warm/Hot	Facility	Administration	Plans
			SD-1	FSP-1	FSP-2	FSP-3	FSP-4	FSP-5	FSP-6	SD-2	SD-3	SD-4	SD-5	SD-6	AD-1	
Space Remodel	Units		1					1					1	1		4
	Cost		400,000					2,440					400,000	500,000		1,302,440
Training	Units									1						1
	Cost									100,000						100,000
Work Stations	Units		5	4	8		6	6	12				3		7	51
	Cost		15,000	10,500	24,000		18,000	18,000	36,000				9,000		21,000	151,500
Chairs	Units		30	4	8	22	6	6	52				3		7	138
	Cost		3,000	1,400	2,800	7,450	2,100	2,100	29,200				750		2,450	51,250
Sofas	Units		8			5										13
	Cost		5,700			1,350										7,050
File Cabinets	Units					5	3		6							14
	Cost					2,875	1,725		1,725							6,325
Tables	Units		5						15							20
	Cost		1,550						15,000							16,550
Lamps	Units		4													4
	Cost		600													600
Cell Phones	Units			2				4		1			1			8
	Cost			200				300		100			100			700
Shedder	Units		1	1		1										3
	Cost		1,500	1,500		1,500										4,500
TV/DVD/VHS	Units		1													1
	Cost		500													500
TV Cart	Units		1													1
	Cost		500													500
Karaoke Equipment	Units		1													1
	Cost		1,000													1,000
Digital Camera	Units		1													1
	Cost		500													500
Projector for PowerPoint	Units		1												1	2
	Cost		2,000												450	2,450
Projection Screen	Units		1													1
	Cost		450													450
Computers	Units		6	8	8	12	6	6	12	16	2	8	4		7	95
	Cost		14,100	18,800	18,800	28,200	14,100	14,100	28,200	37,600	4,700	18,800	9,400		16,450	223,250
Lap Top Computer	Units		1												1	2
	Cost		1,500												2,350	3,850
Color Laser Printer	Units									1					2	3
	Cost									5,000					10,000	15,000
ShareCare Software/Implementation	Units														1	1
	Cost														1,050,000	1,050,000
Network Hardware	Units														1	1
	Cost														15,000	15,000
Network Connection/Installation	Units														1	1
$144,540/$5,000	Cost														149,540	149,540
Software	Units														1	1
	Cost														10,000	10,000
Security	Units														1	1
	Cost														5,000	5,000
Firewall	Units														1	1
	Cost														1,000	1,000
Secure Site Pro	Units														1	1
	Cost														2,500	2,500
Cars	Units		1		1	1		1	1				1			6
	Cost		25,000		21,000	21,000		25,000	31,000				35,000			158,000
Vans - Passenger	Units		2		1	1		1	1							6
GOALS- 1/2 Ton with Wheelchair Lift	Cost		40,000		20,000	20,000		20,000	32,000							132,000
	TOTALS															
	Cost		512,900	32,400	86,600	82,375	35,925	81,940	173,125	142,700	4,700	18,800	454,250	500,000	1,285,740	3,411,455
													One-Time Allocation 75%			4,192,275
													Remaining Balance			780,820

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
One Time Funding for All Work Plans

County:	**San Joaquin**	**Fiscal Year:**	**2005-06**
Workplan #	**All SJC Workplans**	**Date:**	**3/16/06**

One-Time CSS Funding Expenditures	**Priority**
1. FSP-1 Child and Youth Full Service Partnership Program	**High**
a. 4-Workstations and chairs-staff work areas for new staff	$11,900
b. 2-Cell phones-for new staff working out in the field	$ 200
c. 1 -Shredder-shred confidential records-HIPAA	$ 1,500
d. 8-Computers-computers for new staff and community based organization staff	$18,800
Total for FSP-1	**$32,400**
2. FSP-2 Black Awareness Community Outreach Program FSP (BACOP)	**High**
a. 8-Workstations and chairs-staff work areas for new staff	$26,800
b. 8-Computers-computers for new staff and community based organization staff	$18,800
c. 2-Vehicles-transporting consumers	$41,000
Total for FSP-2	**$86,600**
3. FSP-3 La Familia Full Service Partnership	**High**
a. 8-Computers-computers for new staff and community based organization staff	$28,200
b. 2-Vehicles-transporting consumers	$41,000
c. Sofas and chairs-sofas and chairs for group areas	$ 8,800
d. File cabinets-for new staff	$ 2,875
e. 1-Shredder-shred confidential records-HIPAA	$ 1,500
Total for FSP-3	**$82,375**
4. FSP-4 Southeast Asian Recovery Services FSP (SEARS)	**High**
a. 6-Workstations and chairs-staff work areas for new staff	$20,100
b. File cabinets-for new staff	$ 1,725
c. 6-Computers-computers for new staff and community based organization staff	$14,100
Total for FSP-4	**$35,925**
5. FSP-5 Forensic Full Service Partnership Court Program	**High**
a. 6-Workstations and chairs-staff work areas for new staff	$20,100
b. Space-small area to remodel	$ 2,440
c. 4-Cell phones-for new staff working out in the field	$ 300
d. 6-Computers-computers for new staff and community based organization staff	$14,100
e. 2-Vehicles-transporting consumers	$45,000
Total for FSP-5	**$81,940**

6. FSP-6 Gaining Older Adult Living Skills FSP (GOALS)	**High**
a. 12-Workstations and chairs-staff work areas for new staff	$40,200
b. 12-Computers-computers for new staff and community based organization staff	$28,200
c. Chairs and tables-for group room and social areas	$40,000
d. File cabinets-for new staff	$ 1,725
e. 2-Vehicles-transporting consumers	$63,000
Total for FSP-6	**$173,125**
7. SD-1 Wellness Center	**High**
a. Space- remodel area for Wellness Center	$398,000
b. 5-Workstations and chairs-staff work areas for new staff	$ 16,750
c. 7-Computers-computers for new staff and community based organization staff	$ 15,600
d. 3-Vehicles-transporting consumers	$ 65,000
e. Sofas, chairs, tables-sofas, chairs and tables for group areas	$ 9,100
f. 1-Shredder-shred confidential records-HIPAA	$ 1,500
g. TV and DVD-VHS player-for Wellness Center group areas	$ 1,000
h. Karaoke Equipment-for Wellness Center group areas	$ 1,000
i. Washer and Dryer for Gibson Center	$ 2,000
j. Electronic equipment (digital camera, overhead projector and screen)-for Wellness Center group areas	$ 2,950
Total for SD-1	**$512,900**
8. SD-2 MHSA Consortium	**High**
a. Training for Community Based Organizations	$100,000
b. 16-Computers-computers for new staff and community based organization staff	$ 37,600
c. 1-Laser printers-print brochures, flyers & training materials	$ 5,000
d. 1-Cell phones-for new staff working out in the field	$ 100
Total for SD-2	**$142,700**
9. SD-3 Housing Empowerment and Employment Recovery	**High**
a. 2-Computers-computers for new staff and community based organization staff	$ 4,700
Total for SD-3	**$ 4,700**
10. SD-6 Co-Occurring Residential Facility	**High**
a. Remodel and furnish with furniture & equipment the residential facility	$500,000
Total for SD-6	**$500,000**
11. SD-4 Community Behavioral Intervention Services	**Medium**
a. 8-Computers-computers for community based organization staff	$18,800
Total for SD-4	**$18,800**

12. SD-5	**Community Response Team**	**Medium**
a.	Space- remodel area for Community Response Team-24/7 Warm/Hot line	$400,000
b.	3-Workstations and chairs-staff work areas for new staff	$ 9,750
c.	4-Computers-computers for new staff and community based organization staff	$ 9,400
d.	1-Vehicle-travel out in the field to consumer homes and other facilities	$ 35,000
e.	1-Cell phones-for new staff working out in the field	$ 100
	Total for SD-5	**$454,250**
13. AD-1	**Administration**	**Medium**
a.	7-Workstations and chairs-staff work areas for new staff	$ 23,450
b.	8-Computers-computers for new staff and community based	
c.	organization staff	$ 18,800
d.	2-Laser printer-for printing brochures, performance outcomes documents, flyers and training materials	$ 10,000
e.	Sharecare Software implementation-clinical, billing and tracking system	$1,050,000
f.	Network hardware, network connections and installation, software, security, firewall and equipment-support implementation of Sharecare software	$ 183,040
g.	1-Overhead projector	$ 450
	Total for AD-1	**$1,285,740**
	Total One-Time Funding for all Workplans	**$3,411,455**

II. Programs to be Developed or Expanded

On the following pages, each of the 12 programs proposed by San Joaquin County is presented as requested by the Department of Mental Health.

- Exhibit 4 introduces each proposed program's Work Plan Summary
- Narrative responses to questions 2-13 describe each proposed program in more detail
- By fiscal year:
  - Exhibit 5a provides the CSS Budget Worksheet and CSS Budget Narrative
  - Exhibit 5b provides the CSS Staffing Detail Worksheet.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Child & Youth Full Service Partnership
Program Work Plan #: FSP-1		Estimated Start Date: July 1, 2006
Description of Program: Describe how this program will help advance the goals of the Mental Health Services Act	San Joaquin County Behavioral Health Services (SJCBHS), Probation and Human Services Agency (HSA) have worked together in partnership for many years in the service of children/youth and their families. The addition of this Full Service Partnership (FSP) program will add significantly to the service of children and youth in San Joaquin County. The Child & Youth program will serve 60 new children/youth (most common range ages 3-17) in HSA's Intake and Assessment Unit and the Immediate Response Team, and youth in the Juvenile Justice System who are on probation formally or informally. Both crisis response and community based mental health services will be included, with the availability to respond 24 hours a day, seven days a week. All the targeted children and youth have a diagnosis of a serious emotional disturbance and are in the child welfare foster care system formally or informally, or the juvenile justice system formally or informally. Because focus has been on the seriously emotionally disturbed children/youth in the placement units of Child Protective Services and Probation, this population has typically been untouched. Engaging these families through community-based services at the front end of the system will	

	increase the potential for resiliency and success. As the phrase *"whatever it takes"* has been coined through the Wraparound model and children's system of care philosophy, it is not yet antiquated, and is the essential key to successfully serving children/youth and their families. The goal in this Full Service Partnership is to decrease the need for out-of-home placement at the children's shelter, in juvenile hall, and in foster family and group care, reducing institutionalization as children and youth become resilient.
Priority Population: *Describe the situational characteristics of the priority population*	The Juvenile Justice and Child Welfare children and youth points of entry are unique to each system. Risk factors for both populations are significant. The Intake and Assessment Program is the *front door* to the Foster Care System. Screening and risk assessments, twenty-four hours a day, seven days a week, are responded to from reports of abuse, neglect, or exploitation. As a part of HSA's Child Welfare System Improvement Plan, HSA works to provide crisis intervention, pre-placement prevention services, and emergency removal of children via law enforcement in order to protect the safety of children at risk. Five units make up the Intake and Assessment Program. During the year 2005, eight thousand seventy-five (8,075) family referrals, of which many are duplicates, were made to the Child Welfare Bureau. And of those, seven hundred eighty-seven (787) new individual CPS Dependency petitions were filed with the San Joaquin County Juvenile Court. Probation's March 2005 San Joaquin County Delinquency Prevention Plan reports that between 1990 and 2000, juvenile violent crimes increased by 57.6% in San Joaquin County. Juvenile vandalism arrests increase by 67.9% over the same time period. In 2003, San Joaquin County's juvenile arrest rate of 7,985 per 100,000 juveniles was the highest overall rate of any county in California with a juvenile population greater than 50,000 (Department of Justice stats). Misdemeanor arrests in FY 03/04 totaled 5,330. By age, 962 of the crimes were committed by 17 year olds, 1003 by 16 year olds, 889 by 15 year olds, 1,622 by 13 & 14 year olds, 716 by 10 to 12 year olds, and under 10 year olds are 138. These figures provide an overall sense of the characteristics of this target population, recognizing that most of these youth are 13 years old or older, and almost 7 in 10 are male. While many youth are released due to an impacted Juvenile Hall of 179 beds, others are held as Wards of the Court (W&I Code 602) with hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options). Upon release, overloaded probation officers are unable to provide the quality level of aftercare

	needed to ensure crime prevention. Nearly a quarter (23%) of all children in San Joaquin County ages 12-17 are living below the poverty level. An additional 21.6% live in families with incomes between on and two times the poverty level, meaning they are still eligible to receive some forms of public assistance. More than 1 in 5 (22.4%) children age 12-17 live in a single parent family, while 13.3% do not live with either parent. 15.1% of children ages 12-17 live in a household with no working parents. The teen birth rate per 1,000 females is 1 for 10-14 year olds and 60.7 for 15-19 year olds. The President's New Freedom Commission on Mental Health defined Resiliency as "a focus of care…personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope." Interagency collaboration then means that entering Behavioral Health Services through the HSA or Juvenile Justice door is "ok", and the "no wrong door" philosophy allows integrated cross-agency service planning to begin. Services must be coordinated, not duplicated, and must improve continuity of care while maximizing resources. Through Child Welfare's efforts in implementing the Community Response path in "Differential Response," HSA is providing early intervention and prevention services which naturally result in identifying many mental health service needs for those who are unserved and underserved. In the Self Assessment Report to the State Department of Social Services in June of 2004, HSA reported that the highest percentage of children in foster care is among Hispanic/Latino and White children, which mirrors the County's total child population. Thirty-four percent (34%) of the Hispanic/Latino children who had a referral to Child Protective Services had a substantiated referral. However, there are a higher percentage of African American children in foster care as compared to other ethnic groups. African American children comprise 7.29% of the County's child/youth population, but 22.7% of the County's foster care population. In 2004, thirty-one (31%) of African American children referred to CPS had substantiated referrals. And these substantiated referrals (31%) reflect about 2% (2.3%) of the total African American child population. When looking at race/ethnicity, African American (17.9%) and Hispanic/Latino (17.8%) children have the highest percentage of recurrence of maltreatment.

	Concomitant underserved and unserved mental health percentages of the same populations reflect mental health's disproportionate services. Nearly 36% of the county's population (230,468), is estimated to have incomes at or below 200% of the poverty line. As reported earlier in this document, half of the county's low-income children (45,208) are Hispanic/Latino. And prevalence data indicates that the number of children/youth in the county with incomes below 200% of the poverty line may be expected to have a SED or SMI, by race/ ethnicity. Nearly half of the low-income children/youth 0-18 in the county who likely need public mental health services are Hispanic, 18% are White, and another 18% are Asian, 9% are African American, 5 % are Multiracial, and 1 % are Native American. Mental Health's services to youth in the Juvenile Justice System are not found to be representative of the county's ethnic demographics either. Latinos and Asian, Pacific Islanders, and Native American youth, are underserved, while African Americans are over represented in our juvenile justice mental health programs, reflecting an imbalance in our system. These children/youth and their families are in desperate need of mental health services, and may not have been identified in the past as needing an assessment for service eligibility. Others may not have responded to traditional mental health services. Absent intervention, children and youth are at high risk of becoming Dependents and Wards of the court, the next step towards out of home placement.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Child and Family Teams (CFT)—family, child/youth, family/child/youth selected supportive individuals and peers from the family's community, Faith Community, Mental Health, Child Welfare, Juvenile Probation, Schools, etc.	☒	☒	☒	☒	☒	☐	☐
Cultural and gender sensitive services in the community	☒	☐	☐	☒	☒	☐	☐
Community Based Services partnerships with programs serving this population	☒	☒	☒	☒	☒	☐	☐
24 hour daily, 7 days a week availability	☒	☐	☐	☒	☒	☐	☐
Faith-based collaboration	☒	☒	☒	☒	☒	☐	☐
Parent-to-parent peer support	☒	☐	☐	☒	☒	☐	☐

Youth-to-youth peer support	☒	☐	☐	☒	☒	☐	☐
Psycho-educational training for child/youth and family	☒	☐	☐	☒	☒	☐	☐
"Whatever it takes" philosophy and non-traditional mental health services	☒	☐	☐	☒	☒	☐	☐
Evidence based clinical services	☒	☐	☐	☒	☒	☐	☐
Strength based, family focused empowerment	☒	☐	☐	☒	☒	☐	☐
Reduction of recidivism	☒	☐	☐	☒	☒	☐	☐
Provide education on Recovery Model, Wellness, and Resiliency.	☒	☐	☐	☒	☒	☐	☐
Emphasis on serving Latino (unserved) and African American (under/inappropriately served) juveniles and their families.	☒	☐	☐	☒	☒	☐	☐

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

This program develops a Full Service Partnership for 60 Seriously Emotionally Disturbed (SED) children/youth and their families entering the Child Welfare/Foster Care system through the Human Services Agency (HSA) Intake and Assessment Unit and the Immediate Response Team; or entering the Juvenile Justice System, on probation formally or informally. This *front door* response will begin to address unserved and underserved SED children/youth entering the system.

When issues of SED are indicated, Behavioral Health Services will partner with Child Protective Services' (CPS) Intake and Assessment Program as they screen and assess for risk on reports of abuse, neglect, or exploitation, thus beginning the outreach and engagement process at the earliest chance possible. Likewise, services to the Juvenile Justice SED youth awaiting discharge from Juvenile Hall, will address discharge planning and delivery of services at home and in the community to prevent re-entry, avoiding out-of-home placement.

To address the SED of the child/youth and family needs and instill resilience, this Full Service Partnership is committed to a *"'whatever it takes"* philosophy of service. This includes case management, with linkage and referral to appropriate community-based services concomitant to culture and sexual/gender preferences, as well as traditional individual and family therapy, psychiatric medical support, psycho-educational support, and 24 hours a day, seven days a week crisis intervention and support availability.

These two populations are difficult to engage in the process of recovery while in urgent need. As described earlier, due to the prevalence of African American and Hispanic children/youth in the system, it is intended that the Behavioral Health Services team include African American and Hispanic clinical staff. At the same time, linking and referring the families to community- based services of like cultures will ensure culturally sensitive community involvement, and will participate in the 24/7 response. Our experience with Interagency Enrollee-Based Program (IEBP) includes the importance of the faith-based community, a significant part of these particular cultures that will be engaged as well.

Our intent to help, engage, and participate with the family must be clear; we are not there to accuse, excuse, blame, or break up the family. Our highest success with engagement in Children's System of Care (CSOC), the IEPB, and Wraparound programs was the work of our Parent Partners; peer-to-peer mentors whose SED child/youth have been through the system. Their effectiveness with parents and families laid the foundation for both readiness of family empowerment to take the lead in their growth and change, as well as

openness during services in the office and community. Additional support will come through a youth advocate, who has gone through the system, found success, and can impart that success on their fellow peer. This is key to successful resiliency, and can decrease recidivism of the youth.

To that end, children/youth and their families will select members for their Child and Family Team (CFT), modeled after the Wraparound program. Along with the agency staff described above that are formally involved with the family, the family will select informal supports such as a neighbor, extended family member, teacher, pastor or friend. These members round out the CFT. A Service and Supports Plan (SSP) designed by the child/youth and family will be strength-based and individualized, and will include the services they feel they need from both mental health and their community in order to be successful.

The wellness and recovery focus will be introduced through, and aided by, the Child and Family Team -- a complement to the Child Welfare Improvement and Juvenile Justice Delinquency Prevention Plan. Commonalities include safe and stable housing, employment to ensure independence, empowerment to provide appropriate care for the child/youth ensuring physical and emotional health, staying out of trouble, attending school, and success as a family unit. Possible areas of need are substance abuse services, educational support, parental skill building, access to appropriate leisure activities, vocational skill-building, and appropriate housing for those over 18 years. A "*whatever it takes"* philosophy and *out-of-the-box* thinking will help move the family into the recovery mode and increase the resilience in the child/youth. Meanwhile, resilience for the child/youth lies in enabling the ability to rebound from trauma, while instilling a sense of hope and confidence.

Measuring the success of the child/youth and his/her family is very important at San Joaquin County Behavioral Health Services. Experience has been gained in data collection through CSOC Grant and the IEBP mentioned earlier, as well as in two adult programs: AB 2034 and the Mentally Ill Offender Crime Reduction (MIOCR) Grant. Performance Outcome measure tools that have been used are the Parent Satisfaction Survey, Child and Adolescent Functional Assessment Scale (CAFAS) – Hodges, Bickman & Kurtz, 1991), Youth Self Report (YSR) – (Achenbach, 1991), and the Client Satisfaction Quest (CSQ-8) – (Attkinson & Larsen, 1990). School attendance, recidivism with law enforcement, re-hospitalization, and participation with mental health services will be monitored, in addition to implementing the state selected instruments.

3) Describe any housing or employment services to be provided.

Utilization of local housing resources and the homeless shelter for families will continue through both the Children's System of Care and Adult System of Care. We are pleased to partner with the Homeless Teen Shelter operated by Center

for Positive Alternatives (CPPA), which includes mental health resources for the youth as well. The Housing Coordinator Services described in the Adult System of Care proposal includes provision for this population.

Vocational training and employment encourages responsibility, accountability, and is a key factor in the resilience of teens, thus playing a strong role in this program. Collaboration with Cal Works families will continue, and other employment service resources will be accessed.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each Full Service Partnership participant is $8,824 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $12,606.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Recovery and resilience is key in this Full Service Partnership. As stated earlier, these mirror the mandates of HSA and are consistent with the Child Welfare Improvement Plan and Probation's March 2005 San Joaquin County Delinquency Prevention Plan. Through the integrated service partnership, common goals of stable housing, employment towards independence, restorative justice and diversion programming, all hold true in building child/youth/family strengths.

Young people with SED who have also had experiences with the Juvenile Justice system typically mask hopelessness with bravado, and exhibit poor impulse control and judgment, impacting their decisions and choices. Peer relationships often *happen upon them,* rather than operating under a self-selection process. Families are often near the "burn out" point with their son/daughter's behaviors and lack the capacity to continue to retain hope. Families in the Child Welfare system frequently lack the tools to parent, are often unemployed, are reactive rather than proactive, feel hopeless, and see no way out.

These are all major risk factors for families. Addressing unemployment, substance abuse, mental health problems, family/community violence, and physical health issues will lay the foundation of recovery. Peer Parents and TAY mentors will provide a role in supporting the family connection. Families in various stages of recovery will support and encourage each other. And juveniles

and their families will be taught ways to effectively manage their SED symptoms, creating a sense of control over their illness.

This program includes a strengths-based action planning process that creates individualized services and support for families with complex needs through the CFT's. CFT's are comprised of family members and formal and informal helpers who pay careful attention together to provide these services. Formal helpers are the agency workers from private and public entities who are formally involved in the child/youth and family's life. Informal helpers include extended family members, neighbors, peers, etc. Positive mentors and support systems are also sought through elders and peers in the community, the local church, etc. Our goal is to create better outcomes for young people and their families in a way that assures that families are at the center of the decision-making process and that they have a voice and choice in the services provided, they can rebound from trauma, and a sense of hope and confidence is instilled.

The CFT's meet weekly or biweekly and are responsible for the identification and inventory of family strengths, for conducting a comprehensive culturally relevant life domain needs analysis, and for designing a measurable individualized SSP that can provide monitoring and accountability. Life domains that the family can focus on may include, but are not limited to: mental health, physical health, public and family safety, finance, housing, education, independent living skills, competency development, socialization, leisure time, spirituality, transportation, legal issues, restitution, family relationships, behaviors, etc. When real, achievable goals are set; families can measure their success and celebrate!

Most importantly, the child/youth and family are in the lead. This leadership increases family bonds and provides structure and independence, planting the seed of hope, a major component of resiliency. And though graduated sanctions (punishment options) are a natural consequence of the Juvenile Justice System, resiliency is set in motion.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program; it is not expanding an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Peer support is key to the success of the family, child and youth's resiliency. Part of this program will include contracts with culturally sensitive community-

based organizations that will hire family members and SED transitional age youth who have been through either the Juvenile Justice or Foster Care system. The success of these team members was born out of Behavioral Health Services experience with CSOC and SB 163 Wraparound.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This new *front door* service at HSA will address a population that has been absent from are current concentration of services. Collaboration with HSA currently includes services for foster children and youth who are already W&I Code 300 Dependents, the *back door* of Child Protective Services.

- Clinicians housed in HSA's Placement Unit provide community-based Outpatient Services for SED children/youth in or *at risk of* placement.
- Clinician and Child Psychiatrist provide Outpatient Services for SED children/youth at Mary Graham Children's Shelter.
- Victor Treatment Corporation's Family Intervention and Community Support (FICS) - Foster Care Assessment and Treatment (FCAT) staff provide EPSDT Outpatient Services and Screening of all foster children going into placement On-Site; and EPSDT Community Based Outpatient Services within County.

Interagency partnerships for children, youth, and their families are no stranger to San Joaquin County. Following the W & I Code requiring a Multi-Disciplinary Team (MDT), a five-year stint with Children's System of Care (CSOC), two-year Interagency Enrollee-Based Program (IEBP), and the SB 163 Wraparound Program have laid the foundation and early steps of system transformation in child/youth services.

Through Special Multidisciplinary Assessment and Referral Team (SMART), Mental Health, HSA, Probation, Education, Parents, Substance Abuse Services, Public Health, placement agencies, teen homeless shelter, and the Wraparound Program collaborate to approve RCL 13/14 Certifications, review out-of-state placements, and ensure that every possible resource is explored and utilized to keep at risk children/youth safe, at home or in the community if possible, while emotionally and physically healthy, in school and out of trouble. Expansion of the SMART's monitoring and oversight may include quarterly reports from this Full Service Partnership to monitor the success of the program and also serve as a referral base.

All the SB 163 Wraparound Referrals are approved by SMART prior to acceptance into the program. A sub-committee of SMART functions as the Cross Operations Team for the Wraparound program to oversee and authorize

services, flexible funds, and program issues. The larger body receives Quarterly Reports.

Community Partnership for Families (CPF) consists of multiple public agencies, private non-profit community-based agencies including those serving specific cultural communities, school districts and SELPA's, community colleges, the faith community and organizations, for-profit organizations, and grassroots community members and families all working together with a focus on five neighborhood centers to co-locating services. This program includes an Integrated Service Model, with the use of Family Success Teams.

Child Welfare's Improvement Plan is a Community Plan and was integrated with CPF. Countywide efforts were put forth to work with HSA and are still going forward to this day. Participants include those described above, as well as foster parents and family members. A Differential Response Pilot Program at a CPF Center has provided the necessary link of *needs with services* almost immediately, in an effort to decrease the "falling through the cracks," and increase the outcomes and resiliency of the child/youth and families. It will serve as one of the referral resources for this Full Service Partnership.

These interagency partnerships will be improved through this new Full Service Partnership, closing one of the gaps and decreasing the risks for SED children and youth.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Behavioral Health Services worked to ensure that the cultural groups within our community were fully represented in our planning. To that end, our partnerships included the following community groups and community based organizations:

- Vietnamese community—Vietnamese Voluntary Foundation Incorporated (VIVO)
- Cambodian community—Asian Pacific Self-development And Residential Association Inc. (APSARA)
- Laotian community—Lao Khmu Association
- Hmong community—Lao Family Community
- Native American community—Native Directions
- Homeless population—Mental Health Outreach Workers with local network of shelter organizations
- Muslim/Middle Eastern community—represented by Community Partnership for Families
- Hispanic/Latino community—El Concilio

- Gay, Lesbian, Bisexual, Transgender (GLBT) community—AIDS Foundation
- African American community—Black Awareness Community Outreach Project (BACOP)

Each participated in our MHSA planning and worked to ensure that their communities participated in the stakeholder meetings and consensus building work groups. They are important stakeholders and will be key referral resources for the child/youth and family in the community upon discharge as they *are their community*.

Contracts will be developed with various community-based organizations that will follow what has been coined as the "BACOP model." Under this model, two tiers are designed for transitioning consumers through the system. Tier I is the 90-day support which provides the individual coming into services guidance with follow-up to the consumer and family, and entry assistance to maneuver through the system. Tier II involves a Personal Service Coordinator where services are provided, much like a case manager. This is to ensure that families are not lost in the system since the Child Welfare and Juvenile Justice systems are complicated and large. Training on the BACOP model will be provided to ensure fidelity and success modified appropriately to the community's cultural differences and uniqueness.

As is evidenced by mental health demographics stated earlier, it is anticipated that the African American and Hispanic/Latino population will make up a considerable percentage of children and youth in this program. An emphasis on the employment of like culturally based staff will continue. The TAY Consensus Work Group Consumers were specific in their appropriate request that staff not just speak their language, but that "the staff look like us and come from where we were."

San Joaquin County Behavioral Health Services has a Cultural Competency Plan that ensures that staff and programs meet the state standards for cultural competence. It is described in other sections of this plan.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

There is a strong support of the Gay, Lesbian, Bisexual, Transgender (GLBT) community in San Joaquin County Behavioral Health and County Administration. Mandatory trainings on cultural sensitivity including GLBT are standard for all San Joaquin County Employees. This population was formally represented during our planning process through the AIDS Foundation.

As stated above, a part of this Full Service Partnership and San Joaquin County's MHSA Plan includes outreach and engagement, case management, and after care, through contracts with culturally sensitive community-based organizations, which includes support to the GLBT population.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Reunification and family preservation are key to Child Welfare and Juvenile Probation. This Full Service Partnership Program will seek to keep children and youth in San Joaquin County and avoid placement out of county whenever possible. Those children and youth currently placed in foster homes and low-level RCL Group Homes out-of-county, appropriate for earlier discharge, will be given serious consideration to be evaluated for transition through this program.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This does not apply to the Child & Youth Full Service Partnership.

13) Please provide a timeline for this work plan, including all critical implementation dates.

The timeline begins with approval by DMH:
Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Set-up Office Space

Month 3 & 4:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 5:

- Service Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-1 | Date: 3/6/06

Program Workplan Name Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures		$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)				$0
d. Other Revenue				$0
e. Total New Revenue		$0	$0	$0
3. Total Revenues		$0	$0	$0
C. One-Time CSS Funding Expenditures	**$32,400**			**$32,400**
D. Total Funding Requirements	**$32,400**	**$0**	**$0**	**$32,400**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-1 | Date: 3/6/06

Program Workplan Name Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$17,000	$17,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$10,000	$10,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$27,000	$27,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$291,791			$291,791
c. Employee Benefits	$129,809			$129,809
d. Total Personnel Expenditures	$421,600	$0	$0	$421,600
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$24,734			$24,734
f. Medication and Medical Supports	$7,000			$7,000
g. Other Operating Expenses (provide description in budget narrative)	$28,000			$28,000
h. Total Operating Expenditures	$69,734	$0	$0	$69,734
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	$238,000			$238,000
6. Total Proposed Program Budget	**$729,334**	**$0**	**$27,000**	**$756,334**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$189,084			$189,084
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$179,629			$179,629
d. Other Revenue				$0
e. Total New Revenue	$368,713	$0	$0	$368,713
3. Total Revenues	$368,713	$0	$0	$368,713
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$360,621**	**$0**	**$27,000**	**$387,621**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			1.00	$67,664	$67,664
Mental Health Clinician III			1.00	$61,381	$61,381
Mental Health Clinician II			2.00	$54,060	$108,120
Nurse-Registered			0.50	$63,418	$31,709
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialist		2.00	2.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	15.25		$291,791
C. Total Program Positions		4.00	15.25		$291,791

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Child & Youth Full Service Partnership Program Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,700 per client for the year (10 Clients)		$ 17,000
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (20 Clients)		$ 10,000
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 27,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Chief Mental Health Clinician-(1 FTE @ $67,664)	$67,664	
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381	
3. Mental Health Clinician II-(2 FTE @ $54,060)	108,120	
4. Nurse-(.5 FTE @ $63,418)	31,709	
5. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$291,791
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$129,809
iv. Total Personnel Expenditures		**$421,600**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,000
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier lease based on past history		$ 24,734
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 7,000
v. Other operating Expenses		
1. Communication and data line charges	$ 8,000	
2. Client incentives	20,000	$ 28,000
vi. Total Operating Expenditures		$ 69,734
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$238,000**

e. Total Proposed Program Budget		**$756,334**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)	$189,084	
ii. State General Funds –EPSDT	179,629	
iii. Total New Revenue		**$368,713**
b. Total Revenues		**$368,713**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$387,621**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$17,850	$17,850
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$10,500	$10,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$28,350	$28,350
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$306,380			$306,380
c. Employee Benefits	$143,999			$143,999
d. Total Personnel Expenditures	$450,379	$0	$0	$450,379
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment	$25,234			$25,234
f. Medication and Medical Supports	$16,300			$16,300
g. Other Operating Expenses (provide description in budget narrative)	$28,500			$28,500
h. Total Operating Expenditures	$81,734	$0	$0	$81,734
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	$249,900			$249,900
6. Total Proposed Program Budget	**$782,013**	**$0**	**$28,350**	**$810,363**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$202,591			$202,591
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$192,461			$192,461
d. Other Revenue				$0
e. Total New Revenue	$395,052	$0	$0	$395,052
3. Total Revenues	$395,052	$0	$0	$395,052
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$386,961**	**$0**	**$28,350**	**$415,311**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			1.00	$71,047	$71,047
Mental Health Clinician III			1.00	$64,450	$64,450
Mental Health Clinician II			2.00	$56,763	$113,526
Nurse-Registered			0.50	$66,589	$33,294
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialist		2.00	2.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	15.25		$306,380
C. Total Program Positions		4.00	15.25		$306,380

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Child & Youth Full Service Partnership Workplan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,785 per client for the year (10 Clients)		$ 17,850
iii. Employment and Education Supports		
1. Employment-$525 per client for the year (20 Clients)		$ 10,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 28,350**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Chief Mental Health Clinician-(1 FTE @ $71,047)	$71,047	
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450	
3. Mental Health Clinician II-(2 FTE @ $56,763)	113,526	
4. Nurse-(.5 FTE @ $66,589)	33,294	
5. Psychiatric Technician/MH Specialist II-(1 FTE @ $40,143)	40,143	
6. Senior Office Assistant-(.75 FTE @ $32,084)	24,063	$306,380
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$143,999
iv. Total Personnel Expenditures		**$450,379**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs Based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 6,700
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier Based on past history with a 1% COLA increase		$ 25,234
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 16,300
v. Other operating Expenses		
1. Communication and data line charges	$ 8,500	
2. Client Incentives	20,000	$ 28,500
vi. Total Operating Expenditures		**$ 81,734**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$249,900**

e. Total Proposed Program Budget		**$810,363**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)	$202,591	
ii. State General Funds –EPSDT	192,461	
iii. Total New Revenue		**$395,052**
b. Total Revenues		**$395,052**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$415,311**

II. Programs to be Developed or Expanded

On the following pages, each of the 12 programs proposed by San Joaquin County is presented as requested by the Department of Mental Health.

- Exhibit 4 introduces each proposed program's Work Plan Summary
- Narrative responses to questions 2-13 describe each proposed program in more detail
- By fiscal year:
  - Exhibit 5a provides the CSS Budget Worksheet and CSS Budget Narrative
  - Exhibit 5b provides the CSS Staffing Detail Worksheet.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Child & Youth Full Service Partnership
Program Work Plan #: FSP-1		Estimated Start Date: July 1, 2006
Description of Program: Describe how this program will help advance the goals of the Mental Health Services Act	San Joaquin County Behavioral Health Services (SJCBHS), Probation and Human Services Agency (HSA) have worked together in partnership for many years in the service of children/youth and their families. The addition of this Full Service Partnership (FSP) program will add significantly to the service of children and youth in San Joaquin County. The Child & Youth program will serve 60 new children/youth (most common range ages 3-17) in HSA's Intake and Assessment Unit and the Immediate Response Team, and youth in the Juvenile Justice System who are on probation formally or informally. Both crisis response and community based mental health services will be included, with the availability to respond 24 hours a day, seven days a week. All the targeted children and youth have a diagnosis of a serious emotional disturbance and are in the child welfare foster care system formally or informally, or the juvenile justice system formally or informally. Because focus has been on the seriously emotionally disturbed children/youth in the placement units of Child Protective Services and Probation, this population has typically been untouched. Engaging these families through community-based services at the front end of the system will	

	increase the potential for resiliency and success. As the phrase *"whatever it takes"* has been coined through the Wraparound model and children's system of care philosophy, it is not yet antiquated, and is the essential key to successfully serving children/youth and their families. The goal in this Full Service Partnership is to decrease the need for out-of-home placement at the children's shelter, in juvenile hall, and in foster family and group care, reducing institutionalization as children and youth become resilient.
Priority Population: *Describe the situational characteristics of the priority population*	The Juvenile Justice and Child Welfare children and youth points of entry are unique to each system. Risk factors for both populations are significant. The Intake and Assessment Program is the *front door* to the Foster Care System. Screening and risk assessments, twenty-four hours a day, seven days a week, are responded to from reports of abuse, neglect, or exploitation. As a part of HSA's Child Welfare System Improvement Plan, HSA works to provide crisis intervention, pre-placement prevention services, and emergency removal of children via law enforcement in order to protect the safety of children at risk. Five units make up the Intake and Assessment Program. During the year 2005, eight thousand seventy-five (8,075) family referrals, of which many are duplicates, were made to the Child Welfare Bureau. And of those, seven hundred eighty-seven (787) new individual CPS Dependency petitions were filed with the San Joaquin County Juvenile Court. Probation's March 2005 San Joaquin County Delinquency Prevention Plan reports that between 1990 and 2000, juvenile violent crimes increased by 57.6% in San Joaquin County. Juvenile vandalism arrests increase by 67.9% over the same time period. In 2003, San Joaquin County's juvenile arrest rate of 7,985 per 100,000 juveniles was the highest overall rate of any county in California with a juvenile population greater than 50,000 (Department of Justice stats). Misdemeanor arrests in FY 03/04 totaled 5,330. By age, 962 of the crimes were committed by 17 year olds, 1003 by 16 year olds, 889 by 15 year olds, 1,622 by 13 & 14 year olds, 716 by 10 to 12 year olds, and under 10 year olds are 138. These figures provide an overall sense of the characteristics of this target population, recognizing that most of these youth are 13 years old or older, and almost 7 in 10 are male. While many youth are released due to an impacted Juvenile Hall of 179 beds, others are held as Wards of the Court (W&I Code 602) with hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options). Upon release, overloaded probation officers are unable to provide the quality level of aftercare

	needed to ensure crime prevention. Nearly a quarter (23%) of all children in San Joaquin County ages 12-17 are living below the poverty level. An additional 21.6% live in families with incomes between on and two times the poverty level, meaning they are still eligible to receive some forms of public assistance. More than 1 in 5 (22.4%) children age 12-17 live in a single parent family, while 13.3% do not live with either parent. 15.1% of children ages 12-17 live in a household with no working parents. The teen birth rate per 1,000 females is 1 for 10-14 year olds and 60.7 for 15-19 year olds. The President's New Freedom Commission on Mental Health defined Resiliency as "a focus of care…personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope." Interagency collaboration then means that entering Behavioral Health Services through the HSA or Juvenile Justice door is "ok", and the "no wrong door" philosophy allows integrated cross-agency service planning to begin. Services must be coordinated, not duplicated, and must improve continuity of care while maximizing resources. Through Child Welfare's efforts in implementing the Community Response path in "Differential Response," HSA is providing early intervention and prevention services which naturally result in identifying many mental health service needs for those who are unserved and underserved. In the Self Assessment Report to the State Department of Social Services in June of 2004, HSA reported that the highest percentage of children in foster care is among Hispanic/Latino and White children, which mirrors the County's total child population. Thirty-four percent (34%) of the Hispanic/Latino children who had a referral to Child Protective Services had a substantiated referral. However, there are a higher percentage of African American children in foster care as compared to other ethnic groups. African American children comprise 7.29% of the County's child/youth population, but 22.7% of the County's foster care population. In 2004, thirty-one (31%) of African American children referred to CPS had substantiated referrals. And these substantiated referrals (31%) reflect about 2% (2.3%) of the total African American child population. When looking at race/ethnicity, African American (17.9%) and Hispanic/Latino (17.8%) children have the highest percentage of recurrence of maltreatment.

	Concomitant underserved and unserved mental health percentages of the same populations reflect mental health's disproportionate services. Nearly 36% of the county's population (230,468), is estimated to have incomes at or below 200% of the poverty line. As reported earlier in this document, half of the county's low-income children (45,208) are Hispanic/Latino. And prevalence data indicates that the number of children/youth in the county with incomes below 200% of the poverty line may be expected to have a SED or SMI, by race/ ethnicity. Nearly half of the low-income children/youth 0-18 in the county who likely need public mental health services are Hispanic, 18% are White, and another 18% are Asian, 9% are African American, 5 % are Multiracial, and 1 % are Native American. Mental Health's services to youth in the Juvenile Justice System are not found to be representative of the county's ethnic demographics either. Latinos and Asian, Pacific Islanders, and Native American youth, are underserved, while African Americans are over represented in our juvenile justice mental health programs, reflecting an imbalance in our system. These children/youth and their families are in desperate need of mental health services, and may not have been identified in the past as needing an assessment for service eligibility. Others may not have responded to traditional mental health services. Absent intervention, children and youth are at high risk of becoming Dependents and Wards of the court, the next step towards out of home placement.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Child and Family Teams (CFT)—family, child/youth, family/child/youth selected supportive individuals and peers from the family's community, Faith Community, Mental Health, Child Welfare, Juvenile Probation, Schools, etc.	☒	☒	☒	☒	☒	☐	☐
Cultural and gender sensitive services in the community	☒	☐	☐	☒	☒	☐	☐
Community Based Services partnerships with programs serving this population	☒	☒	☒	☒	☒	☐	☐
24 hour daily, 7 days a week availability	☒	☐	☐	☒	☒	☐	☐
Faith-based collaboration	☒	☒	☒	☒	☒	☐	☐
Parent-to-parent peer support	☒	☐	☐	☒	☒	☐	☐

Youth-to-youth peer support	☒	☐	☐	☒	☒	☐	☐
Psycho-educational training for child/youth and family	☒	☐	☐	☒	☒	☐	☐
"Whatever it takes" philosophy and non-traditional mental health services	☒	☐	☐	☒	☒	☐	☐
Evidence based clinical services	☒	☐	☐	☒	☒	☐	☐
Strength based, family focused empowerment	☒	☐	☐	☒	☒	☐	☐
Reduction of recidivism	☒	☐	☐	☒	☒	☐	☐
Provide education on Recovery Model, Wellness, and Resiliency.	☒	☐	☐	☒	☒	☐	☐
Emphasis on serving Latino (unserved) and African American (under/inappropriately served) juveniles and their families.	☒	☐	☐	☒	☒	☐	☐

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

This program develops a Full Service Partnership for 60 Seriously Emotionally Disturbed (SED) children/youth and their families entering the Child Welfare/Foster Care system through the Human Services Agency (HSA) Intake and Assessment Unit and the Immediate Response Team; or entering the Juvenile Justice System, on probation formally or informally. This *front door* response will begin to address unserved and underserved SED children/youth entering the system.

When issues of SED are indicated, Behavioral Health Services will partner with Child Protective Services' (CPS) Intake and Assessment Program as they screen and assess for risk on reports of abuse, neglect, or exploitation, thus beginning the outreach and engagement process at the earliest chance possible. Likewise, services to the Juvenile Justice SED youth awaiting discharge from Juvenile Hall, will address discharge planning and delivery of services at home and in the community to prevent re-entry, avoiding out-of-home placement.

To address the SED of the child/youth and family needs and instill resilience, this Full Service Partnership is committed to a *"'whatever it takes"* philosophy of service. This includes case management, with linkage and referral to appropriate community-based services concomitant to culture and sexual/gender preferences, as well as traditional individual and family therapy, psychiatric medical support, psycho-educational support, and 24 hours a day, seven days a week crisis intervention and support availability.

These two populations are difficult to engage in the process of recovery while in urgent need. As described earlier, due to the prevalence of African American and Hispanic children/youth in the system, it is intended that the Behavioral Health Services team include African American and Hispanic clinical staff. At the same time, linking and referring the families to community- based services of like cultures will ensure culturally sensitive community involvement, and will participate in the 24/7 response. Our experience with Interagency Enrollee-Based Program (IEBP) includes the importance of the faith-based community, a significant part of these particular cultures that will be engaged as well.

Our intent to help, engage, and participate with the family must be clear; we are not there to accuse, excuse, blame, or break up the family. Our highest success with engagement in Children's System of Care (CSOC), the IEPB, and Wraparound programs was the work of our Parent Partners; peer-to-peer mentors whose SED child/youth have been through the system. Their effectiveness with parents and families laid the foundation for both readiness of family empowerment to take the lead in their growth and change, as well as

openness during services in the office and community. Additional support will come through a youth advocate, who has gone through the system, found success, and can impart that success on their fellow peer. This is key to successful resiliency, and can decrease recidivism of the youth.

To that end, children/youth and their families will select members for their Child and Family Team (CFT), modeled after the Wraparound program. Along with the agency staff described above that are formally involved with the family, the family will select informal supports such as a neighbor, extended family member, teacher, pastor or friend. These members round out the CFT. A Service and Supports Plan (SSP) designed by the child/youth and family will be strength-based and individualized, and will include the services they feel they need from both mental health and their community in order to be successful.

The wellness and recovery focus will be introduced through, and aided by, the Child and Family Team -- a complement to the Child Welfare Improvement and Juvenile Justice Delinquency Prevention Plan. Commonalities include safe and stable housing, employment to ensure independence, empowerment to provide appropriate care for the child/youth ensuring physical and emotional health, staying out of trouble, attending school, and success as a family unit. Possible areas of need are substance abuse services, educational support, parental skill building, access to appropriate leisure activities, vocational skill-building, and appropriate housing for those over 18 years. A "*whatever it takes"* philosophy and *out-of-the-box* thinking will help move the family into the recovery mode and increase the resilience in the child/youth. Meanwhile, resilience for the child/youth lies in enabling the ability to rebound from trauma, while instilling a sense of hope and confidence.

Measuring the success of the child/youth and his/her family is very important at San Joaquin County Behavioral Health Services. Experience has been gained in data collection through CSOC Grant and the IEBP mentioned earlier, as well as in two adult programs: AB 2034 and the Mentally Ill Offender Crime Reduction (MIOCR) Grant. Performance Outcome measure tools that have been used are the Parent Satisfaction Survey, Child and Adolescent Functional Assessment Scale (CAFAS) – Hodges, Bickman & Kurtz, 1991), Youth Self Report (YSR) – (Achenbach, 1991), and the Client Satisfaction Quest (CSQ-8) – (Attkinson & Larsen, 1990). School attendance, recidivism with law enforcement, re-hospitalization, and participation with mental health services will be monitored, in addition to implementing the state selected instruments.

3) Describe any housing or employment services to be provided.

Utilization of local housing resources and the homeless shelter for families will continue through both the Children's System of Care and Adult System of Care. We are pleased to partner with the Homeless Teen Shelter operated by Center

for Positive Alternatives (CPPA), which includes mental health resources for the youth as well. The Housing Coordinator Services described in the Adult System of Care proposal includes provision for this population.

Vocational training and employment encourages responsibility, accountability, and is a key factor in the resilience of teens, thus playing a strong role in this program. Collaboration with Cal Works families will continue, and other employment service resources will be accessed.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each Full Service Partnership participant is $8,824 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $12,606.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Recovery and resilience is key in this Full Service Partnership. As stated earlier, these mirror the mandates of HSA and are consistent with the Child Welfare Improvement Plan and Probation's March 2005 San Joaquin County Delinquency Prevention Plan. Through the integrated service partnership, common goals of stable housing, employment towards independence, restorative justice and diversion programming, all hold true in building child/youth/family strengths.

Young people with SED who have also had experiences with the Juvenile Justice system typically mask hopelessness with bravado, and exhibit poor impulse control and judgment, impacting their decisions and choices. Peer relationships often *happen upon them,* rather than operating under a self-selection process. Families are often near the "burn out" point with their son/daughter's behaviors and lack the capacity to continue to retain hope. Families in the Child Welfare system frequently lack the tools to parent, are often unemployed, are reactive rather than proactive, feel hopeless, and see no way out.

These are all major risk factors for families. Addressing unemployment, substance abuse, mental health problems, family/community violence, and physical health issues will lay the foundation of recovery. Peer Parents and TAY mentors will provide a role in supporting the family connection. Families in various stages of recovery will support and encourage each other. And juveniles

and their families will be taught ways to effectively manage their SED symptoms, creating a sense of control over their illness.

This program includes a strengths-based action planning process that creates individualized services and support for families with complex needs through the CFT's. CFT's are comprised of family members and formal and informal helpers who pay careful attention together to provide these services. Formal helpers are the agency workers from private and public entities who are formally involved in the child/youth and family's life. Informal helpers include extended family members, neighbors, peers, etc. Positive mentors and support systems are also sought through elders and peers in the community, the local church, etc. Our goal is to create better outcomes for young people and their families in a way that assures that families are at the center of the decision-making process and that they have a voice and choice in the services provided, they can rebound from trauma, and a sense of hope and confidence is instilled.

The CFT's meet weekly or biweekly and are responsible for the identification and inventory of family strengths, for conducting a comprehensive culturally relevant life domain needs analysis, and for designing a measurable individualized SSP that can provide monitoring and accountability. Life domains that the family can focus on may include, but are not limited to: mental health, physical health, public and family safety, finance, housing, education, independent living skills, competency development, socialization, leisure time, spirituality, transportation, legal issues, restitution, family relationships, behaviors, etc. When real, achievable goals are set; families can measure their success and celebrate!

Most importantly, the child/youth and family are in the lead. This leadership increases family bonds and provides structure and independence, planting the seed of hope, a major component of resiliency. And though graduated sanctions (punishment options) are a natural consequence of the Juvenile Justice System, resiliency is set in motion.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program; it is not expanding an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Peer support is key to the success of the family, child and youth's resiliency. Part of this program will include contracts with culturally sensitive community-

based organizations that will hire family members and SED transitional age youth who have been through either the Juvenile Justice or Foster Care system. The success of these team members was born out of Behavioral Health Services experience with CSOC and SB 163 Wraparound.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

This new *front door* service at HSA will address a population that has been absent from are current concentration of services. Collaboration with HSA currently includes services for foster children and youth who are already W&I Code 300 Dependents, the *back door* of Child Protective Services.

- Clinicians housed in HSA's Placement Unit provide community-based Outpatient Services for SED children/youth in or *at risk of* placement.
- Clinician and Child Psychiatrist provide Outpatient Services for SED children/youth at Mary Graham Children's Shelter.
- Victor Treatment Corporation's Family Intervention and Community Support (FICS) - Foster Care Assessment and Treatment (FCAT) staff provide EPSDT Outpatient Services and Screening of all foster children going into placement On-Site; and EPSDT Community Based Outpatient Services within County.

Interagency partnerships for children, youth, and their families are no stranger to San Joaquin County. Following the W & I Code requiring a Multi-Disciplinary Team (MDT), a five-year stint with Children's System of Care (CSOC), two-year Interagency Enrollee-Based Program (IEBP), and the SB 163 Wraparound Program have laid the foundation and early steps of system transformation in child/youth services.

Through Special Multidisciplinary Assessment and Referral Team (SMART), Mental Health, HSA, Probation, Education, Parents, Substance Abuse Services, Public Health, placement agencies, teen homeless shelter, and the Wraparound Program collaborate to approve RCL 13/14 Certifications, review out-of-state placements, and ensure that every possible resource is explored and utilized to keep at risk children/youth safe, at home or in the community if possible, while emotionally and physically healthy, in school and out of trouble. Expansion of the SMART's monitoring and oversight may include quarterly reports from this Full Service Partnership to monitor the success of the program and also serve as a referral base.

All the SB 163 Wraparound Referrals are approved by SMART prior to acceptance into the program. A sub-committee of SMART functions as the Cross Operations Team for the Wraparound program to oversee and authorize

services, flexible funds, and program issues. The larger body receives Quarterly Reports.

Community Partnership for Families (CPF) consists of multiple public agencies, private non-profit community-based agencies including those serving specific cultural communities, school districts and SELPA's, community colleges, the faith community and organizations, for-profit organizations, and grassroots community members and families all working together with a focus on five neighborhood centers to co-locating services. This program includes an Integrated Service Model, with the use of Family Success Teams.

Child Welfare's Improvement Plan is a Community Plan and was integrated with CPF. Countywide efforts were put forth to work with HSA and are still going forward to this day. Participants include those described above, as well as foster parents and family members. A Differential Response Pilot Program at a CPF Center has provided the necessary link of *needs with services* almost immediately, in an effort to decrease the "falling through the cracks," and increase the outcomes and resiliency of the child/youth and families. It will serve as one of the referral resources for this Full Service Partnership.

These interagency partnerships will be improved through this new Full Service Partnership, closing one of the gaps and decreasing the risks for SED children and youth.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Behavioral Health Services worked to ensure that the cultural groups within our community were fully represented in our planning. To that end, our partnerships included the following community groups and community based organizations:

- Vietnamese community—Vietnamese Voluntary Foundation Incorporated (VIVO)
- Cambodian community—Asian Pacific Self-development And Residential Association Inc. (APSARA)
- Laotian community—Lao Khmu Association
- Hmong community—Lao Family Community
- Native American community—Native Directions
- Homeless population—Mental Health Outreach Workers with local network of shelter organizations
- Muslim/Middle Eastern community—represented by Community Partnership for Families
- Hispanic/Latino community—El Concilio

- Gay, Lesbian, Bisexual, Transgender (GLBT) community—AIDS Foundation
- African American community—Black Awareness Community Outreach Project (BACOP)

Each participated in our MHSA planning and worked to ensure that their communities participated in the stakeholder meetings and consensus building work groups. They are important stakeholders and will be key referral resources for the child/youth and family in the community upon discharge as they *are their community*.

Contracts will be developed with various community-based organizations that will follow what has been coined as the "BACOP model." Under this model, two tiers are designed for transitioning consumers through the system. Tier I is the 90-day support which provides the individual coming into services guidance with follow-up to the consumer and family, and entry assistance to maneuver through the system. Tier II involves a Personal Service Coordinator where services are provided, much like a case manager. This is to ensure that families are not lost in the system since the Child Welfare and Juvenile Justice systems are complicated and large. Training on the BACOP model will be provided to ensure fidelity and success modified appropriately to the community's cultural differences and uniqueness.

As is evidenced by mental health demographics stated earlier, it is anticipated that the African American and Hispanic/Latino population will make up a considerable percentage of children and youth in this program. An emphasis on the employment of like culturally based staff will continue. The TAY Consensus Work Group Consumers were specific in their appropriate request that staff not just speak their language, but that "the staff look like us and come from where we were."

San Joaquin County Behavioral Health Services has a Cultural Competency Plan that ensures that staff and programs meet the state standards for cultural competence. It is described in other sections of this plan.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

There is a strong support of the Gay, Lesbian, Bisexual, Transgender (GLBT) community in San Joaquin County Behavioral Health and County Administration. Mandatory trainings on cultural sensitivity including GLBT are standard for all San Joaquin County Employees. This population was formally represented during our planning process through the AIDS Foundation.

As stated above, a part of this Full Service Partnership and San Joaquin County's MHSA Plan includes outreach and engagement, case management, and after care, through contracts with culturally sensitive community-based organizations, which includes support to the GLBT population.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Reunification and family preservation are key to Child Welfare and Juvenile Probation. This Full Service Partnership Program will seek to keep children and youth in San Joaquin County and avoid placement out of county whenever possible. Those children and youth currently placed in foster homes and low-level RCL Group Homes out-of-county, appropriate for earlier discharge, will be given serious consideration to be evaluated for transition through this program.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This does not apply to the Child & Youth Full Service Partnership.

13) Please provide a timeline for this work plan, including all critical implementation dates.

The timeline begins with approval by DMH:
Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Set-up Office Space

Month 3 & 4:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 5:

- Service Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-1 | Date: 3/6/06

Program Workplan Name Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures		$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)				$0
d. Other Revenue				$0
e. Total New Revenue		$0	$0	$0
3. Total Revenues		$0	$0	$0
C. One-Time CSS Funding Expenditures	**$32,400**			**$32,400**
D. Total Funding Requirements	**$32,400**	**$0**	**$0**	**$32,400**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-1 | Date: 3/6/06

Program Workplan Name Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$17,000	$17,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$10,000	$10,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$27,000	$27,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$291,791			$291,791
c. Employee Benefits	$129,809			$129,809
d. Total Personnel Expenditures	$421,600	$0	$0	$421,600
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$24,734			$24,734
f. Medication and Medical Supports	$7,000			$7,000
g. Other Operating Expenses (provide description in budget narrative)	$28,000			$28,000
h. Total Operating Expenditures	$69,734	$0	$0	$69,734
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	$238,000			$238,000
6. Total Proposed Program Budget	**$729,334**	**$0**	**$27,000**	**$756,334**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$189,084			$189,084
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$179,629			$179,629
d. Other Revenue				$0
e. Total New Revenue	$368,713	$0	$0	$368,713
3. Total Revenues	$368,713	$0	$0	$368,713
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$360,621**	**$0**	**$27,000**	**$387,621**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			1.00	$67,664	$67,664
Mental Health Clinician III			1.00	$61,381	$61,381
Mental Health Clinician II			2.00	$54,060	$108,120
Nurse-Registered			0.50	$63,418	$31,709
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialist		2.00	2.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	15.25		$291,791
C. Total Program Positions		4.00	15.25		$291,791

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Child & Youth Full Service Partnership Program Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,700 per client for the year (10 Clients)		$ 17,000
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (20 Clients)		$ 10,000
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 27,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Chief Mental Health Clinician-(1 FTE @ $67,664)	$67,664	
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381	
3. Mental Health Clinician II-(2 FTE @ $54,060)	108,120	
4. Nurse-(.5 FTE @ $63,418)	31,709	
5. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$291,791
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$129,809
iv. Total Personnel Expenditures		**$421,600**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,000
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier lease based on past history		$ 24,734
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 7,000
v. Other operating Expenses		
1. Communication and data line charges	$ 8,000	
2. Client incentives	20,000	$ 28,000
vi. Total Operating Expenditures		$ 69,734
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$238,000**

e. Total Proposed Program Budget		**$756,334**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)	$189,084	
ii. State General Funds –EPSDT	179,629	
iii. Total New Revenue		**$368,713**
b. Total Revenues		**$368,713**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$387,621**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$17,850	$17,850
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$10,500	$10,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$28,350	$28,350
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$306,380			$306,380
c. Employee Benefits	$143,999			$143,999
d. Total Personnel Expenditures	$450,379	$0	$0	$450,379
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment	$25,234			$25,234
f. Medication and Medical Supports	$16,300			$16,300
g. Other Operating Expenses (provide description in budget narrative)	$28,500			$28,500
h. Total Operating Expenditures	$81,734	$0	$0	$81,734
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	$249,900			$249,900
6. Total Proposed Program Budget	**$782,013**	**$0**	**$28,350**	**$810,363**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$202,591			$202,591
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$192,461			$192,461
d. Other Revenue				$0
e. Total New Revenue	$395,052	$0	$0	$395,052
3. Total Revenues	$395,052	$0	$0	$395,052
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$386,961**	**$0**	**$28,350**	**$415,311**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			1.00	$71,047	$71,047
Mental Health Clinician III			1.00	$64,450	$64,450
Mental Health Clinician II			2.00	$56,763	$113,526
Nurse-Registered			0.50	$66,589	$33,294
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialist		2.00	2.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	15.25		$306,380
C. Total Program Positions		4.00	15.25		$306,380

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Child & Youth Full Service Partnership Workplan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,785 per client for the year (10 Clients)		$ 17,850
iii. Employment and Education Supports		
1. Employment-$525 per client for the year (20 Clients)		$ 10,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 28,350**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Chief Mental Health Clinician-(1 FTE @ $71,047)	$71,047	
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450	
3. Mental Health Clinician II-(2 FTE @ $56,763)	113,526	
4. Nurse-(.5 FTE @ $66,589)	33,294	
5. Psychiatric Technician/MH Specialist II-(1 FTE @ $40,143)	40,143	
6. Senior Office Assistant-(.75 FTE @ $32,084)	24,063	$306,380
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$143,999
iv. Total Personnel Expenditures		**$450,379**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs Based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 6,700
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier Based on past history with a 1% COLA increase		$ 25,234
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 16,300
v. Other operating Expenses		
1. Communication and data line charges	$ 8,500	
2. Client Incentives	20,000	$ 28,500
vi. Total Operating Expenditures		**$ 81,734**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$249,900**

e. Total Proposed Program Budget		**$810,363**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)	$202,591	
ii. State General Funds –EPSDT	192,461	
iii. Total New Revenue		**$395,052**
b. Total Revenues		**$395,052**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$415,311**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Black Awareness Community Outreach Program (BACOP)
Program Work Plan #: FSP-2		Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Black Awareness Community Outreach Program (BACOP) will be a new and innovative core component service of San Joaquin County Behavioral Health Services BHS). It is a Full Service Partnership with an emphasis on General System Development, designed to serve the unserved and inappropriately served. The primary objective of the BACOP component of services will be to target general system development efforts with an emphasis on African Americans currently in the system and who are inappropriately served. This effort will focus on identifying two groups of individuals of African American descent who utilize intensive Behavioral Health Services: Crisis and Inpatient Services. These individuals will fall under two categories: those who use intensive services at an inordinate rate and do not use any other supportive service within mental health, and those individuals who are currently receiving active case management service, payee-ship, and other support service within mental health yet continue to use intensive services at a greater rate than the general mental health population. The former group frequently has increased contact with law enforcement agencies related to conduct issues and a failure to exhibit adaptive behaviors that leads to continued instability and community integration. Based on the Recovery model of personal development and full re-integration into the community, the first group (intensive service users) will receive the First 90 Days Model (see attachment labeled BACOP 90 Days Model – New Consumer) of intensive services with the goal of teaching adaptive behaviors that support full recovery and reduce the need for intensive services. A secondary goal of this first group is to prevent dependence on the system and institutionalization. This group will be provided with short-term (90 days) (see attachment labeled BACOP 90 Days Model – Current Consumer) supplemental case management and education services, with emphasis on culturally relevant information and referral to agencies that help address independence and self-sufficiency. The purpose of the additional support will be to remediate historical patterns of inadequate service interactions between the consumer and the mental health practitioner. The First 90 Days Model will be applied to all other ethnic	

	and special populations and be utilized in all other CSS models. The second group of individuals, identified as those who are currently receiving case management and other supportive mental health services yet continue to use intensive mental health services, will receive supplemental case management and educational service from BACOP with an emphasis on the availability of case management staff who reflect the culture and ethnicity of the population being served. The purpose of the additional support will be to remediate historical patterns of inadequate service interactions between the consumer and the mental health practitioner. This task will be accomplished by introducing a revised service agreement working in close collaboration with the existing case manager reviewing current and historical treatment and financial plans with the client and existing case manager utilizing BACOP staff as advocates. In collaboration with the consumer, the case manager will continue to be "Gate-Keepers" of service opportunities implemented through information and referral. This new service relationship will be based on clear goals set by the consumer in collaboration with the supplemental case management team that support each individuals goal of full recovery, independence and self-reliance and not just mental health stability and maintenance. The secondary objective of the BACOP model will be to address those individuals who are currently unserved within San Joaquin County. A Full Service Partnership will emphasize an intensive outreach and engagement effort utilizing designated CBOs with a primary objective of building an enhanced community-based approach, targeting locations where African American populations frequent and use as a point of services outside the mental health system. This Full Service Partnership will involve faith-based organizations, community-based organizations, law enforcement, human and social service agencies, and other community gatekeepers. This proposed program will target internal services offered in the mental health system, emphasizing a First 90 Days Model approach to intensive support, targeting evaluation, treatment, and follow up based on the recovery model. The First 90 Days Model intensive support component will be a service delivery model, which can be utilized by all age groups, ethnic populations and new individuals entering the mental health system. The objective of the First 90 Days Model is to ensure that the first contact with the mental health system is positive, supportive, and produces outcomes that promote continued and appropriate usage of the system and increased

	independence and self-reliance. Further, the BACOP team will initiate a partnership with CBOs targeting the Native-American community, Middle-Eastern/Muslim community, and the Gay-Lesbian- Bisexual-Transgender communities. BACOP staff and administration and the CBOs of the targeted groups above will collectively with great attention to cultural and ethnic issues with the goal of adapting the First 90 Days Model to each population. The objective of outreach and engagement efforts will be to education CBOs on the mental health system, teach them how to navigate the various components of the mental health system, share with them various treatment options, and to ultimately improve access and usage of the mental health system. BACOP is not only a Full Service Partnership but will also involve general system development with an emphasis on African Americans and other ethnic and special populations who are underserved and/or inappropriately served. These concepts advance the goals of the Mental Health Services Act by targeting African Americans and other populations who are seriously mentally disabled.
Priority Population: *Describe the situational characteristics of the priority population*	The focus of service will be on the African American population in San Joaquin County that are currently inappropriately and or unserved and exhibit a serious mental disability. Current data indicate that African Americans in San Joaquin county represent a larger proportion of the young adult homeless population within the community as well as those individuals who are being transitioned from foster care residential services, and individuals who are incarcerated and/or being transitioned back into the community. Further, many African Americans do not utilize mental health services because of the stigma of mental illness and a generalized distrust of governmental institutions of care which are perceived as leading to institutionalization and personal loss of freedoms. Additional attention will be directed at those African Americans who are currently inappropriately served, including individuals that enter into the larger mental health system through law enforcement, and use intensive crisis and inpatient services at a greater rate, with little follow up and attention paid to the full recovery process.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Development of an ethnically and culturally specific staffing pattern of African American clinicians, consumers and/or family members designed to provide direct, support and outreach services.	☒	☒	☒	☒	☒	☒	☒
Target the unserved population through referrals from internal MH services, CBOs, Faith Based groups, human service and community agencies.	☒	☒	☒	☒	☒	☒	☒
Provide services that are consumer driven and involve a full partnership between the consumer and/or family members and clinicians that are based on the complete recovery model.	☒	☐	☐	☒	☒	☒	☒
BACOP will target 60 African Americans to be fully served through a Full Service Partnership.	☒	☐	☐	☒	☒	☒	☒
The First 90 Days Model of evaluation, treatment, support and follow up based on the recovery model	☐	☒	☐	☒	☒	☒	☒
Implement outreach and engagement efforts to identify and serve 225 African Americans.	☐	☐	☒	☒	☒	☒	☒
Implement cultural competency training to all mental health staff and community agencies.	☐	☒	☐	☒	☒	☒	☒
Outreach efforts will include placement of BACOP/CBO staff within designated community and faith based organizations during regularly scheduled times of the week.	☐	☐	☒	☒	☒	☒	☒
Identify intensive service users and implement First 90 Days Model of assessment, advocacy, and support and follow up.	☐	☒	☒	☒	☒	☒	☒
Educate, train and monitor recovery coaches utilized through CBO	☒	☒	☒	☒	☒	☒	☒
Implement outreach & engagement efforts to identify and serve 225 Multi-Ethnic consumers	☐	☒	☒	☒	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Black Awareness Community Outreach Program (BACOP) is a Full Service Partnership as well as a general system development effort designed to be a system-wide service with African American clinical and para-professional staff within the Behavioral Health department of SJC. This program will utilize an integrated multi-disciplinary service team that is composed of a Psychiatrist, Nurse, Mental Health Clinicians, Mental Health Specialists/Psychiatric Technician, and a Senior Office Assistant. Community-based organizations (CBO) will be our linkage into the community, allowing greater penetration to the unserved. All staff will reflect the racial, ethnic and culture of the population in which it provides services. CBO staff will consist of management staff, case managers, outreach workers, consumer recovery coaches/specialists, and clerical staff.

Historically African Americans have sought out faith-based support first for problem behaviors, followed by medical treatment in an effort to help manage a family member's behavior that may appear abnormal within the community and family system. Many faith-based organizations are considered and seen as the first intervention choice by most African American families because they are perceived as safe havens for sharing family concerns and issues in a confidential manner. Faith-based institutions practice spirituality, as an approach to dysfunctional family matters, much of what is needed to help the family is not provided. Pastors and their staff are trained to support spiritual growth and are not equipped to diagnose and treat mental illness. Furthermore, medical doctors will often attempt to treat problematic behaviors through traditional medication interventions rather than the using a model of psychiatric care and treatment, which often includes therapy, resource and referral and other support that helps individuals recover beyond their disability. When positive outcomes are not achieved by the individual using the two identified support methods identified above, resistance to future treatment efforts increases at all levels. Without a support system and mechanism for referral, many African Americans go untreated in the community and ultimately enter into the mental health system through law enforcement. The likelihood of advanced de-compensation is greater.

The outreach and engagement strategy is an integral part of the BACOP, First 90 Days Model approach for those individuals who are unserved and inappropriately served. For those individuals who only utilize crisis and inpatient services and have frequent contact with law enforcement, upon entry and placement on into the inpatient unit, a BACOP team member will make contact with the individual and begin an intensive First 90 Days Model service plan in collaboration with

inpatient personnel. The first goal of the 90-day service plan will be to initiate an intensive assessment of the individual and the problem behavior that lead to the use of crisis services. Based on the assessment outcome, decisions will be made to support greater access to the larger mental health system of services or to develop a treatment plan that addresses situational events that could lead to greater and more adaptive skills, thereby preventing institutionalization. For those individuals who are seen as having a phase of life issue or family- related problems due to lack of coping skills, a plan will be developed to provide them with education, support, information and referral utilizing non-mental health services. The intense 90-day service plan will be clinically driven and based on the progress of the consumer. At the completion of the first 90-day service effort, an additional 90-day follow-up plan will occur, with periodic reviews of clinical files and consumer satisfaction assessments. Based on the review of the consumer's treatment plan and services, a continuation of the intense 90-day support approach may occur.

A secondary goal with this group will be to use the *"whatever it takes"* approach to support the individual's needs which could include housing, employment, counseling, dual-diagnosis treatment, etc. These individuals will be followed for 90 days with regularly scheduled meetings to give them tools to help navigate community resources and an opportunity and to ensure continuity of services and positive outcomes. These efforts will support the non-institutional goal for people who are not considered to experience a chronic mental disability.

For those individuals who are currently receiving case management and other mental health services but continue to utilize inpatient services and have increased contact with law enforcement, a First 90 Days Model approach will be implemented using BACOP and existing case management staff. The first goal of the collaborative effort between the consumer, existing case worker and BACOP staff will be to conduct a full review and assessment of historical treatment efforts. The objective of the review process is to identify specific needs that have not been addressed and to identify problems that lead to reoccurring decompensation and usage of intensive services. The next objective of the collaborative effort will be development of a revised treatment plan consistent with the recovery model. Throughout implementation of the revised treatment plan cultural competency will be emphasized both within the plan and in the management of services. Cultural competency for the larger mental health system and the community will also be addressed through an intensive education campaign to reflect the African American experience relating to the community at large. Further, the same cultural competency training and education effort will be applied to all ethnic and special populations in San Joaquin County. Specific attention will be directed to understanding the African American expressive communication patterns and gestures, affective non-verbal communication styles and patterns, and cultural values specific to the African American population in

San Joaquin County. BACOP and CBO staff will become an advocate for the consumer in an effort to ensure that all goals are addressed and positive outcomes are achieved, based on cultural relevance and full partnership.

For those individuals who are identified as unserved, a Full Service Partnership will emphasize community outreach, education, information and referral, and direct service support utilizing the First 90 Days Model concept of assessment, treatment planning, advocacy and support. Cultural competency will be emphasized through out the process and all efforts will be based on the recovery model. In an effort to address the needs of the unserved, the goal of BACOP is to provide a specific contact and point of service where information can be shared and meetings can be arranged. A first contact with individuals experiencing problems will be arranged at the outstationed referral and CBO sites, which can be seen as a non-threatening environment. First contact in these areas will help to reduce stigma of mental illness and treatment and can become the mechanism leading to future direct access to the larger physical plant of Behavioral Health Services.

Under the Full Service Partnership, BACOP will build a collaborative bond between various faith-based organizations, and community and health care organizations to increase awareness and accessibility of culturally appropriate mental health care and services to African Americans and those of African descent that are not receiving services. The BACOP team will saturate the local faith community and other social service agencies that African Americans frequent in an effort to educate them on the mental health system and to teach them how to navigate the various components of Mental Health and to share various treatment options. BACOP staff will be out-stationed within the community during regularly scheduled times each week. The team will provide triage services as needed and facilitate the referral process for more direct services within the Behavioral Health Facility for the 90-Day support process. This service effort will enable individuals who need and desire mental health support and services to have direct access to a known skilled clinician of like culture and ethnicity as a first contact.

The primary role of the Mental Health Clinician III will be to act as the clinical supervisor of the BACOP Team. This individual will provide the overall clinical leadership for the service team including CBO Staff. They will provide the necessary clinical supervision and facilitation of team meetings. Additionally, they will maintain some responsibility for the provision of direct clinical services.

The Mental Health Clinician II will provide direct services to consumers with a focus towards psychotherapeutic interventions. They will also provide other recovery focused interventions as they are identified by the service team and consistent with the staff's relationship with each consumer.

The primary role of The Mental Health Specialist II is to provide case management and other recovery focused interventions as indicated by the service team in collaboration with the consumer. This position will also be responsible for outreach and engagement activities, including working cooperatively and directly with CBO's (African American, Native American, Gay-Lesbian-Bisexual-Transgender (GLBT), and Middle-Eastern/Muslim communities) representing the various communities.

The primary role of the BACOP Nurse is to function as a medical specialist on the service team. This will include attention to both medical and psychiatric consumer issues. This individual will have a role in managing psychiatric and physical medications and providing linkage to other physical care providers in the community. The nurse will function as a medical consultant to team members, including CBO staff. This staff will need to attend meetings and conferences to maintain current information on public and mental health problems and issues.

The primary role of the Psychiatric Technician (PT) in the BACOP team are to provide case management and medication services, including the administering of injectable medications. This staff may also participate in assisting consumers with developing self reliance skills. The PT may also participate in assisting families and care providers in monitoring response to medications.

The primary role of the BACOP Senior Office Assistant is to perform general office duties. Such duties may include typing, taking minutes, filing, records management, statistical and record keeping, and ordering and maintaining supplies and equipment. The above positions will function as an integrated service delivery team to "do whatever it takes" to meet the needs of the African American Community.

OUTREACH & ENGAGEMENT/ COMMUNITY-BASED ORGANIZATIONS' ROLE

During the first year, SJCBHS will establish contractual relationships with four (4) community-based organizations (CBOs) to develop outreach and engagement efforts targeting approximately 450 individuals (approximately 225 African Americans, 75 Native Americans, 75 Middle-Easter/Muslims, and 75(GLBT) Gay, Lesbian-Bisexual-Transgender).

Community-based organizations will be chosen through a basic, competitive Request for Proposal (RFP) process which will ensure that the organizations have an ability to penetrate into the social environment of the communities, and a their history of developing rapport and trust in the targeted communities.

The role of the CBOs will be to support the MHSA Plan in the area of outreach and engagement to the four (4) targeted communities in a culturally sensitive manner. CBOs, through their outreach and engagement efforts, will identify unserved individuals with an emphasis on triage, education, information, and referral. The outreach and objective goal of the CBOs will be to provide contact and a first point of service where information can be shared and meetings can be arranged within the community. This first contact between the CBO and the individual experiencing problems will be arranged at the outstation referral site, which can be seen as a non-threatening environment where triage efforts will be initiated. First contact in these areas will help to reduce stigma and provide a neutral environment free from cultural and gender bias and negative stigma associated with mental health illness and treatment. Furthermore, this first contact can become a mechanism leading to future direct access to the larger physical plant of SJCBHS. For those individuals who are seen as having a phase of life issue or family related problems due to lack of coping skills, a plan will be developed to provide them with education, support, information and referral utilizing non-mental health services. For those individuals perceived as having a chronic mental illness, CBOs will initiate a direct referral to BACOP and other ethnic, sexual/ gender-based mental health services. Upon receiving a referral from CBOs, any member of the BACOP team, Mental Health Clinicians will then initiate the first phase of the First 90 Days Model services concept.

The role of the CBO in BACOP serving the African American community will be to provide case management services, including temporary supportive living services for client who are homeless as they transition through the First 90 Days Model process. Services will include after-hour case management, extensive community outreach and engagement, mentoring, education, and training, all which will be based on the recovery principles. The CBO will also provide substance abuse counseling, and support and referral for those who exhibit dual-diagnosis behavior. The CBO will provide educational sessions designed for consumers, families, and groups who are suffering from mental illness as well as addictions. The BACOP Core staff will provide clinical supervision to the CBO staff formulating and recommending policies and procedures on clinical issues impacting program development efforts. Further efforts will focus on directing and assisting in the planning and implementation of new mental health services.

Performance and outcome measures will focus on increasing and serving the number of individuals -- the unserved and inappropriately served in San Joaquin County. For those individuals identified as unserved the goal of BACOP will be to increase services to them with an emphasis on recovery. For those individuals inappropriately served, the goal will be to identify, reassess, and implement enhanced treatment based on recovery principles. We will follow the measures that DMH determines are the best for reporting performance outcomes.

In summary, the BACOP component of San Joaquin County will be a new, innovative service component with an emphasis on Full Service Partnership, general system development and outreach and engagement. The primary goal will be to assist African Americans who experience a major mental illness to recover fully from their disability. General system development focus will be on African Americans who currently receive mental health services yet do not progress beyond their disability due to inappropriate treatment, planning, and support. For those individuals who do not currently receive services, BACOP will initiate an aggressive outreach and engagement effort with African American, Native American, Middle-Eastern-Muslims, and Gay, Lesbian, Bisexual, Transgender communities. Our goal is to provide *"whatever it takes"* services that help the individual to recover and adapt to community demands and life expectations consistent with the general public.

3) Describe any housing or employment services to be provided.

In an effort to fully serve the unserved African American, the BACOP staff will be the temporary gatekeepers for information and referral services that address each individual's needs. Housing and Employment are essential elements of service that support each individual's goal of recovery. BACOP staff will refer and support access to housing services which could include Central Valley Housing Service for shared housing options, Community Re-Entry Program for residential care based independent living skills training and Satellite Supported Living Housing options. Community-based options outside mental health supportive housing will also be accessed on an individual and as-needed basis. Regardless to one's plight in life, stable housing is essential to consumer's quality of life. BACOP will partner and collaborate with the community-based housing specialist team to develop housing options for consumers. This collaboration will further enhance and develop a system-wide opportunity for housing that will be the cornerstone of the recovery and resiliency model. Any future housing will also be made available as an option for all consumers.

Employment services and options for pre-employment opportunities will be made available during the initial assessment phase of the First 90 Days Model process of evaluation and definition of service needs. All consumers will be provided with an opportunity to participate in mental health vocational continuum of services. Depending on the individual's desire, three employment services options are available and accessible at any given time. These three options will include:

1. HEART Team model which is based on the train and place model
2. Community Re-Entry Program's Vocational Continuum also based on the train and place model in which emphasis is placed on pre-vocational and direct vocational opportunities that are short term and designed to be one step toward placement into the normalized community.

3. Other Public Vocational Services Agencies such as the Employment Development Department, San Joaquin County Work Net, and private individual providers will be made available based on individual's desire and need derived from the assessment.

4. Full Service Partnership enrolled members will utilize the SJCBHS proposed MHSA-funded Recovery Employment Services and the Housing Empowerment Services described in other sections of the Community Services and Supports Plan.

In summary, all vocational service opportunities that exist as well as any potential new services will be made available for any consumer as per their choice The BACOP model will provide culturally and ethnic sensitive employment services to those in the Full Service Partnership. The BACOP model will reflect the recovery vision of employment for people experiencing symptoms of mental illness. This mission will be accomplished by identifying best practices, easy access and rapid placement in the psychosocial rehabilitation principles. BACOP will reflect the primary goal of the recovery employment model to empower consumers in identifying employment as a viable goal and emphasize the value of recover and resiliency. The Recovery Employment Services model is explained in full detail in the work plan described in other sections of the Community Services and Supports Plan.

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4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each Full Service Partnership participant is $8,872 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $17,286.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

All BACOP services will be based on the recovery model: services are based on a partnership between the consumer and individuals who can help him/her achieve the goals of personal growth, self-sufficiency and independence and resiliency. All recovery plans will be written and monitored on a quarterly basis along with the consumer/family in an effort to ensure that treatment and support

is being provided as planned and outcomes are being achieved over time. Biannual consumer satisfaction measures will be obtained as written products of each consumer's perception of services as planned and written.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

BACOP is a new program; it is not expanding an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

MHSA clearly defines the role of the consumer and family member as an integral part of the recovery team. In this program the Recovery Coaches will assist in the following ways:

1. Act as recovery Support Person
2. Act as liaison between consumers, the mental health system and the community at large.
3. Act as a point of contact for general support questions and guidance.
4. Be part of Outreach and& Educational team
5. Offer transportation support

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The SJC Behavioral Health Services Community MHSA Consortium is a consortium of community-based programs designed to reduce cultural, racial, ethnic and linguistic disparities within the mental health delivery system. The proposed Community MHSA Consortium will be comprised of community-based organization, consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations. The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA process. Additionally the consortium will assist Behavioral Health Services in rolling out the improved mental health

programs and evaluating evidence-based practices. The Consortium provides a means to continue the partnership and trust that has developed. Educational efforts of the Consortium will focus on program orientation, service delivery with a targeted emphasis on the unserved and underserved populations. The Consortium will provide education and cross training on mental illness emphasizing wellness and recovery. Community strengths and resiliency will be identified by all efforts of the Consortium.

BACOP will actively represent and be a voice for the African American consumer to ensure consumer/family goals of recovery and resiliency are being met, as well as ensuring system goals.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The BACOP program will maintain and ensure cultural competency to address the consumer needs of the African American community. The implementation of contracts with an African American CBO will ensure that cultural competency goals are met within the African American population. In addition to their role within Outreach and Engagement and General System Development, this agency will have staff as part of BACOP's Full Service Partnership.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

All services offered by the BACOP Team will be sensitive to the "individual first and foremost" in terms of their gender, sexual orientation and lifestyles, without personal judgment and or criticism. Efforts to address individual service needs will be considerate of special concerns related to the issues identified within these diverse communities.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The BACOP team, in its effort to serve the African American Population in San Joaquin County, will serve those individuals located out of county, consistent with

the general policies and procedures for services of consumers who are placed out of county and require culturally sensitive treatment and support.

African American individuals residing out of the county to be served by the BACOP program will include those placed by BHS in some for of placement (e.g., IMD's). Such individuals will be linked to culturally and linguistically appropriate services by BACOP staff. Case management for these consumers will be provided by BACOP staff. The goal for these consumers will be to transition them back to San Joaquin County residence and BHS services.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This does not apply to the Black Awareness Community Outreach Program.

13) Please provide a timeline for this work plan, including all critical implementation dates to be developed by Behavioral Health Senior Administration.

The timeline begins with approval by DMH:
Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Set-up Office Space

Month 3:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 4:

- Service Begins

Month 6:

- Community Feedback

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: FSP-2 | Date: 3/6/06

Program Workplan Name: Black Awareness Community Outreach Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$86,600**			**$86,600**
D. Total Funding Requirements	**$86,600**	**$0**	**$0**	**$86,600**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: FSP-2 | Date: 3/6/06

Program Workplan Name: Black Awareness Community Outreach Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-2 | Date: 3/6/06

Program Workplan Name: Black Awareness Community Outreach Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$76,500	$76,500
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$22,500	$22,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$99,000	$99,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$362,740			$362,740
c. Employee Benefits	$163,155			$163,155
d. Total Personnel Expenditures	$525,895	$0	$0	$525,895
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$49,250			$49,250
f. Medication and Medical Supports	$3,500			$3,500
g. Other Operating Expenses (provide description in budget narrative)	$8,520			$8,520
h. Total Operating Expenditures	$71,270	$0	$0	$71,270
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	$341,000			$341,000
6. Total Proposed Program Budget	**$938,165**	**$0**	**$99,000**	**$1,037,165**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$207,433			$207,433
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$207,433	$0	$0	$207,433
3. Total Revenues	$207,433	$0	$0	$207,433
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$730,732**	**$0**	**$99,000**	**$829,732**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-2 | Date: 3/6/06

Program Workplan Name: Black Awareness Community Outreach Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$67,664	$33,832
Mental Health Clinician III			1.00	$61,381	$61,381
Mental Health Clinician II			1.00	$54,060	$54,060
Psychiatrist			0.30	$147,159	$44,148
Nurse-Registered			0.50	$63,418	$31,709
PsychTech/MH Specialist II			3.00	$38,231	$114,693
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			3.00		$0
CBO-Management			0.75		$0
CBO-Recovery Coach/Specialis		2.00	2.00		$0
CBO-Outreach Worker		1.50	1.50		$0
CBO-Clerical			0.75		$0
					$0
					$0
					$0
	Total New Additional Positions	3.50	15.05		$362,740
C. Total Program Positions		3.50	15.05		$362,740

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Black Awareness Community Outreach Program Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-2**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,700per client for the year (45 Clients)		$ 76,500
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (45 Clients)		$ 22,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 99,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Chief Mental Health Clinician-(.5 FTE @ $67,664)	$33,832	
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381	
3. Mental Health Clinician II-(1 FTE @ $54,060)	54,060	
4. Psychiatrist-(.3 FTE @ $147,1590)	44,148	
5. Nurse-(.5 FTE @ $63,418)	31,709	
6. Psychiatric Technician/MH Specialist II-(1 FTE @ $38,231)	114,693	
7. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$362,470
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$163,155
iv. Total Personnel Expenditures		**$525,895**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,000
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history		$ 49,250
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 3,500
v. Other operating Expenses		
1. Communication and data line charges		$ 8,520
vi. Total Operating Expenditures		$ 71,270
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$341,000**

e. Total Proposed Program Budget	**1,037,165**
2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$207,433
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$207,433**
b. Total Revenues	**$207,433**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$829,732**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-2 | Date: 3/6/06

Program Workplan Name: Black Awareness Community Outreach Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$80,325	$80,325
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$23,625	$23,625
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$103,950	$103,950
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$380,877			$380,877
c. Employee Benefits	$179,012			$179,012
d. Total Personnel Expenditures	$559,889	$0	$0	$559,889
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$3,300			$3,300
e. Rent, Utilities and Equipment	$49,750			$49,750
f. Medication and Medical Supports	$10,475			$10,475
g. Other Operating Expenses (provide description in budget narrative)	$9,020			$9,020
h. Total Operating Expenditures	$77,545	$0	$0	$77,545
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	$358,050			$358,050
6. Total Proposed Program Budget	**$995,484**	**$0**	**$103,950**	**$1,099,434**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$219,887			$219,887
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$219,887	$0	$0	$219,887
3. Total Revenues	$219,887	$0	$0	$219,887
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$775,597**	**$0**	**$103,950**	**$879,547**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-2 | Date: 3/6/06

Program Workplan Name: Black Awareness Community Outreach Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$71,047	$35,524
Mental Health Clinician III			1.00	$64,450	$64,450
Mental Health Clinician II			1.00	$56,763	$56,763
Psychiatrist			0.30	$154,517	$46,355
Nurse-Registered			0.50	$66,589	$33,294
PsychTech/MH Specialist II			3.00	$40,143	$120,428
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			3.00		$0
CBO-Management			0.75		$0
CBO-Recovery Coach/Specialis		2.00	2.00		$0
CBO-Outreach Worker		1.50	1.50		$0
CBO-Clerical			0.75		$0
					$0
					$0
					$0
	Total New Additional Positions	3.50	15.05		$380,877
C. Total Program Positions		3.50	15.05		$380,877

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Black Awareness Community Outreach Program Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-2**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1338.75 per client for the year (60 Clients)		$80,325
iii. Employment and Education Supports		
1. Employment-$393.75 per client for the year (60 Clients)		$ 23,625
iv. Other Support Expenditures		
v. Total Support Expenditures		**$103,950**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Chief Mental Health Clinician-(.5 FTE @ $71,047)	$35,524	
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450	
3. Mental Health Clinician II-(1 FTE @ $56,763)	56,763	
4. Psychiatrist-(.3 FTE @ $154,517)	46,355	
5. Nurse-(.5 FTE @ $66,589)	33,294	
6. Psychiatric Technician/MH Specialist II-(3 FTE @ $40,143)	120,428	
7. Senior Office Assistant-(.75 FTE @ $32,084)	24,063	$380,877
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$179,012
iv. Total Personnel Expenditures		**$559,889**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 3,300
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history with a 1% COLA increase		$ 49,750
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs based on history		$ 10,475
v. Other operating Expenses		
1. Communication and data line charges		$ 9,020
vi. Total Operating Expenditures		**$ 77,545**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$358,050**

e. Total Proposed Program Budget	**$1,099,434**
2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$219,887
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$219,887**
b. Total Revenues	**$219,887**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$879,547**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: La Familia Full Service Partnership
Program Work Plan #: FSP-3		Estimated Start Date: July 1, 2006
Description of Program: Describe how this program will help advance the goals of the Mental Health Services Act	This program will increase the penetration rate for Latinos receiving specialty mental health services in San Joaquin County. It will be an ethnically, culturally and linguistically competent Full Service Partnership co-located with a specialized Latino-focused clinic, La Familia Servicios Psico-Sociales. The La Familia FSP will serve transition age youth (18 to 25-years-old), adults and older adults. This Full Service Partnership will work in conjunction with community-based organizations (CBO). The team will work together with specialized Latino-focused contract programs to coordinate treatment and ensure continuity of care. This proposal will include outreach, education, assessment, treatment and referral. During the screening process, treatment will be based on the individual needs of the consumer and/or family member. Services will be provided in an individualized, client/family focus that supports recovery and wellness. The focus of treatment will be strength-based emphasizing resiliency and accessing natural community supports/healers. Appropriate referrals will be made to meet specialized needs that cannot be addressed by Mental Health. Outreach will be a strong component, with specialized advertising and direct face-to-face involvement in the Spanish-Speaking community, including outreach activities in schools, churches and community/senior centers; at health fairs, specialized events and speaking engagements. Referrals may be received from CBOs, medical health centers, faith-based organizations, families and self-referrals.	
Priority Population: *Describe the situational characteristics of the priority population*	This program will serve transition age youth (18 to 25 years old), adults and older adults of Latino origin with serious mental illness and cognitive/functional impairment, with special emphasis on Spanish-Speaking persons/family members. Current data indicates that Latinos in San Joaquin County are seriously underserved at all points of service throughout the mental health delivery system. Language, acculturation, intergenerational and economic factors have been known to significantly affect this population. Traditionally, Latinos coming from a close-knit family system are more likely to handle problems within the family rather than reaching out to social service organizations for assistance. Many Latinos will reach out to medical doctors,	

	churches, and faith healers before coming to mental health for treatment. Developing trust and respect between mental health services and the Latino community will require extensive effort, outreach and working hand-in-hand with community-based organizations that already have positive relationships with this community.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated service delivery, with outreach in the home and in geographic locations throughout San Joaquin County.	☐	☒	☒	☐	☒	☒	☒
Ethnically, culturally and linguistically appropriate services to reach underserved and unserved Latino populations	☐	☒	☒	☐	☒	☒	☒
Multi-disciplinary teams comprised of clinical, clerical, case management, medical, consumer and/or family member positions. All staff will engage in extensive community outreach throughout San Joaquin County. All staff will do outreach and engagement including the community-based organization that has strong linkage and trust developed within the Latino community.	☒	☒	☒	☐	☒	☒	☒
Individually-based and values-driven treatment focusing on wellness and recovery	☒	☐	☐	☐	☒	☒	☒
Full Service Partnership to 60 persons including housing and supports that will assist the consumers in successfully achieving their goals.	☒	☐	☐	☐	☒	☒	☒
Development of housing options, temporary or permanent supportive housing that links with our housing continuum	☒	☐	☐	☐	☒	☒	☒
Integrated substance abuse and mental health services to address dual-diagnosis issues	☒	☒	☒	☐	☒	☒	☒
Direct transportation and support, including teaching transportation options and how to access these options/services.	☒	☐	☐	☐	☒	☒	☒
Consumer and staff's Speakers Bureau providing community education and outreach. Individual client stories of struggles, challenges, triumph and resiliency will provide role models to foster hope and recovery.	☐	☒	☒	☐	☒	☒	☒
Integral involvement with Community MHSA Consortium comprised of Behavioral Health Services and community-based organizations	☐	☒	☒	☐	☒	☒	☒
Collaboration with Crisis and Access Services in providing ethnically, culturally and linguistically appropriate treatment.	☐	☒	☐	☒	☒	☒	☒
Collaborate with behavioral intervention service in providing individualized treatment to address	☒	☒	☐	☐	☒	☒	☒

behavioral issues that may negatively impact client success							
Provide pre-vocational training, assess and refer for vocational services including resources through the Department of Rehabilitation.	☒	☐	☐	☐	☒	☒	☒
Multi-agency service planning and collaboration with other community leaders and Latino-focused services including faith and natural healers.	☐	☒	☒	☐	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

La Familia Full Service Partnership is a culturally and linguistically competent program that provides services to transition age youth (18 to 25 years of age), adults and older adults. La Familia is designed to be a targeted service to address the needs of the Latino community for individuals that have mental illness and co-occurring disorders of substance abuse. The program will be recovery-focused with an emphasis on wellness. One of the core concepts is that individuals and families can recover from mental illness and can improve their general sense of well-being. Traditional Latino values will be integrated into the treatment milieu. Services will be provided by individuals of similar origin who can relate to issues affecting Latinos such as: stigma, discrimination, racism, violence, acculturation, immigration, legal issues, intergenerational issues, and poverty.

The priority populations that were identified during the community outreach to the unserved, underserved and inappropriately served work group identified transitional age youth (TAY) (18-25 years) as a priority population that needed new services or enhancement of services. The specialized needs of the transition age youth with co-occurring disorders; who have turned age 18 and are aging out of the foster system; who were recently released from the criminal justice system; with children; who are aging out of Children's Services by turning 18 years old and are going to be transferred to Adult Services; in need of crisis services will be addressed. The above TAY populations will be a priority in the planning and service delivery process of the La Familia Full Service Partnership. The culture and developmental level will be taken into consideration when providing specialized TAY services. Some TAY consumers may still be in a school program. La Familia's Full Service Partnership will work with the schools to coordinate care and maximize services and supports for the TAY. The needs of TAY parents and their children will be a special focus to ensure needed services and referrals to nutrition, public health assistance programs for young families, and accessing of medical care.

Adult recommendations include adults who are unable to access services due to language, culture, transportation and awareness; who are at risk of homelessness; at risk of needing crisis services; and those leaving the criminal justice system. The La Familia program will be linguistically competent by providing services in Spanish or the language of the consumers chooses. Transportation will be provided by the Full Service Partnership and consumers/family members will be taught how to ride public transportation to increase independence. The Full Service Partnership will assist consumers who

are homeless or at risk of homelessness. Homeless Outreach Workers will be able to consult to assist in finding needed resources. La Familia consumers that are in need of crisis services will be assessed and provided the level of emergent services necessary to stabilize the consumer to return them on their road to recovery. Latino/Hispanics have a higher rate of involvement with the criminal justice system so La Familia will work closely with the Criminal Justice program designed to work with individuals who have committed a crime and have some type of mental illness. This specialized program works directly with the judges to assist Latinos in accessing and seeking treatment for mental illness and dual-diagnosis.

The older adult was also identified as a priority population for older adults who isolate and are unable to access services due to language, culture, transportation and distrust. The La Familia Full Service Partnership will provide direct services to this population, as well as coordinate with Older Adult Day Treatment that has a specialized Spanish group providing therapy, transportation and hot meals. The Spanish group is culturally and linguistically competent by providing services in the consumer's primary language, by a Latino therapist, addressing the unique needs of Latino consumers who are older adults. The other older adult concern is related to placement in a residential facility. The La Familia Full Service Partnership will address housing and will be looking to develop new residential resources that are culturally competent.

The La Familia program will be linguistically competent by having Spanish-speaking treatment providers in the Full Service Partnership. The goal is to have Spanish-speaking staff that can provide direct mental health services in the client's primary language. Consumers and family members will have language options based on the consumer's request. The La Familia program will have an inviting atmosphere, with culturally relevant art, and providers that look and speak like the consumers and family members it serves. It is important to have clinicians that can establish trust and have shared beliefs, values and norms. Mistrust of mental health services is an important reason deterring minorities from seeking treatment. Additionally, Latinos tend to go to primary care providers seeking mental health treatment. This team will work closely with community medical centers, public health centers, individual doctor's offices, and natural healers. Additionally, Latinos often will go to faith-based organizations such as church or ministry groups before coming to mental health. Outreach will need to include faith or spiritual-based organizations.

The outreach surveys that were completed by the Hispanic/Latino community in San Joaquin County identified the following concerns; lack of awareness of mental health services, inability to communicate with providers due to language barriers, lack of access to services due to transportation problems, and the need

for services that are targeted to the Latino community. La Familia is an effort to address these concerns. All staff will participate in intensive outreach to inform Latinos of mental health services. Engagement strategies will be developed to instill trust, resulting in increased access, penetration and retention rates.

The outreach and engagement strategies will be modeled after the Black Awareness Community Outreach Program's (BACOP) First 90 Days Model approach with consumers receiving intensive services, linkage and follow-up when they are first introduced to mental health services. The service team will address each consumer's psychiatric, psychosocial, medical, financial, transportation, spiritual and other needs in a culturally appropriate manner at the inception of treatment with the goal of both stabilizing the individual's presenting crisis as well as establishing a comfortable, trusting relationship with each consumer.

This program will provide service delivery throughout all of San Joaquin County including home visits. It will have a multi-disciplinary team comprised of clinical, clerical, substance abuse, case management, medical, consumer and/or family member positions. Additionally, La Familia will work closely with the Community MHS Consortium resulting in blended staff between the community-based organizations (CBO) and the La Familia program. Consumers will have individualized treatment plans that are strength-based and reflect the client's goals. Treatment will include medication, individual and group therapy, case management, support and family groups, medication education, health and wellness information. Nutrition and exercise information will be shared as an effort to address the high prevalence of diabetes and other health conditions in the Latino community.

Treatment will address the individualized needs of the consumer providing services with *respecto* (with respect) and *dignidad* (dignity). Additionally, the family relationship is paramount and the family should be included in treatment with the consumer's permission. Treatment will need to address *personalismo* (personalism) that will affect the therapeutic alliance. Traditional Latinos feel uncomfortable when they are treated with a professional distance that is typically maintained in the therapist/client relationship. A sense of warmth needs to be extended to the consumer, as an example, through hugging when shaking someone's hand or sharing about one's personal life and family. Familiarity with the culture is necessary to distinguish between the culture bound syndrome of *ataque de nervios* (a nervous crisis) and serious and persistent mental illness.

La Familia is an integrated interdisciplinary service team that will provide a Full Service Partnership to sixty (60) consumers with the core concept of *"whatever it*

takes." It will provide outreach, engagement, psychiatric evaluation, treatment, case management, housing assistance, employment services, transportation assistance and 24-7 supportive availability by after hours staff employed by the community-based organization (CBO). The CBO will be part of the integrated service team by attending staff and clinical team meetings, as well as participating in treatment planning. The CBO staff positions will be comprised of Case Managers; Recovery Coaches/Specialists; Outreach Workers, Clerical and a Management staff person. This CBO staff will work closely with the La Familia staff in doing joint outreach and assisting individuals to come to mental health for treatment. The La Familia staff will teach the community-based organizations about mental illness, basic stabilization techniques and resources available through specialty mental health services. All staff will work with the behavioral intervention service to address behavioral issues that keep consumers from experiencing success and goal attainment.

The program will develop a speaker's bureau provided by consumers, family members, and staff. The speaker's bureau will be available to educate CBO staff, the Community MHS Consortium, the Wellness Center, other SJC Behavioral Health Services Full Service Partnerships, and the community at large. Consumers will share their personal stories of struggles, challenges, triumph and recovery. It is our hope that these consumers will become role models to help others on their recovery journey.

Program Goals:

- To provide outreach to 300 individuals and assessments to 100 consumers
- To provide a Full Service Partnership to 60 individuals, including outreach and engagement, treatment, housing, employment, transportation, and dual-diagnosis treatment
- To provide 20 consumers with stabilized housing by a variety of means, including first and last months rent, vouchers and some type of subsidized housing supports.
- To provide cultural, ethnic and linguistically competent services to the Latino/Hispanic community, supporting the values of wellness and recovery
- To develop evidenced-based practices to measure penetration, retention, and treatment to the Latino population. Areas to measure may include numbers of individuals: who received outreach, engagement and treatment services; received housing assistance; who have increased access to transpiration, who have completed employment training and are gainfully employed in part-time and full-time employment, who have reduced incarceration and inpatient admissions; who are no longer homeless; who have maintained consistent services over a three-month, six-month and one-year period of time.

3) Describe any housing or employment services to be provided.

As a Full Service Partnership, housing options (temporary or permanent supportive housing) will be developed. The amount and type of assistance will be based on client need and the coordination of other resources, such as Section 8. San Joaquin County Behavioral Health Services has developed a housing continuum that ranges from board and care to supportive independent living. This continuum will be available to the La Familia program, in addition to the assistance of our homeless outreach workers and housing specialist thru the Homeless Engagement and Response Team (HEART) that has developed housing contacts.

San Joaquin County Behavioral Health Services (SJCBHS) provides a continuum of employment services that range from pre-employment and training to employment or volunteerism. An initial readiness interview is completed and consumers are advised of the range of services that are offered, from an immediate referral to employment agencies to a community skills building class that teaches employment skills. The community skills building class also teaches basic information on mental illness and dual-diagnosis. It focuses on functionality and assists each consumer to complete a Wellness Recovery Action Plan (WRAP). The WRAP plan is a self-designated plan for staying well, for helping people to feel better when they are not feeling well, and for improving the quality of their lives. The community skills building class has been successfully conducted in Spanish and, in some cases, has resulted in immediate employment.

Full Service Partnership enrolled members will utilize the Recovery Employment Services and Housing Empowerment Services described in other sections of the San Joaquin County Community Services and Supports Plan.

Limited English proficiency can be a major barrier to seeking and maintaining employment. English as a second language (ESL) classes can be taught on site to assist consumers in learning survival and employment skills. Survival skills can include: how to interact with medical and health providers, how to ride the bus system and ask for directions, and how to interact with the school system to advocate for their children.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each Full Service Partnership participant is $9,763 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $13,947.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Recovery supports the concept that consumers can recover from mental illness. A strong partnership between the treatment staff and the consumer is one of the foundations on which recovery is built. The transition age youth, adult and older adult consumer makes a commitment to his/her own recovery and is an active agent working toward wellness. Self-responsibility and self-advocacy are skills that consumers need to master on their road to recovery. The La Familia staff will support consumers on this road and to assist them in learning needed skills through individual and group counseling. Recovery coaches are consumers and/or family members who are concrete examples of recovery in action. The recovery coaches become role models to others who help consumers and family members to see that wellness is attainable. The fact that recovery coaches are actively employed shows that acquiring and maintaining employment is possible. The La Familia staff will have a strong vocational program that is taught in Spanish and will have training resources available thru the Department of Rehabilitation.

Transition age youth (18-25 years old) are in a special development stage of transitioning to adulthood. Transition age youth have mental disorders and may have experienced trauma that could contribute to delayed emotional development. The transition age youth will need additional supports and the flexibility from the program to give them opportunities to learn needed skills and the ability to learn from their mistakes.

Resiliency is defined as buoyancy or the ability to bounce back from adversity. Resiliency is not a concept that is only applied to children and youth but can be applied to all consumers and family members that face adversity and become stronger from overcoming it. Resiliency will be addressed in strength-based ethnic specific treatment and is a core concept of the Wellness Recovery Action

Plan (WRAP). Additionally, the WRAP plan will be one of the major classes at the Consumer Wellness Center.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program; it is not expanding an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

The consumers and family members will be an integral part of the Full Service Partnership. Recovery coaches will be consumer and/or family member positions that are paid staff. As an equal team member the coaches will have input into program planning, individual consumer treatment, vocational and skill training and referral to appropriate programs. The recovery coaches will be consultants on the client and Latino cultures to all San Joaquin County Behavioral Health Services programs. Additionally, the coaches will help teach staff the viewpoint of consumers and the history of the consumer movement. Consumer culture will need to be incorporated in program and policy development.

San Joaquin County Behavioral Health Services Power and Support group was developed and is run by consumers to teach advocacy, empowerment, and to provide consultation on program development. San Joaquin County consumers are also developing the Wellness Center, which is designed to serve consumers and staff to support the development of equal partnership. Consumers and family members will be encouraged to join and participate in the National Alliance for the Mentally Ill (NAMI). Consumers and family members have been active in reviewing the MHSA proposals before going to the San Joaquin County Behavioral Health Services Steering Committee.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Community-based organizations (CBO) are stakeholders groups that are part of the MHS process from the very beginning. CBOs were contracted to do outreach and engagement to unserved, underserved and inappropriately

serviced populations. El Concilio is a CBO specializing in provided outreach and services to the Latino Community. Additionally, San Joaquin County Behavioral Health Services works in partnership with the Latino Mental Health Program that is well known in this community

The CBOs comprise a variety of ethnic groups including the faith and tribal organizations. Native Directions, Inc. manages the Three Rivers Lodge that is a tribal based dual-diagnosis program for men. Additionally, at Three Rivers spiritual/religious ceremonies are held on a weekly basis for Native Americans within San Joaquin County. During Powwows, American Indians from all over the country come to Three Rivers to participate in ceremonies.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Within San Joaquin County in Fiscal year 2002-2003 the penetration rate for the Medi-Cal population of Hispanic/Latino community was 2.7%. Penetration rate of Hispanic/Latino consumers served by San Joaquin County Mental Health Services compared to the entire San Joaquin County population is 1.6%. Latinos are a highly underserved population and are not receiving mental health services. More than 70% of Latino/Hispanics that access mental health services are not returning after the first visit.

La Familia Full Service Partnership is an effort to correct this disparity. La Familia will be a cultural and linguistically competent program by employing service staff that represents the cultures it serves. The program will provide services in Spanish, including written materials, and will have inviting decorations that reflect the Latino culture. La Familia and the community-based organization will employ service staff of the Latino community that have the experience to assist in the evolution of a program that is culturally congruent. Consumers and/or family members will infuse a Latino/Hispanic culturally specific consumer view into service delivery. These culturally specific recovery coaches will be consultants to the Community MHS Consortium and San Joaquin County Behavioral Services programs and staff.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The AIDS Foundation is one of the community-based organizations that was contracted to reach out to the gay-lesbian-bisexual-transgender (GLBT) community. The AIDS Foundation conducted outreach and engagement to the following organizations; Parents, Families and Friends of Lesbians and Gays (PFLAG); Gay, Straight Alliance clubs at high schools throughout San Joaquin County; the Paradise Club; the Valley Ministries Metropolitans Community Church; the University of the Pacific Pride Center; the Marriage Equality California organization; a gay men's social group; a positive thinking group at the San Joaquin AIDS Foundation; San Joaquin Delta College and a GLBT focus group at a local restaurant. The active involvement of a CBO representing the GLBT community will bring a necessary sensitivity to sexual orientation and gender to San Joaquin County Behavioral Health Services (SJCBHS) and other Full Service Partnerships.

Emphasis on gender awareness and differing psychological frameworks on the needs of transition age youth, women and men will be included in the program development and service delivery of the La Familia Full Service Partnership. SJCBHS has worked very closely with the Latino Mental Health program that has been serving the GLBT community including the cultural factors that affect this population. SJCBHS links with specialized providers to address domestic violence and women's issues provided in Spanish by the Women's Center. The needs of boys and girls will be addressed within the family structure.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

It is our experience that some consumers and family members are a very mobile population. Latino individuals residing out of the county to be served by the La Familia Full Service Partnership program will include those placed by BHS in some for of placement (e.g., IMD's). Such individuals will be linked to culturally and linguistically appropriate services by La Familia staff. Case management for these consumers will be provided by La Familia staff. The goal for these consumers will be to transition them back to San Joaquin County residence and BHS services.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This does not apply to La Familia.

13) Please provide a timeline for this work plan, including all critical implementation dates.

The timeline begins with approval by DMH:
Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Set-up Office Space

Month 3:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 4:

- Service Begins

Month 6:

- Community Feedback

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: FSP-3 | Date: 3/6/06

Program Workplan Name: La Familia Full Service Partnership | Page 1of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$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
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$82,375**			**$82,375**
D. Total Funding Requirements	**$82,375**	**$0**	**$0**	**$82,375**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: FSP-3 | Date: 3/6/06

Program Workplan Name: La Familia Full Service Partnership | Page 1of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-3 | Date: 3/6/06

Program Workplan Name: La Familia Full Service Partnership | Page 1of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$102,000	$102,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$30,000	$30,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$132,000	$132,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$246,934			$246,934
c. Employee Benefits	$108,726			$108,726
d. Total Personnel Expenditures	$355,660	$0	$0	$355,660
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports	$10,000			$10,000
g. Other Operating Expenses (provide description in budget narrative)	$5,160			$5,160
h. Total Operating Expenditures	$25,160	$0	$0	$25,160
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	$324,000			$324,000
6. Total Proposed Program Budget	**$704,820**	**$0**	**$132,000**	**$836,820**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$167,364			$167,364
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$167,364	$0	$0	$167,364
3. Total Revenues	$167,364	$0	$0	$167,364
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$537,456**	**$0**	**$132,000**	**$669,456**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-3 | Date: 3/6/06

Program Workplan Name: La Familia Full Service Partnership | Page 1of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$67,664	$33,832
Mental Health Clinician III			1.00	$61,381	$61,381
Psychiatrist			0.40	$147,159	$58,864
Nurse-Registered			0.50	$63,418	$31,709
Psych Tech/MH Spec II			1.00	$38,231	$38,231
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialis			4.00		$0
CBO-Outreach Worker			2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	16.15		$246,934
C. Total Program Positions		0.00	16.15		$246,934

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
La Familia Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-3**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,700 per client for the year (60 Clients)		$102,000
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (60 Clients)		$ 30,000
iv. Other Support Expenditures		
v. Total Support Expenditures		**$132,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Chief Mental Health Clinician-(.5 FTE @ $67,664)	$33,832	
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381	
3. Psychiatrist-(.4 FTE @ $147,159)	58,864	
4. Nurse-(.5 FTE @ $63,418)	31,709	
5. Psychiatric Technician/MH Specialist II-(1 FTE @ $38,231)	38,231	
6. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$246,934
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$108,726
iv. Total Personnel Expenditures		**$355,660**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 5,000
iii. Rent, Utilities and Equipment		
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 10,000
v. Other operating Expenses		
1. Communication and data line charges		$ 5,160
vi. Total Operating Expenditures		**$ 25,160**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$324,000**
e. Total Proposed Program Budget		**$836,820**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$167,364
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$167,364**
b. Total Revenues	**$167,364**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$669,456**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-3 | Date: 3/6/06

Program Workplan Name: La Familia Full Service | Page 1of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$107,100	$107,100
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$31,500	$31,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$138,600	$138,600
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$259,281			$259,281
c. Employee Benefits	$121,862			$121,862
d. Total Personnel Expenditures	$381,143	$0	$0	$381,143
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports	$19,300			$19,300
g. Other Operating Expenses (provide description in budget narrative)	$5,660			$5,660
h. Total Operating Expenditures	$36,660	$0	$0	$36,660
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	$340,200			$340,200
6. Total Proposed Program Budget	**$758,003**	**$0**	**$138,600**	**$896,603**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$179,321			$179,321
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$179,321	$0	$0	$179,321
3. Total Revenues	$179,321	$0	$0	$179,321
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$578,682**	**$0**	**$138,600**	**$717,282**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-3 | Date: 3/6/06

Program Workplan Name: La Familia Full Service Partnership |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$71,047	$35,524
Mental Health Clinician III			1.00	$64,450	$64,450
Psychiatrist			0.40	$154,517	$61,807
Nurse-Registered			0.50	$66,589	$33,294
Psych Tech/MH Spec II			1.00	$40,143	$40,143
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialis			4.00		$0
CBO-Outreach Worker			2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	16.15		$259,281
C. Total Program Positions		0.00	16.15		$259,281

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
La Familia Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-3**	**Date:**	**3/10/06**

1. Expenditures			
a. Client, Family Member and Caregiver Support Expenditures			
i. Travel and Transportation			
ii. Housing			
1. Housing-$1,785 per client for the year (60 Clients)			$107,100
iii. Employment and Education Supports			
1. Employment-$525 per client for the year (60 Clients)			$ 31,500
iv. Other Support Expenditures			
v. Total Support Expenditures			**$138,600**
b. Personnel Expenditures			
i. Current Existing Personnel Expenditures			
ii. New Additional Personnel Expenditures (Includes a 5% COLA)			
1. Chief Mental Health Clinician-(.5 FTE @ $71,047)	$35,524		
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450		
3. Psychiatrist-(.4 FTE @ $154,517)	61,807		
4. Nurse-(.5 FTE @ $66,589)	33,294		
5. Psychiatric Technician/MH Specialist II-(1 FTE @ $40,143)	40,143		
6. Senior Office Assistant-(.75 FTE @ $32,084)	24,063		$259,281
iii. Employee Benefits			
1. Benefits calculated at 47% for employees			$121,862
iv. Total Personnel Expenditures			**$381,143**
c. Operating Expenditures			
i. Travel and Transportation			
1. Staff mileage reimbursements and county motor pool costs based on past history			$ 5,000
ii. General Office Expenditures			
1. Office supplies, printing, small equipment based on past history			$ 6,700
iii. Rent, Utilities and Equipment			
iv. Medication and Medical Supports			
1. Estimated Prescription Drug Costs			$ 19,300
v. Other operating Expenses			
1. Communication and data line charges			$ 5,660
vi. Total Operating Expenditures			**$ 36,660**
d. Estimated Total Expenditures when service provider is not known			
i. Community Based Organization Contracts based on staffing with a 5% COLA increase			**$340,200**
e. Total Proposed Program Budget			**$896,603**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$179,321
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$179,321**
b. Total Revenues	**$179,321**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$717,282**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Southeast Asian Recovery Services (SEARS)
Program Work Plan #:	FSP-4	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This program will provide Full Service Partnerships to the target population (primarily Southeast Asian) to address the myriad of psychosocial barriers to ongoing wellness. The primary ethnic minorities comprising this population are Cambodian, Vietnamese, Lao, and Hmong. The program will provide a continuum and matrix of recovery-oriented services delivered in a client centered, culturally and linguistically competent manner. Cultural competence of all staff with the utilization of bicultural service provision staff will be an important aspect of this program. Outreach and community education will be done in collaboration with community-based organizations serving Southeast Asians and representing the Cambodian, Vietnamese, Lao, and Hmong communities. Effective, culturally competent services with the goal of respecting their native culture will be the goal of psychosocial interventions. Evidence-based practices with dual diagnosis service availability will be an integral part of the program.	
Priority Population: *Describe the situational characteristics of the priority population*	Transitional age youth, adults and older adults with a serious mental illness and functional impairment, with particular focus on individuals of Southeast Asian descent. Many of the target population are monolingual in their native language and bi-cultural with the associated difficulties in interfacing with the mainstream culture. Traditional psychosocial interventions need to be modified to be culturally congruent with this target population. The language barrier that each of these four populations experience is a critical issue that will be addressed in the provision of services and in reaching out to these individuals in the community.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Multi-disciplinary teams, including clinical, clerical, case management, medical,	☒	☐	☐	☐	☒	☒	☒

nursing, consumer and family member positions							
Individually-based, consumer and family-driven, values-driven, evidence based clinical and case management services	☒	☐	☐	☐	☒	☒	☒
Full Service Partnerships with 60 individuals	☒	☐	☐	☐	☒	☒	☒
Integrated substance abuse and mental health services	☒	☐	☐	☐	☒	☒	☒
Collaborative relationships with community-based organizations serving Southeast Asians including joint service planning and service provision	☒	☐	☒	☐	☒	☒	☒
Assistance with transportation, including education regarding use of community transportation resources	☒	☐	☐	☐	☒	☒	☒
Skills development curriculum, including social, daily living, pre-vocational and vocational tracts	☒	☐	☐	☐	☒	☒	☒
Culturally and linguistically appropriate community education, consumer outreach program in collaboration with Southeast Asian community- based organizations reaching 300 individuals	☐	☐	☒	☐	☒	☒	☒
Culturally and linguistically appropriate services and environments for service delivery	☒	☐	☐	☐	☒	☒	☒
Recovery focused rehabilitation groups and services with a focus on evidence-based effective, efficacious, and promising practices for ethnic populations	☒	☐	☐	☐	☒	☒	☒
Involvement with Behavioral Health Services/Community-Based Organization consortium	☒	☐	☐	☐	☒	☒	☒
Ongoing gathering of outcome data with the goal of monitoring program effectiveness and identifying directions for program development and developing emerging practices for this population	☒	☐	☐	☐	☒	☒	☒
First 90 Days Model program to provide culturally competent personal navigators to any new consumer entering services provided by the Transcultural Clinic, in order to help the consumer learn how to effectively engage and access services.	☐	☒	☐	☐	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The proposed Southeast Asian Recovery Services (SEARS) program will be attached to our existing Transcultural Clinic, which currently provides therapy, rehabilitation, case management, and medication services to Southeast Asian consumers. The proposal includes Full Service Partnerships to 60 consumers in addition to the development of an extensive recovery continuum to serve all the individuals seen at the clinic and at contracted sites in the community. Program participants will include transition age youth, adult, and older adult Southeast Asian (Cambodian, Vietnamese, Lao, and Hmong) consumers. Services will be provided by a combination of County staff providing core services along with collaborating and contracting with existing community-based organizations integrated into the community already serving the Cambodian, Vietnamese, Lao, and Hmong communities to provide case management and other supportive services. These community-based organizations are known and trusted by the Southeast Asian community. Contracts with these agencies will identify services appropriate to be provided by their staff. In addition, staff will be hired by these agencies that represent the ethnicity and culture of the consumers that they serve. This may be one way in which linguistically and culturally competent (and ethnically representative of the community) professional staff may be supported in their development. These individuals will then be resources for this system and this community. Service and program planning meetings including community-based organization staff and San Joaquin County Behavioral Health Services (SJCBHS) staff will be held on at least a weekly basis to maintain communication within the collaboration as well as to make sure that service planning is responsive to individual participant's needs. This will also insure that staff providing after hours response will be conversant with participants' individual plans.

Service delivery staff will be members of "integrated service teams" which will share the caseload. These integrated service teams will function within an Assertive Community Treatment model with some services provided at community sites (e.g. community-based organizations, homes) whenever deemed appropriate by the team. While each team member may have primary responsibility for certain consumers, the team will know all the consumers so that any team member is knowledgeable of all the consumers and that a team member with specialized expertise (i.e. transportation, physical health) can be available to serve any consumer. The SEARS Integrated Service Team will provide 24/7 availability with after hours staff being employed by the community-based organizations via Mental Health Services Act contracts. Staff providing the after hours services will be Integrated Service Team members who participate in staff meetings and have current information about involved consumers. These 24/7 response staff will be bilingual and bicultural individuals

from each of the four cultures- Cambodian, Vietnamese, Lao, and Hmong. They will also be available to provide after hours services for individuals being treated in other Full Service Partnerships. Staff providing after hours services will be employed by and linked to the contracted community-based organizations.

The proposed program will include a continuum of recovery services specific to the population served. Such services will include: social and daily living skills development, pre-vocational and vocational training, and "acculturation skills" development. Services will be available 24 hours a day, 7 days a week through members of the Integrated Service Team. The program will also continue to offer medication management, case management, and psychotherapy as appropriate to a specific client's needs. Some of the case management and assistance with linkage to community resources may be provided by staff from the community–based organizations. Consumer employees will be hired by the community-based organizations. The co-location of staff from the Transcultural Clinic and the community-based organizations will also be a tool to foster ongoing collaboration and integration of programs. Service planning will be done in multi-agency, multi-disciplinary teams, which can include involvement by consumers and family members. Services to address substance abuse difficulties will be integrated into all aspects of the program, with the overall clinical perspective being one of identifying and addressing co-occurring disorders.

The proposed program will utilize the First 90 Days Model approach with any consumer being intensively served with *"whatever it takes"* immediately upon their entry into the SJCBHS system. Individuals entering the system will have a "navigator" with whom they relate and are familiar. This staff member will assist them in their movement into and through the system. The service teams will address each consumer's psychiatric, psychosocial, medical, financial, transportation, spiritual and other needs in a culturally appropriate manner at the inception of treatment with the goal of both stabilizing the individual's presenting crises as well as establishing a comfortable, trusting relationship with each consumer. Additionally, this process will be an assessment phase in which individuals in need of involvement in a Full Service Partnership will be identified. At that time, these individuals will be given the opportunity to negotiate a Full Service Partnership service plan. Consumers not in need or desirous of this level of involvement will be given the opportunity to be involved in other ongoing services. The First 90 Days Model approach is a system development strategy that will enable 120 consumers per year to more effectively access and utilize services provided by the Transcultural Clinic.

The curriculum for consumers identified to be served in Full Service Partnerships, as well as all others seen in the program, will include a matrix of interventions and training/education experiences. Consumers will be exposed to more "clinically" focused groups such as symptom management, relapse prevention, medication education, social skills training and stress management as well as a more expansive "wellness" focused curriculum. The "wellness"

curriculum will include physical health maintenance, leisure skills, relationship skills, communication, parenting, nutrition, and general life management as well as other areas identified by the consumers and staff involved in the program. Aspects of the curriculum that are “less clinical” in focus (e.g. spirituality, leisure, nutrition, parenting) will be more effectively provided through community-based organization staff. The program will have supportive interventions aimed at both the younger, more acculturated consumers, as well as the older population, more rooted in their native culture. Transition age youth would be provided services within the SEARS program, but could also be linked to services in other SJCBHS transition age youth programs, as they were comfortable. In such situations, interpreting from the SEARS program could be utilized, as necessary. In the SEARS program, the specific interventions utilized would consider strategies found to be effective, efficacious, or promising with these ethnic populations. Also, outcome data on all practices may be used to identify other practices that are successful with this target population. This will be a very significant aspect of the program as there are relatively few identified evidence-based practices for this population.

In surveys and other interactions, individuals from this population have identified transportation as a major barrier to accessing services. The proposed program would include strategies and resources to address this particular barrier. The intention is to develop a continuum of strategies that range from providing this resource directly to education and training about resources and strategies that promote self-sufficiency in this area. Agency and staff (SJCBHS or contract) transporting consumers to appointments and services might be an initial step in the continuum, with some funding for utilization of other resources (public transportation, friends) as another step in the continuum. Staff (some of them consumers) could facilitate the teaching of the knowledge and skills for consumers to access transportation independently. Additionally, consumer employees and SEARS case management staff will link consumers to transportation assistance in the proposed Wellness Center. Consumer employees will provide both interpreting and linkage services, as necessary.

An additional aspect of this program would be a Community Outreach and Education program. The goals of this program would be to: educate the Southeast Asian community about mental illness and available treatment, to de-stigmatize mental illness and treatment, and to identify individuals in need in the community. In order to effectively implement this strategy, intensive collaboration between San Joaquin County Behavioral Health Services and Southeast Asian community-based organizations will be necessary. The translation of the concept of mental illness and its treatment into Southeast Asian culture will be a challenging task. These cultures do not have verbiage to describe these concepts and it will require some collaborative work to conceptually and linguistically define these phenomena. Contracting with Southeast Asian community-based organizations to “team up” with SJCBHS to travel into the areas of the communities where these groups live will be critical to the successful implementation of this program aspect. Consumer employees will be

instrumental in the carrying out of this aspect of the program. Such employees will be knowledgeable of the four communities and their cultures and are much more likely to be trusted by community members. It is expected that these consumer employees and community-based organization staff will facilitate access to these communities' "gatekeepers". Presentations and written materials that are culturally and linguistically appropriate will be developed in collaboration with the community-based organizations. It is expected that 300 individuals will be specifically reached with this program aspect.

In order to insure consistency of vision and philosophy it will be important to provide members of the integrated service teams with training experiences to foster the ongoing development of Recovery philosophy and practices. Such trainings will be most valuable if they are provided to all the members of a team so as to foster a holistic perspective of service delivery.

In order to continually evaluate effectiveness and to identify directions for program growth and development, an outcome and satisfaction component will need to be an integral part of this program. The utilization of instruments to collect "pre" and "post" data about involvement in the program will be an integral part of the program. In addition, measures adopted by DMH for statewide use will be used for reporting performance outcomes. This agency has gained experience in data collection through our CSOC grant, the IEBP program and in the AB 2034 Program and Mentally Ill Offender Crime Reduction Grant.

Consumers might be employed to facilitate the passing out and completion of surveys and other self report tools. Clinical staff would be responsible for the gathering of data about progress towards identified (mutually between service staff and consumers) recovery goals and clinical outcomes. On a regular basis this data would be evaluated and discussed by program staff (SJCBHS and contractors) collaborators, and consumers with the goals of determining effectiveness and directions for program development. The results of this outcome data-evaluating the effectiveness of program interventions with this target population- will be used to begin to identify promising and effective interventions with the Southeast Asian population.

At the community level, a consortium of interested individuals and groups would be involved in tracking program performance and identifying needs for this target population. The consortium could be composed of SEARS staff, SJCBHS staff, contracting agency staff, community-based organizations, and interested individuals and groups. This consortium would meet on a regular basis and have access to program and outcome data, as well as information generated from other areas in the community.

3) Describe any housing or employment services to be provided.

The proposed program will incorporate the employment of consumers, some pre-vocational educational activities, and a linkage to and collaboration with vocational rehabilitation resources in the community.

Consumers employed within the program itself might perform a variety of functions, ranging from maintenance/housekeeping, to assisting with the provision of program activities. In view of the fact that Limited English Proficiency is a major barrier for this population, bilingual consumers could be employed as tutors, to assist monolingual consumers with acquiring some English "survival skills", i.e. how to negotiate the public transportation system, how to interact with medical staff. The goal would be to provide some very basic skills, not duplicating literacy and ESL resources already existing in the community. These consumer staff, however, might be liaisons to these community programs. Consumer employees might also assist with the conducting of some rehabilitation groups. These consumer employees might assist with activities that the consumer target group might utilize and potentially translate into volunteer or paid services. Some of these activities are babysitting, stitchery, and housekeeping/janitorial services. The local Family Resource and Referral program might fund some of these consumers becoming babysitters; the stitchery might be sold at local craft sales and the housekeeping and janitorial services are a felt need at the TCC as SJCBHS services in this area are dramatically limited.

SEARS program participants needing housing and employment services can also choose to be linked to services in other adult and transition age youth programs, specifically the Housing Empowerment Services and Recovery Employment Services programs. Again, SEARS consumer employees and case management staff will provide linkage and interpreting services. SEARS staff would also be involved in an ongoing basis in service planning meetings regarding SEARS consumers with staff from these programs. Services from these programs would be integrated with services provided by SEARS staff.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each Full Service Partnership participant is $9,651 for Full Service Partnership Funds. The average cost for each participant adding Outreach and Engagement and System Development funds is $13,787.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The proposed program will embrace the philosophy of recovery as a "wellness" continuum. It will be a program expectation that consumers will have symptom stabilization as the starting point of their recovery rather than the single goal of treatment. The concepts of Hope and Empowerment will be ongoing training issues and will become a part of the fabric of the program. Consumer employees will be role models for the goal of attaining employment and meaningful life activity. The rehabilitation curriculum will address the principles of recovery in formal and informal ways. The integration of a pre-vocational and vocational component of the program will be a concrete manifestation of the belief that recovery extends beyond symptom remission and psychiatric stabilization.

One of the important functions of consumer employees will be to be aware of support and vocational resources in the community. They will be intimately involved in linking program participants to other resources, both within SJCBHS and in the community. They will provide interpreting services for participants as they are involved in these other services. These consumer employees will serve as liaisons to the community at large, identifying opportunities for consumers to be involved in the community.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program, not an expansion of an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Consumers and family members will comprise an integral part of the program. Consumer employees will assist in the facilitation of some group and individual program activities, and will provide some program activities themselves. They will serve as consultants to other team members both in the areas of consumer culture in general and in the area of the specific Southeast Asian culture values, beliefs, and needs. Family members will also be an active part of the service delivery process, being involved in meetings with the Integrated Services Team. The expectation is to partner with family members to be supports for the

consumers, but also to offer support to these family members, as they need and request it. In relation to this, one goal is to move consumers in this program towards involvement with existing support systems, such as the SJCBHS Power and Support Team which is a consumer group focusing on empowerment and advocacy.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Collaboration strategies will be implemented at both the community and program level. At the community level, the SEARS program will be an active participant in the Southeast Asian Behavioral Health Services/Community-Based Organization consortium. This will be a helpful vehicle for the ongoing development and evolution of collaboration with other stakeholders.

At the program level, there will be daily collaboration with identified Community-Based Organizations; both those with whom contracts have been developed, but also with others that deal with the identified population. These others (those not contracted with) may often be part of collaborative planning on behalf of individuals in the target population. The collaboration with contracted Community-Based Organizations will be an integral pat of the Full Service Partnership's in which they participate. Additionally, the co-location of staff at TCC and at the CBOs will be a very concrete way of insuring collaboration. As a result of the contracts with CBOs, other parts of the community are much more likely to "come to the table" to participate in needs assessment and planning.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The program will maintain cultural and linguistic competence by continuing to insure that service staff is representative of the cultures and consumers served. Staffing at the current clinic includes both interpreters and clinical staff from the identified target cultures and speaking the languages of the target population.

The implementation of contracts with Southeast Asian community-based organizations will assure that culture and language are appropriate to the target population. In addition to consultation regarding the various cultures, these

agencies will have staff that is part of the program's Full Service Partnership's. These community-based organization service staff are members of these ethnic communities and have the experience and expertise to assist in the evolution of the program to become increasingly culturally congruent. This will include the decorating of buildings with artwork and furnishings that are familiar to this population as well as education of other staff in interpersonal approaches that are culturally competent.

In addition, the integration of culture into the service planning process will be an expectation. This will include the acknowledgement and planning for the challenges confronting individuals who are monolingual for their native language. The utilization of consumers who live in these cultures as members of the Integrated Services Team will help provide consultation and advocacy for cultural perspectives.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

All integrated service team staff will be expected to be sensitive to gender and sexual orientation issues. Such issues will be an integral part of service planning decisions and staff assignment. Trainings will be a part of refining such sensitivity and helping staff develop plans which respond appropriately to these issues.

It will be critical that gender and sexual orientation be considered within a Southeast Asian context. Gay, lesbian, bisexual, and transgender individuals experience stigma in a different way than the mainstream population.

Individuals who identify sexual orientation as a life situation may continue to receive services within the SEARS program or be linked to other SJCBHS services that are appropriate. Again, interpreting and linkage services will be provided by consumer employees and SEARS case management staff.

In addition, there are gender-related issues such as domestic violence which can be partly addressed by community resources, such as the Women's Center with interpreting and linkage being provided by SEARS staff.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Southeast Asian individuals residing out of the county to be served by the SEARS program will include those placed by SJCBHS in some form of residential placement (e.g. IMD's, board and care). Such individuals will be linked to culturally and linguistically appropriate services by SEARS staff. Case management for these consumers will be provided by SEARS staff. The goal for these consumers will be to transition them back to San Joaquin County residence and SJCBHS services.

Southeast Asian consumers moving out of the County and requiring ongoing services will be referred and linked to culturally and linguistically appropriate services in their new county of residence.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This does not apply to the SEARS Program.

13) Please provide a timeline for this work plan, including all critical implementation dates.

The timeline begins with approval by DMH:
Month 1 & 2:

- Begin Staff Recruitment and Interview
- Develop and Enact Contracts with Southeast Asian CBOs
- Continue Consortium Meetings
- Begin Collaborative Meetings with CBO Staff
- Lease Additional Office Space, Order Supplies
- Begin Integrated Service Team Meetings
- Begin Development of SEARS Program Policies and Procedures

Month 3:

- Begin Screening of Consumers for Full Service Partnerships
- Begin Implementation of the First 90 Days Model
- Fifteen Consumers Enrolled in Full Service Partnerships

Month 4:

- Program Policies and Procedures Completed

- Performance Outcome Measures Chosen

Month 5:

- 30 consumers Enrolled in Full Service Partnerships
- 45 consumers Enrolled in Full Service Partnerships

Month 6:

- 60 Consumers Enrolled
- First Analysis of Outcomes Measures

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$35,925			$35,925
6. Total Proposed Program Budget	**$35,925**	**$0**	**$0**	**$35,925**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$35,925**	**$0**	**$0**	**$35,925**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$68,000	$68,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$30,000	$30,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$98,000	$98,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$253,456			$253,456
c. Employee Benefits	$111,791			$111,791
d. Total Personnel Expenditures	$365,247	$0	$0	$365,247
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$21,400			$21,400
f. Medication and Medical Supports	$6,000			$6,000
g. Other Operating Expenses (provide description in budget narrative)	$2,580			$2,580
h. Total Operating Expenditures	$39,980	$0	$0	$39,980
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	$324,000			$324,000
6. Total Proposed Program Budget	**$729,227**	**$0**	**$98,000**	**$827,227**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$248,168			$248,168
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$248,168	$0	$0	$248,168
3. Total Revenues	$248,168	$0	$0	$248,168
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$481,059**	**$0**	**$98,000**	**$579,059**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$67,664	$33,832
Mental Health Clinician III			1.00	$61,381	$61,381
Psychiatrist			0.40	$147,159	$58,864
Psych Tech/MH Specialist II			2.00	$38,231	$76,462
Sr. Office Assistant	Clerical Support		0.75	$30,556	$22,917
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialis		4.00	4.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	16.65		$253,456
C. Total Program Positions		6.00	16.65		$253,456

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
SEARS-Southeast Asian Recovery Services Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-4**	**Date:**	**3/10/06**

1. Expenditures			
a. Client, Family Member and Caregiver Support Expenditures			
i. Travel and Transportation			
ii. Housing			
1. Housing-$1,700 per client for the year (40 Clients)			$ 68,000
iii. Employment and Education Supports			
1. Employment-$500 per client for the year (60 Clients)			$ 30,000
iv. Other Support Expenditures			
v. Total Support Expenditures			**$ 98,000**
b. Personnel Expenditures			
i. Current Existing Personnel Expenditures			
ii. New Additional Personnel Expenditures			
1. Chief Mental Health Clinician-(.5 FTE @ $67,664)	$33,832		
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381		
3. Psychiatrist-(.4 FTE @ $147,1590)	58,864		
4. Psychiatric Technician/MH Specialist II-(2 FTE @ $38,231)	76,462		
5. Senior Office Assistant-(.75 FTE @ $30,556)	22,917		$253,456
iii. Employee Benefits			
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees			$111,791
iv. Total Personnel Expenditures			**$365,247**
c. Operating Expenditures			
i. Travel and Transportation			
1. Staff mileage reimbursements and county motor pool costs based on past history			$ 5,000
ii. General Office Expenditures			
1. Office supplies, printing, small equipment			$ 5,000
iii. Rent, Utilities and Equipment			
1. New space rent and utilities, and copier based on past history			$ 21,400
iv. Medication and Medical Supports			
1. Estimated Prescription Drug Costs			$ 6,000
v. Other operating Expenses			
1. Communication and data line charges			$ 2,580
vi. Total Operating Expenditures			$ 39,980
d. Estimated Total Expenditures when service provider is not known			
i. Community Based Organization Contracts based on staffing			**$324,000**
e. Total Proposed Program Budget			**$827,227**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$248,168
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$248,168**
b. Total Revenues	**$248,168**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$579,059**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$71,400	$71,400
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$31,500	$31,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$102,900	$102,900
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$266,129			$266,129
c. Employee Benefits	$125,080			$125,080
d. Total Personnel Expenditures	$391,209	$0	$0	$391,209
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment	$21,900			$21,900
f. Medication and Medical Supports	$15,300			$15,300
g. Other Operating Expenses (provide description in budget narrative)	$3,080			$3,080
h. Total Operating Expenditures	$51,980	$0	$0	$51,980
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	$340,200			$340,200
6. Total Proposed Program Budget	**$783,389**	**$0**	**$102,900**	**$886,289**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$265,886			$265,886
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$265,886	$0	$0	$265,886
3. Total Revenues	$265,886	$0	$0	$265,886
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$517,503**	**$0**	**$102,900**	**$620,403**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-4 | Date: 3/6/06

Program Workplan Name: SEARS-Southeast Asian Recovery Services |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$71,047	$35,524
Mental Health Clinician III			1.00	$64,450	$64,450
Psychiatrist			0.40	$154,517	$61,807
Psych Tech/MH Specialist II			2.00	$40,143	$80,285
Sr. Office Assistant	Clerical Support		0.75	$32,084	$24,063
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialis		4.00	4.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	16.65		$266,129
C. Total Program Positions		6.00	16.65		$266,129

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
SEARS-Southeast Asian Recovery Services Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-4**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,785 per client for the year (40 Clients)		$ 71,400
iii. Employment and Education Supports		
1. Employment-$525 per client for the year (60 Clients)		$ 31,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$102,900**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Chief Mental Health Clinician-(.5 FTE @ $71,047)	$35,524	
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450	
3. Psychiatrist-(.4 FTE @ $154,517)	61,807	
4. Psychiatric Technician/MH Specialist II-(2FTE @ $40,143)	80,286	
5. Senior Office Assistant-(.75 FTE @ $32,084)	24,063	$266,129
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$125,080
iv. Total Personnel Expenditures		**$391,209**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 6,700
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history with a 1% COLA increase		$ 21,900
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs based on history		$ 15,300
v. Other operating Expenses		
1. Communication and data line charges		$ 3,080
vi. Total Operating Expenditures		**$ 51,980**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$340,200**
e. Total Proposed Program Budget		**$886,289**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$265,886
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$265,886**
b. Total Revenues	**$265,886**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$620,403**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Forensic Full Service Partnership Court Program
Program Work Plan #: FSP-5		Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Forensic FSP Court Program will be a comprehensive, collaborative and integrative program with a focus on Full Service Partnerships. Programming will be designed to address the needs of Mentally Ill Offenders. Mentally Ill Offenders will receive treatment through a FSP involving community based non- profit agencies that may contract with San Joaquin County Behavioral Health Services (BHS) or within the structure of SJCBHS. The goal of the program is to reduce the seriously mentally ill offender's cycle of re-offense, to encourage / support resilience and to enhance the opportunity to recover to a full and more productive lifestyle in the community. To achieve this goal, a Full Service Partnership, as well as an agreement with San Joaquin County Criminal Justice System will be necessary to create collaborative adjudication for the seriously mentally ill offender. This collaboration shall address, at a minimum, the misdemeanor incompetent-to-stand-trial defendants, probation violations, and other offenders who require such services. Program options will focus on *"whatever it takes"* using treatment strategies learned from the AB 2034 programs and the Mentally Ill Offender Crime Reduction Program.	
Priority Population: *Describe the situational characteristics of the priority population*	With a Full Service Partnership and with sensitivity to cultural diversity and ethnic differences, the priority population for the criminal justice program will focus on the seriously mentally ill offender. The seriously mentally ill offender will include all adults, male and female residing within San Joaquin County who are involved with the criminal justice system and have been identified as struggling with a serious mental illness. This population may have co-occurring disorders and may exhibit functional impairments with daily living skills. Many times the mentally ill offender is homeless. Currently the mentally ill offender is unserved, underserved or not appropriately served.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Program options may be community based and will address ethnically and culturally sensitive staffing of mental health professionals, consumers and family members who are dedicated to provide direct, support and outreach services.	☒	☐	☒	☐	☐	☒	☒
Target the unserved adult population through referrals from San Joaquin County Superior Court. Develop a working partnership with San Joaquin County Probation/Parole Office. Referral may come from other sources in the community; however, the target consumer will currently be involved in the Criminal Justice System.	☒	☐	☐	☐	☐	☒	☒
Using the RECOVERY Model program, services will be consumer driven and involve a full partnership between the consumer, family members and mental health professionals. The Individual Service Plan will include an agreement of understanding regarding court orders and process.	☒	☐	☐	☐	☐	☒	☒
San Joaquin Behavioral Health will collaborate with San Joaquin County Criminal Justice System to focus on appropriate adjudication for the mentally ill offender that will focus on treatment vs. punishment. Court monitoring of community placement and treatment success will be necessary to insure safety of the community.	☒	☒	☐	☐	☐	☒	☒
Forensic FSP Court staff or CBO will be familiar and trained in the curriculum and model necessary for Competency Training.	☒	☐	☐	☐	☐	☒	☒
Consumers utilizing Forensic FSP Court Project will have access to supportive services addressing the needs of the non-English speaking. Services will include interpreters, cultural match of staff, community support, employment and community connections, and interpreters within the court process when necessary	☒	☐	☒	☐	☐	☒	☒

to examine the Recovery Concept.							
Utilization of employment and housing opportunities and recourses that will benefit the Seriously Mentally Ill Offender.	☒	☒	☐	☐	☐	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

San Joaquin County Behavioral Health Services (BHS) will design a Full Service Partnership with the seriously mentally ill offender through a comprehensive, collaborative and integrative service delivery system using the PACT (Program of Assertive Community Treatment) model of care. The Forensic FSP Court Program may involve community-based organizations that will contract with SJCBHS, or the service delivery system may remain within the structure of BHS, or perhaps a combination of both. Program services will remain intact regardless of the delivery system. The Forensic FSP Court Project will collaborate with all major components of San Joaquin County Criminal Justice System to create and consider appropriate adjudication of offenses committed by individuals with diagnoses of serious mental illness. Special attention will be given to the individual with serious mental illness and a co-occurring substance abuse disorder or individuals with co-occurring disorders related to the mental or physically challenged. Staff that is familiar with behaviors and the intense needs of the seriously mentally ill offender will provide services.

The overwhelming stigma of mental illness coupled with the stress of the court process creates the need to collaborate with the Community Consortium or Community-Based Organizations to train staff, as well as provide individual services to the consumer. Services will include assistance to the seriously mentally ill offender who may be culturally distant or who has language barriers which interfere with understanding the court process. Services may also be necessary to strengthen cultural awareness and sensitivity with staff.

In appreciation of the ethnic and cultural diversity within San Joaquin County, the Forensic FSP Court Project will be especially sensitive to the variety of differences the seriously mentally ill offender faces when involved in the Criminal Justice System. This will be made possible with trained staff who are culturally competent and who have been trained in a forensic setting. Trained staff will identify the many obstacles facing those who have a language barrier or who have a different relationship with their environment, based on their family of origin or cultural reference.

It is our expectation that individuals who will be considered for the Forensic FSP Court Project will be: non-violent, seriously mentally ill offender, aged 18 or older, facing misdemeanor or felony charges in the Criminal Justice System, struggling with a primary major mental illness diagnosis (Axis I) which produces significant impairment in life functioning; is at a high risk for recidivism due to mental health conditions; is a resident of San Joaquin County; and is willing to participate as a full service partner. The FSP Court Project will empower the seriously mentally ill offender to explore treatment options leading to a more productive life style in the community. There will be a major focus on mental stability to promote the best quality of life.

The mentally ill offender has the option to decline services, or should the Criminal Justice System determine the offender is inappropriate; the offender will continue through the court process and will not be considered for the Forensic FSP Court Project.

The Forensic FSP Court Project will provide 24-hours, seven-day-a-week supportive services as needed to all participants who have been determined to be incompetent to stand trial and 30 other consumers involved in the court process. Services will be culturally competent and sensitive to individual ethnic, religious and personal sexual orientation needs.

The multidisciplinary Forensic Full Service Team will have a single point of responsibility with the position of Forensic Service Coordinator. In addition, the Protective Services Social Worker, in partnership with the mentally ill offender, will be responsible for the development of an individualized, self-directed, personal service plan and reporting progress to the Criminal Justice System. The Individual Service Plan will be used to identify possible supportive Wraparound services and will include a document of understanding regarding court orders and the court process. Partnering community-based organizations will be additionally staffed to supervise and support the individual's personal service plan. Staff may include a Substance Abuse Counselor, Mental Heath Specialist, and a consumer Mental Health Outreach Worker commonly referred to as a Peer Support Specialist. To maintain accurate records, an Office Assistant Senior will be important for documentation duties.

Referrals from the San Joaquin County Criminal Justice System will include 15 misdemeanors (Incompetent to Stand Trial) defendants, and 30 other defendants that meet eligibility and that have been identified by the court as appropriate for community treatment. The Forensic Full Service Forensic Court Project treatment program will be for a period of at least 12 months or, depending on the Individual Service Plan. Competency Training will continue until the defendant has been determined to be competent and has returned to the court for further jurisdiction. Experienced staff that has received education and directions on the curriculum of competency training will provide Competency Training.

3) Describe any housing or employment services to be provided.

Due to the fact many seriously mentally ill offenders who find themselves in the Criminal Justice System are homeless, it will be essential to find housing recourses and options when considering the Recovery Model and when writing the Individual Service Plan. There will be immediate need for housing options when the seriously mentally ill offender is released from jail. Board and care, residential treatment, semi-independent living or independent living arrangements will be considered as appropriate to the consumer. The Forensic FSP Court Project will utilize housing resources that currently exist in our system of care, as well as the new San Joaquin County Mental Health Services Act Housing Program, Housing Empowerment Services, which is described in

another section of the Community Services and Supports Plan. The Homeless Engagement and Response Team (HEART) is an AB2034 program in which a major component is housing. In addition, SCJBHS currently collaborates and has linkages with various housing organizations such as the Stockton Shelter for the Homeless, Salvation Army, St. Mary's Dining Hall, San Joaquin County Community Development Department and the Housing Authority. Included in our Community Services and Support Plan is a proposal regarding Housing Empowerment Service which would use a community-based housing team that will expand the Adult System of Care, including housing resources, emergency/respite care, and recovery/wellness housing programs. A greater avenue for housing options in our community will open if the proposal is approved.

San Joaquin County Behavioral Health Services (SJCBHS) provides a continuum of employment services that ranges from pre-employment and training to employment or volunteerism. The Forensic FSP Court Project will utilize employment services that currently exist in our system of care or will collaborate with community-based organizations. Additionally, the Forensic FSP Court Project will utilize the new MHSA Housing Program, Recovery Employment Services, which is described in another section of the San Joaquin County Community Services Plan. When the seriously mentally ill offender includes in their Individual Service Plan goals for volunteering, vocational training or becoming gainfully employed, the Forensic FSP Court Project staff will partner and advocate with the existing services to assist the consumer in reaching their best potential and personal goals.

4) Please provide the average cost for each Full Service Plan participant including all fund types and fund sources for each Full Service Plan proposed program.

The average cost for each Full Service Partnership participant is $10,360 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $14,800.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Involvement in the criminal justice system will prove to be a beneficial factor in the recovery efforts of the mentally ill offender. This program will encourage and celebrate recovery. It is anticipated that *Recovery* does and will happen when access to necessary and supportive mental health services are incorporated into an individualized recovery plan. Each mentally ill offender will be invited to participate in the development of their Individual Service Plan and each offender will be responsible for setting realistic treatment goals, with support and supervision of trained staff. The mentally ill offender commitment to recovery will have a very powerful and meaningful advantage for treatment options that best

meet his or her individual needs. As an important part of recovery, daily life skills will be addressed which will support behavior change and a non-offending lifestyle. The Recovery Plan will also include the utilization of recovery resources, and will encourage and empower the individual to improve his quality of life, and to support his ability to pursue personal objectives and goals for positive change. Recovery resources will include substance abuse groups, anger management, employment, vocational training, behavior intervention, and life skills training. The Recovery Plan will address co-occurring disorders. In addition, the plan will partner with the Criminal Justice System to promote resilience and a more productive quality of life in a community setting. There will be a focus on "Life Coaching" for social growth, mental stability, and maintaining a non-offending lifestyle. The goal of the program is recovery through treatment versus through loss and punishment.

- The avenue to *Recovery* and building *Resilience* will require an agreement between the individual, mental health treatment, and the criminal justice system. The agreement will strive to address and redirect behaviors, mental illness symptoms, attitudes, and co-occurring disorders, which initially led to the instant offense(s) or to any re-offense. Please note co-occurring disorders refer to those individuals who have substance abuse related problems or those who are mentally or physically challenged along with a serious mental illness.
- This program will not include children and youth. When children and youth are included in the family structure, individual family needs will be addressed.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program; it is not expanding an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

This program will encourage consumer, family or community advocates to participate as peer-to-peer mentors or supportive advisors. The Forensic FSP Court Program will employ a consumer whose title will be Mental Health Outreach Worker or Peer Support Specialist. The position will assist and direct peer recovery strategies. Peer support staff will act as a Forensic Full Service Partnership Team Member in conveying the Recovery Model to encourage

wellness and hope to all participating consumers. The Peer Support Specialist will advise and assist forensic team members on the vision of recovery from the consumer's perspective, offer guidance on how to engage the consumer to participate, and consider program options.

Consumers and family members will be encouraged to become Peer Support Volunteers. All family members and consumers will also be encouraged to attend monthly National Association for the Mentally Ill (NAMI) meetings and their biweekly support groups. In addition, the well-established NAMI-sponsored "Family to Family" education classes will be available. These classes are scheduled on a regular basis throughout the year.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

San Joaquin County was very fortunate to have participated in the Mentally Ill Offender Crime Reduction Grant (MIOCRG) which created an excellent working relationship between San Joaquin County Behavioral Health Services, San Joaquin County criminal justice system, District Attorney's office, Public Defender's office, private and non-profit organizations, Parole and Probation offices, and other law enforcement agencies. This established collaboration would offer support and strength to the Forensic FSP Court Project. Equally important will be the involvement of behavioral health professionals in the Mayor's Blue Ribbon Fight Against Crime Committee, an effort of community leaders, and professionals, concerned businesses and dedicated citizens to reduce crime. Other community collaboration includes: Community Partnership for Families, Community Health Action Team (CHAT), Safe Neighborhood Action Group (SNAG), Multi-Discipline Team (MDT), Tri Net, community agencies working together for APS, and Emergency Food and Shelter Program.]

San Joaquin County Probation Department has requested to have office space at San Joaquin County Behavioral Health Services to help facilitate better communication and individual services for the seriously mentally ill offender. Due to limited office space, the Forensic FSP Court Project will explore ways to effectively work with the Probation Department to promote and encourage positive outcomes for the seriously mentally ill offender.

Outstanding response and support from the community was offered during the planning stages of the MHSA. From this process we have developed strong alliances with family, community members, community groups, agencies, and other associations which we hope to continue through the proposed BHS Community Consortium as outlined in another section of San Joaquin County's Mental Health Services Act plan.

To address outreach and engagement, the Forensic FSP Court Project will meet with individuals at San Joaquin County Honor Farm and will interact with the

Homeless Court Program located at St. Mary's Homeless Shelter. All efforts will be made to encourage individuals who have a mental illness diagnosis and are at risk of re-offense to consider treatment options within SJCBHS. Although these individuals will not be candidates for the Forensic Full Services Partnership Court Project, information and treatment options can be provided. Assessment will be provided during court proceedings for the seriously mentally ill offender to determine eligibly and consideration for Full Service Partnership.

Although there has been much focus on evidence-based practices and promising practices, Performance Outcomes cannot be addressed until Department of Mental Health (DMH) determines what measurements will best serve in reporting and recording data from the Forensic FSP Court Project. Therefore performance outcomes are pending at this time.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

The Forensic FSP Court Program will utilize individual input obtained during assessment and individual personal planning to promote the highest level of culturally competent services. Input from the seriously mentally ill offender with attention to ethnic background, cultural, spiritual, and individual sexual orientation, will personalize the individual's history, strengths, needs, and their vision for recovery.

Special emphases will address the concept of the Black Awareness Community Outreach Program (BACOP) a "90-day" outreach and engagement model, which is also being submitted for consideration. This outstanding concept can be utilized for all ethnic groups, please refer to the BACOP proposal contained with the San Joaquin County Mental Health Services Act plan. Certainly there must be special emphasis to include and increase participation of the Latino, Asian, Muslim, Lesbian, Gay, Bisexual and Transgender individuals, Native American, seriously mentally ill offender. To accomplish the goal of cultural competence, a collaborative working relationship with Community Based Organizations (CBO) will be of extreme importance, especially when addressing language and communication skills necessary to assist the seriously mentally ill offender.

All Behavioral Health Recovery Services (BHRS) staff attend mandatory cultural competency training. Last fiscal year, BHRS provided training in the following areas of cultural competence: Lesbian,Gay, Bisexual, and Transgender (LGBT) individual services; providing Customer Service with LGBT Individuals; Spirituality and Wisdom in Behavioral Health; Use of Interpreters; Crossing Cultural Bridges; Cultural Dialogues; Interpreter Training; Client Culture and building collaborative relationships with families.

San Joaquin County Behavioral Health Services (BHS) have a Cultural Competency Oversight Committee which is responsible for the oversight of the organization's Cultural Competency Plan. Through the use of the BHS Cultural Competence Oversight Committee, the organization ensures that every system of care addresses cultural competency issues in its programming and service provisions. The Clinical and Administrative Standards of the Cultural Committee has reviewed this plan and provided input.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

There is a growing body of literature on the mental health needs of Gay, Lesbian, Bisexual, and Transgender (GLBT). Our GLBT stakeholder community stated that that many GLBT individuals may be at increased risk for mental disorders and mental health problems due to exposure to social stressors such as stigmatization, prejudice and anti-gay violence. An individual caught in the middle of the Criminal Justice System may be at an even greater risk. Staff has or will attend trainings regarding the unique needs of this diverse population. It will not be assumed that all adults are or were in heterosexual relationships. Sensitive assessment of consumer sexual orientation will be incorporated into the comprehensive intake process. The Wellness and Recovery Center will be a safe environment for group meetings and to encourage socialization.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The Forensic FSP Court Program will travel outside the county to where the consumer members reside on a limited basis only. Since the Forensic Team will be working in a partnership with San Joaquin County Superior Court most consumers will be required to receive treatment and care within the San Joaquin County area. Forensic FSP individuals residing out of the county to be served by the Forensic Court Program will include those placed by BHS in some for of placement (e.g., IMD's). Such individuals will be linked to culturally and linguistically appropriate services by Forensic FSP staff. Case management for these consumers will be provided by Forensic FSP staff. The goal for these consumers will be to transition them back to San Joaquin County residence and BHS services.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This does not apply to the Forensic FSP Court Program.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Activities	**Dates of Accomplishment**

The timeline begins with approval by DMH:

Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Set-up Office Space

Month 3:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 4:

- Service Begins

Month 6:

- Community and Criminal Justice System Feedback

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: FSP-5 | Date: 3/6/06

Program Workplan Name: Forensic Full Service Partnership Court Program | Page _1_ of _1__

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: 209-468-2230

	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
b. Travel and Transportation				$0
c. Housing				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$81,940**			**$81,940**
D. Total Funding Requirements	**$81,940**	**$0**	**$0**	**$81,940**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: FSP-5 | Date: 3/6/06

Program Workplan Name: Forensic Full Service Partnership Court Program | Page _1_ of _1__

Type of Funding: 1. Full Service Partnership | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: 209-468-2230

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions		0.00		$0
C. Total Program Positions			0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: FSP-5 | Date: 3/6/06

Program Workplan Name: Forensic Full Service Partnership Court Program | Page _1_ of _1__

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: 209-468-2230

	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
b. Travel and Transportation				$0
c. Housing			$76,500	$76,500
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$22,500	$22,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$99,000	$99,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$188,787			$188,787
c. Employee Benefits	$81,397			$81,397
d. Total Personnel Expenditures	$270,184	$0	$0	$270,184
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$30,480			$30,480
f. Medication and Medical Supports	$37,775			$37,775
g. Other Operating Expenses (provide description in budget narrative)	$2,580			$2,580
h. Total Operating Expenditures	$80,835	$0	$0	$80,835
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	$216,000			$216,000
6. Total Proposed Program Budget	**$567,019**	**$0**	**$99,000**	**$666,019**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$133,204			$133,204
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$133,204	$0	$0	$133,204
3. Total Revenues	$133,204	$0	$0	$133,204
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$433,815**	**$0**	**$99,000**	**$532,815**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-5 | Date: 3/6/06

Program Workplan Name Forensic Full Service Partnership Court Program | Page _1_ of _1__

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: 209-468-2230

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Psychiatrist			0.30	$147,159	$44,148
Forensic Service Coordinator			1.00	$67,662	$67,662
Mental Health Clinician II			1.00	$54,060	$54,060
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			3.00		$0
CBO-Management			0.75		$0
CBO-Recovery Coach/Specialist		3.00	3.00		$0
CBO-Outreach Worker		1.50	1.50		$0
CBO-Clerical			0.75		$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.50	12.05		$188,787
C. Total Program Positions		4.50	12.05		$188,787

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Forensic Services Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-5**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,700 per client for the year (45 Clients)		$ 76,500
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (45 Clients)		$ 22,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 99,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Psychiatrist-(.3 FTE @ $147,159)	$44,148	
2. Forensic Service Coordinator-(1 FTE @ $67,662)	67,662	
3. Mental Health Clinician II-(1 FTE @ $54,060)	54,060	
4. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$188,787
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$ 81,397
iv. Total Personnel Expenditures		**$270,184**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,000
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history		$ 30,480
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 37,775
v. Other operating Expenses		
1. Communication and data line charges		$ 2,580
vi. Total Operating Expenditures		$ 80,835
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$216,000**
e. Total Proposed Program Budget		**$666,019**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$133,204
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$133,204**
b. Total Revenues	**$133,204**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$532,815**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # FSP-5 | Date: 3/6/06

Program Workplan Name Forensic Full Service Partnership Court Program | Page _1_ of _1__

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: 209-468-2230

	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
b. Travel and Transportation				$0
c. Housing			$80,325	$80,325
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$23,625	$23,625
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$103,950	$103,950
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$198,226			$198,226
c. Employee Benefits	$93,167			$93,167
d. Total Personnel Expenditures	$291,393	$0	$0	$291,393
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment	$30,980			$30,980
f. Medication and Medical Supports	$44,750			$44,750
g. Other Operating Expenses (provide description in budget narrative)	$3,080			$3,080
h. Total Operating Expenditures	$90,510	$0	$0	$90,510
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	$226,800			$226,800
6. Total Proposed Program Budget	**$608,703**	**$0**	**$103,950**	**$712,653**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$142,531			$142,531
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$142,531	$0	$0	$142,531
3. Total Revenues	$142,531	$0	$0	$142,531
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$466,172**	**$0**	**$103,950**	**$570,122**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # FSP-5 | Date: 3/6/06

Program Workplan Name Forensic Full Service Partnership Court Program | Page _1_ of _1__

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: 209-468-2230

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Psychiatrist			0.30	$154,517	$46,355
Forensic Service Coordinator			1.00	$71,045	$71,045
Mental Health Clinician II			1.00	$56,763	$56,763
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			3.00		$0
CBO-Management			0.75		$0
CBO-Recovery Coach/Specialist		3.00	3.00		$0
CBO-Outreach Worker		1.50	1.50		$0
CBO-Clerical			0.75		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.50	12.05		$198,226
C. Total Program Positions		4.50	12.05		$198,226

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Forensic Services Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-5**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,785 per client for the year (45 Clients)		$ 80,325
iii. Employment and Education Supports		
1. Employment-$525 per client for the year (45 Clients)		$ 23,625
iv. Other Support Expenditures		
v. Total Support Expenditures		**$103,950**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Psychiatrist-(.3 FTE @ $154,517)	$46,355	
2. Forensic Service Coordinator-(1 FTE @ $71,045)	71,045	
3. Mental Health Clinician II-(1 FTE @ $56,763)	56,763	
4. Senior Office Assistant-(.75 FTE @ $32,084)	24,063	$198,226
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$ 93,167
iv. Total Personnel Expenditures		**$291,393**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 6,700
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history with a 1% COLA increase		$ 30,980
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs based on history		$ 44,750
v. Other operating Expenses		
1. Communication and data line charges		$ 3,080
vi. Total Operating Expenditures		**$ 90,510**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$226,800**
e. Total Proposed Program Budget		**$712,653**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$142,531
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$142,531**
b. Total Revenues	**$142,531**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$570,122**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: **GOALS—Gaining Older Adult Life Skills**
Program Work Plan #: FSP-6		Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the GOALS of the Mental Health Services Act*	The Older Adult System of Care MHSA work plan proposes one Full Service Partnership to address the needs of older adults aged 60 and higher who have serious mental illness and who need a network of providers to fulfill their needs. The name of this program will be GOALS - Gaining Older Adult Life Skills. Although a wide array of services is currently available in this county, the target population is the unserved, underserved, and inappropriately served older adults who suffer from mental illness. This Full Service Partnership will involve both contracted and non-contracted community-based organizations as well as non-profit agencies working together with San Joaquin County Behavioral Health Services (BHS). The goals of this program include a reduction of homelessness, hospitalizations, emergency room visits, institutionalization, and isolation, as well as an increase in social community supports and ability to function in the community. This can only be accomplished with a philosophy of *"whatever it takes."* Several objectives needed to fulfill these goals include: providing easier access to services, culturally sensitive treatment and care, reducing the stigma surrounding mental illness, addressing the special needs of the elderly, improving quality of life for those older adults who have a serious mental illness, enhancing prevention and intervention programs, engaging older adult consumers in the recovery/wellness model, providing readily accessible transportation, and provision of secure safe, affordable, and appropriate housing. In addition, consumers and their families will be an integral part of this partnership, guiding and evaluating the process as it develops. A Full Service Partnership will be established by providing a one-stop "shop" located in Stockton and will have a component based out in the community with mobile capabilities. This program is essential to the older adult mentally ill population since consumers aged 60 and above have vast differences in their ability to access services due to varying limitations, such as physical ailments or transportation barriers. The one-stop shop in a central location in Stockton	

	will involve a host of programs and services being made available to seniors with mental illness, with plans to expand to each major city in the county. The services our consumers need would benefit them more if they could obtain those services in one trip. These services include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, nutrition/food service—just to name a few. Other consumers are more homebound due to various conditions and would benefit from a mobile team of experts who can deliver the desired and appropriate care so that the consumers can maintain their housing situations. Inherent in these programs is the Senior Peer Counseling connection, which involves other consumers and/or family members who are available to assist at lower levels of care. A range of services and treatment options is the desired goal, utilizing community partners to assist with outreach, referrals, assessments, and ongoing program service delivery. The BACOP First 90 Days Model will be utilized with different tiers of intervention. Faith-based organizations will be incorporated into the range of programs and services as well.
Priority Population: *Describe the situational characteristics of the priority population*	The identified population targeted for this program will be 45 older adults (60 years and older) with serious mental illness (SMI) and functional impairments. The individuals may also have co-occurring substance abuse disorders and/or other physical health conditions. For those most infirmed, the mobile treatment team will serve their needs. The 45 consumers served would include individuals who are currently not being served or are experiencing a reduction in their functioning level and could be more fully served; homeless or at risk of homelessness; at risk of institutionalization, hospitalization and nursing home care; and frequent users of emergency rooms. Included in this group of individuals could be some transition age older adults (approximately age 55 through 59) who are experiencing functional impairments similar to older adults and who are at risk for any of the above-mentioned categories. The percentages of unserved, underserved and inappropriately served individuals according to prevalence tables/studies will be included in the plan.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Secure appropriate location in Stockton for one-stop shop	☒	☐	☐	☐	☐	☐	☒
Joint service planning in collaboration with other senior service providers to establish appropriate services	☒	☐	☐	☐	☐	☐	☒
Integrate assessment teams within the community to provide treatment and/or linkages to other necessary services throughout the County	☒	☐	☐	☐	☐	☐	☒
Mobile services to reach consumers who cannot access services	☒	☐	☐	☐	☐	☐	☒
Enhance Senior Peer Counseling Program	☒	☒	☐	☐	☐	☐	☒
Education for consumers, family and caregivers re: mental health issues	☒	☐	☒	☐	☐	☐	☒
Cultural competency training for staff re: special needs of the elderly	☒	☒	☐	☐	☐	☐	☒
Ensure nutrition needs for consumers through collaboration with Community Based Organizations (CBOs)	☒	☐	☒	☐	☐	☐	☒
Utilize BACOP model for program service delivery	☒	☒	☒	☐	☐	☐	☒
Secure/subsidize appropriate housing, especially for Board and Care Homes	☒	☒	☐	☐	☐	☐	☒
Provide transportation to appointments, programs, events, for placements, etc.	☒	☒	☐	☐	☐	☐	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The GOALS program is specifically designed with Full Service Partnership criteria as its foundation. A “one-stop shop” is proposed that would incorporate several options for older adults who suffer from mental illness. The concept involves leasing a large building in the downtown Stockton area where the hub of services is currently provided for individuals who may have a lower socioeconomic status. Several agencies, community-based organizations, and contracted service providers will be housed in this building. Essential to this partnership are the community-based organizations (CBOs) that will become integral in transforming traditional mental health delivery services. These CBOs are the gatekeepers in the community who can help with targeted outreach and referrals for those older adult individuals who are unserved, underserved and inappropriately served.

The “one-stop shop” concept was a recurring theme in the Older Adult consensus groups. Consumers, their caregivers, families, and various community service groups (including ethnic and faith-based groups) consistently voted this as a top priority. Additionally, housing, transportation, and mobile evaluation and treatment services were also highly ranked. The GOALS program—*Gaining Older Adult Life Skills*—intends to provide a wide array of services, targeting 45 individuals who have mental health problems as well as other functional impairments. Evidence-based practices in geriatric mental health care support the effectiveness of community-based, multidisciplinary, geriatric psychiatry treatment teams. Additionally, moving beyond traditional medical models emphasizes systems change interventions such as assertive case management and education on recovery concepts.

Mental health teams will collaborate with community-based partners to incorporate the First 90 Days Model, based on the BACOP (Black Awareness Community Outreach Program) model. This model incorporates phases of treatment, especially for new consumers who may need mental health services. The first phase involves a face-to-face meeting between the provider and the consumer and/or family member. Additionally, the consumer will be oriented to the mental health system and what services are available. The second phase involves a mental health professional meeting the consumer at mental health service site and assisting them in understanding the mental health system. During the last phase, a complete psychosocial assessment will be completed in order to guide the treatment process. This model can also assist past the first three months. For example, the most intensive service users will be taught adaptive behaviors and skills that support full recovery, with the goal being that of reducing the need and usage of further intensive services. The types of individuals served in the first tier will be those who have frequent crisis visits, Mobile Evaluation Team (MET) contacts, or inpatient admissions at St. Joseph’s Behavioral Health or San Joaquin County Behavioral Health (PHF). The secondary tier will be those older adult individuals who currently receive case management services yet continue to have frequent mental health

contacts. These individuals will receive a fuller continuity of care as needed, with the goal being that of recovery or the extent of wellness the individual could expect.

The GOALS program will have service delivery teams who will share the entire caseload. The ratio of caseloads to clinical staff will be no more than 15 to1. The staffing through the Full Service Partnership for the teams will include a part-time psychiatrist and nurse, clinicians, case managers, and psychiatric technicians. While most of the professional staff will be employees of San Joaquin County Behavioral Services, the case managers will be staff from the CBOs, who will receive direction from core County staff to do this critical job.

Two consumers will be hired as outreach workers and will be contracted through the CBOs. The targeted ethnicity for these two individuals will be Hispanic and African American. Prevalence studies for Older Adult unserved and underserved ethnic groups in San Joaquin County indicate that a minimum of 40% of the group of 45 individuals should be Hispanic, a minimum of 15% should be Asian/Pacific Islander, a minimum of 7% should be African Americans, and a minimum of 1% should be Native American who will be served.

The GOALS program seeks to provide a continuum of recovery services that will meet the needs of the Older Adult population. Older Adults have a variety of situations when they first “come into the system.” They can have a large age range, despite starting out at 60 years old; various ethnicities and cultures resulting in acculturation problems; mental illness symptoms that may be complicated by physical ailments or dementia; housing problems; financial problems; family issues; and substance abuse issues. Older Adults are less likely to seek services due to stigma, transportation barriers, ill health, and fear of giving up their independence. However, the proposed program involves the provision of several types of services available in one location. This means that when an Older Adult in the community is identified by a CBO or other agency or community service provider as needing services, the GOALS team will assess the needs of that individual either at the GOALS program building or out in the community, wherever the client is. During the regular program hours of Monday through Friday, 8:00 a.m. to 5:00 p.m., the program will offer medication management, case management, skills building, psychotherapy, and assistance with linkage to community resources. CBO staff will provide the 24-hours/7 days-a-week responses necessary for after-hours coverage. This is very practical since they will be part of the consumer’s team. This means that Older Adult consumers/outreach workers will be working with the BACOP CBO, the La Familia CBO and various Southeast Asian CBOs. Also, when more clinical help is warranted, San Joaquin County Behavioral Services staff providing after-hours services will be incorporated through the 24/7 Community Response Team as part of System Development.

The co-location of staff from Behavioral Health Services, CBOs and other interagencies will foster ongoing collaboration and integration of programs. Service planning will be done between multi-agencies with multi-disciplinary teams. Whenever possible, the Older Adult individual and his/her family member(s) and/or caregivers will be encouraged to be involved in the process. Substance abuse issues will also be addressed as a result of a proper assessment. The issue of co-occurring disorders is part of the Recovery model. Other Recovery model "wellness" groups that would be offered would include physical health education and maintenance, leisure and social skills building, spiritual connectedness, relationship skills, communication, nutrition, budgeting, and life management skills. Often, as the Older Adult progresses in age, these activities of daily living become more difficult, due to multiple losses (health, loved ones, independence, status, hearing, vision, finances, pets), which only complicate their recovery. The faith-based organizations in the community want to be an integral part of the Older Adult's recovery plan. These stakeholders have been an active part of the entire process thus far, and our consumers often ask for this type of support. A strong component of the GOALS program will also incorporate proper nutrition education. There is mounting evidence that proper nutrition as an Older Adult directly affects cognitive and physical health. Part of the services rendered to Older Adults in the GOALS program will ensure that those served in the program will have a hot meal at least once a day. Meals can be delivered through Meals on Wheels since Seniors First is a large CBO in the community already. Food vouchers were a big concern in the consensus groups, and vouchers will be provided for those seniors who are unable to purchase or obtain enough food for proper sustenance.

It is proposed that several CBOs and community service partners share space in the building that will house the GOALS program. Lease costs can be shared as well as resources. For instance, the CBOs could provide full- or part-time staff on a daily or otherwise basis for the referral process as well as a targeted resource. Senior Centers throughout the County could have representatives available for those Older Adults who need social contact outside of an established Mental Health clinic. Other County services through the Department of Aging would be encouraged to share space since so many activities and cases are already evaluated and dealt with on a multi-team, multi-agency level already. Additionally, benefits counselors will be encouraged to share space since this is a vital part of the treatment process. Consumers often ask—"You mean I have to pay for this? Isn't it free?" Older Adults are more likely to be concerned about having enough money to pay their bills, rent, and other costs since they have had a number of years to be concerned about such things. The Older Adult is also more likely to become confused about all the paperwork involved in obtaining certain benefits, such as MediCal and MediCare. It is in their best interest to provide an onsite worker from the Social Security Administration at the GOALS program to help Older Adults there instead of them going across town to access such services.

The community-based organizations will be a large part of the Outreach and Engagement/Education piece of the GOALS program. It is proposed that the

targeted number for Outreach and Engagement will be at least 225 individuals. It is also proposed that at least 60 individuals will be served through the 90-day BACOP model. It is expected that Mental Health staff will also partner with CBOs to educate the community about the needs of the Older Adult who may have mental health issues. The CBOs are the eyes and ears of the community; individuals may seek their assistance before they would consider setting foot into a Mental Health clinic due to stigma and the fear of being locked up. For many in the older generations, lengthy State Hospital stays were the norm in the past. For those who had loved ones in that situation or who they themselves may have been detained against their will, the thought of accessing mental health services carries negative connotations. It is for those individuals and those who carry that stigma in general about mental health services that the gatekeepers of the community will be enlisted to help track and engage the unserved and underserved Older Adult population in this County who may be suffering from mild to severe mental health symptoms and disorders.

Transportation needs were listed in nearly every consensus group, including the Older Adult group. Older Adult individuals who need mental health services and other services out in the community have been neglected due to a lack of public transportation services, limited to no family involvement, physical impairments, ambulation problems—just to name a few. In addition, it may be very difficult for the Older Adult to know whom to contact in order to provide such a service. Vision or hearing problems may also restrict their access to services in the community. The GOALS program will secure a wheelchair-lift van in addition to a regular car. These vehicles will be regularly used to take Older Adult individuals to and from various places in the community; to get them to their “first” and ongoing appointments with those identified who can help their needs, assist with placement in the community, and general transports as needed for whatever the individuals need.

The GOALS program will utilize performance outcomes and data for Older Adults served in order to measure success. This data is absolutely critical for providing feedback to consumers of the program as well as family members, staff, CBOs and other stakeholders who are vested in the program. The GOALS program will follow the measures that the Department of Mental Health determines are the best for reporting performance outcomes. Evidenced-based practices and their effectiveness for Older Adults are limited throughout the state of California. Minimally, one of the performance outcome measure tools that will be used is the Client Satisfaction Quest (CSQ-8) - (Atkinson & Larsen, 1990).

3) Describe any housing or employment services to be provided.

Housing services are a vital part of the Older Adult service delivery program. The Mental Health Services Act stipulates that programs shall emphasize strategies to reduce homelessness, which is a negative outcome as a result of untreated mental illness. The GOALS program seeks to secure housing within the framework of the Housing System Development Plan. There are varying levels of housing that Older

Adult individuals may need, from short-term crisis housing and transitional housing to independent, permanent housing. One of the biggest problems that Older Adults face in this County is a lack of subsidized funding for the Board and Care industry. Counties have had to supplement the care of Older Adults in the Mental Health budget. When budget cuts occur, this is often where the cuts occur first. Consequently, beds are denied for individuals who may need the most care. Due to higher costs and more liability, the consumer may need a higher level of care within the Board and Care home structure to avoid a higher and costlier level of care. It is proposed that the Housing System Development Plan incorporate Older Adults as much as possible, with extra funding being made available to properly supplement the local Board and Care Homes who have for so many years given extraordinary care to our Older Adult Mental Health consumers.

Employment services are also necessary for some consumers who, though they may suffer from mental health symptoms, can function well enough to have gainful employment. For those consumers aged 55-70 years old (includes Transitional Age Older Adults), this is especially important. Issues such as benefits depletion, lack of funds, financial hardships, and housing costs could cause an Older Adult to want to or have to look for alternative or extra income. The GOALS program will work with the local Senior Employment Agency to assist these individuals. If this agency cannot support a person to co-locate at the GOALS program building, then staff will assist the individual to access the proper resources.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each Full Service Partnership participant is $11,320 for Full Service Partnership funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $16,171

5) Describe how the proposed program will advance the GOALS of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Recovery is the personal process through which an Older Adult individual can choose to change his or her life goals, with the ultimate objective of living a healthy, satisfying, and hopeful life despite multiple limitations and/or continuing effects caused by mental illness. Services for Older Adult individuals with mental illness that focus on mental health service delivery outside of the traditional model (services done to or for individuals) are what can transform an Older Adult System of Care into a Full Service Partnership, where services are done *with* an individual, with the goal of recovery or wellness.

The concept of recovery in the Older Adult System of Care takes on various meanings depending on factors such as age, disability, strengths, cognitive ability,

etc. “Wellness” is the term that is used more frequently with Older Adults since recovery in late ages is not as frequent. Although recovery may not seem for some to be an attainable goal as an Older Adult, there is empirical evidence that the old models do not work since they are paternalistic and parental in nature. Older Adults can be fiercely independent and the concept of shared values may at first be foreign to them. Some comparisons to the old mental health models include: individual focus vs. consumer/family/caregiver/community focus; aging as pathology vs. health aging; emphasis on deficits and pathology vs. emphasis on strengths, options and quality of life; office based vs. community based; individual clinicians vs. geriatric multi-disciplinary team; mental illness symptom reduction focus vs. holistic and spiritual approach as well as improved quality of life with the regaining of personally meaningful social roles; services delivered to consumer vs. services planned collaboratively with consumer; quantitative accountability vs. outcome accountability; denied ethnic and cultural differences vs. valued diversity of ethnic and special populations; and providing advocacy vs. consumer and community empowerment as well as shared responsibility between consumers, families and providers. These concepts, language and more will be outlined and reviewed continuously in all interactions with the Older Adult individuals and their caregivers and families, in all team meetings, staff meetings, and trainings, with Mental Health staff, CBOs, and community service providers. Quarterly staff development meetings will be held to measure how well the collaborative teams are upholding these values and practicing them.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program; it is not expanding an existing program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Consumers will provide services through the Senior Peer Counseling Program and will assist individuals in the GOALS program as Outreach Workers. Senior Peer Counseling is a statewide program that has a solid foundation in the utilization of peers to connect with the elderly in the community. The Senior Peer Counseling Program in San Joaquin County currently utilizes a few volunteers, but this new program seeks to add new consumers/family members/individuals to the volunteer base. The ethnic populations that San Joaquin County will target first will be Hispanic and African American consumers, with the goal of serving all ethnic and cultural groups from their culture with more volunteers in the future. Seniors tend to look to other seniors for help and assistance since they tend to trust them more initially compared to younger people. This is the case with Senior Peer Counseling. This program has gone through budget cuts the past two years and has seen dwindling numbers of Senior Peer Counselors. It is therefore being proposed as an

early prevention and intervention service within this workplan to beef up the numbers of seniors in this group since it has served the public well.

The GOALS program will contract two consumers through community- based organizations and specifically target underserved Hispanic and African American consumers. It is hoped that these individuals will be elderly as well; giving new Older Adults in the program the initial signals of trust they need from service providers. The Outreach Workers will have an important role in the team—guiding, reminding, and challenging the team to always practice the recovery model.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Collaboration strategies will be implemented at both the community level as well as the program level. At the community level, the GOALS program will be an active participant in the Community MHSA Consortium, a new vehicle for multiple programs, team, and agencies to develop, evolve, and collaborate with other stakeholders. This consortium will include the following CBOs: the Vietnamese Voluntary Foundation, Inc. (VIVO), Lao Family Community of Stockton, Lao Khmu Association; the Asian pacific Self-Development and Residential Association (APSARA); Native Directions, Inc. which represents the Native American Population; Community Partnership for Families (for Muslim families); Mary Magdalene Community Services, which represents the African American community; El Concilio; and the San Joaquin AIDS Foundation. There are already a number of other established stakeholders in the Older Adult System of Care within San Joaquin County, including the Human Service Agency, Board and Care Industry, San Joaquin General Hospital, consumers, families, caregivers, and various community service providers. These stakeholders came consistently in great numbers to the consensus meetings and produced great strategies.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Some of the best ways to ensure culturally competent programs and sound strategies are to hire staff who are representative of the culture they will be serving. This will be the goal of the GOALS program, that is, to hire experienced staff who may be approaching senior status, and who will have a variety of ethnic backgrounds, especially Hispanics, Asian/Pacific Islanders and African Americans. Since the program will be small initially, it will be incumbent on the program to work in collaboration with the CBOs to provide the linguistic and cultural services that may

be missing. Especially important is the issue of proper language translation. Most of the community-based service staff has the experience and expertise to assist in the development of a strong culturally congruent program, and those staff will be highly valued for lending their expertise. Additionally, the building that will house the GOALS program and all the other programs will be decorated with artwork and furnishings that will reflect the cultural diversity of the community.

Within the treatment setting and structure it is also very important how the context of treatment and service are framed for the individual. Different cultures have differing ideas of how to treat the elderly and in some cultures there are no exact words or context of meaning for mental illness. This can be a delicate balance of convincing the Older Adult individual that they may benefit from something they are not familiar with, and having them agree to it in writing can be intimidating. So it is in those instances that the complex coordination of cultural competence is especially important. Individuals in the GOALS program will be treated with the utmost respect and courtesy regarding their culture. Older Adults will be assisted by someone they can understand and hopefully trust in order to achieve mutual goals.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

It is natural for some people to assume that all Older Adults are heterosexual, have been married, or are widows or widowers. This is certainly not always the case. Although the numbers may be smaller in this population, there are individuals we serve who consider themselves gay, lesbian, bisexual or transgender (GLBT). In this age group it is sometimes harder for service providers to ask the right questions in order for the treatment of the individual to be adequate for their particular needs. Often, Older Adults do not want to disclose their sexual preferences, or simply say they are too old to think about that. However, these issues can be at the very heart of their troubles and problems, or can be their best supports and strengths. All consumers deserve the dignity and respect we show them as service providers. Social support, which is an important element for the mental health of all Older Adults, may be critical particularly for the GLBT Older Adult. Individuals may not obtain the care they need because they may be concerned about providers' sensitivity to differences in sexual orientation. It is the responsibility of the Mental Health programs to educate all service providers (including CBOs) on the issues surrounding this particular group of individuals in our society. Their needs can be the same or different from others who have different cultures. Regular training and frequent reminders are necessary to assure that treatment plans will be tailored to the needs of the individual and the family.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Although it is the policy of San Joaquin County Behavioral Services to meet the needs of its individuals within the county borders as much as possible, there are

occasions when an individual may need to be placed or reside outside the county for some reason. Older adults residing out of the county to be served by the GOALS Full Service Partnership program will include those placed by BHS in some for of placement (e.g., IMD's). Such individuals will be linked to culturally and linguistically appropriate services by GOALS staff. Case management for these consumers will be provided by GOALS staff. The goal for these consumers will be to transition them back to San Joaquin County residence and BHS services.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the GOALS of the MHSA.

All strategies are listed.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Activities	**Dates of Accomplishment**

The timeline begins with approval by DMH:

Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Secure Lease
- Set-up Office Space

Month 3:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 4:

- Service Begins

Month 6:

- Community Feedback

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-6 | Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$173,125**			**$173,125**
D. Total Funding Requirements	**$173,125**	**$0**	**$0**	**$173,125**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-6 | Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-6 | Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$76,500	$76,500
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$22,500	$22,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$99,000	$99,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$286,278			$286,278
c. Employee Benefits	$101,855			$101,855
d. Total Personnel Expenditures	$388,133	$0	$0	$388,133
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	$4,500			$4,500
g. Other Operating Expenses (provide description in budget narrative)	$10,080			$10,080
h. Total Operating Expenditures	$24,580	$0	$0	$24,580
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	$216,000			$216,000
6. Total Proposed Program Budget	**$628,713**	**$0**	**$99,000**	**$727,713**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$145,543			$145,543
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$145,543	$0	$0	$145,543
3. Total Revenues	$145,543	$0	$0	$145,543
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$483,170**	**$0**	**$99,000**	**$582,170**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-6 | Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$67,664	$33,832
Mental Health Clinician III			1.00	$61,381	$61,381
Mental Health Clinician II			1.00	$54,060	$54,060
Psychiatrist			0.30	$147,159	$44,148
Nurse-Registered			0.50	$63,418	$31,709
Psych Tech/MH Spec II			1.00	$38,231	$38,231
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			3.00		$0
CBO-Management			0.75		$0
CBO-Recovery Coach/Specialist			3.00		$0
CBO-Outreach Worker			1.50		$0
CBO-Clerical			0.75		$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	14.05		$286,278
C. Total Program Positions		0.00	14.05		$286,278

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
GOALS-Gaining Older Adult Life Skills Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-6**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,700 per client for the year (45 Clients)		$ 76,500
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (45 Clients)		$ 22,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 99,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Chief Mental Health Clinician-(.5 FTE @ $67,664)	$33,832	
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381	
3. Mental Health Clinician II-(1 FTE @ $54,060)	54,060	
4. Psychiatrist-(.3 FTE @ $147,1590)	44,148	
5. Nurse-(.5 FTE @ $63,418)	31,709	
6. Psychiatric Technician/MH Specialist II-(1 FTE @ $38,231)	38,231	
7. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$286,278
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$101,855
iv. Total Personnel Expenditures		**$388,133**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,000
iii. Rent, Utilities and Equipment		
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 4,500
v. Other operating Expenses		
1. Communication and data line charges		$ 10,080
vi. Total Operating Expenditures		$ 24,580
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$216,000**
e. Total Proposed Program Budget		**$727,713**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$145,543
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$145,543**
b. Total Revenues	**$145,543**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$582,170**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # FSP-6 | Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$80,325	$80,325
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$23,625	$23,625
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$103,950	$103,950
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$300,592			$300,592
c. Employee Benefits	$141,278			$141,278
d. Total Personnel Expenditures	$441,870	$0	$0	$441,870
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	$11,475			$11,475
g. Other Operating Expenses (provide description in budget narrative)	$10,580			$10,580
h. Total Operating Expenditures	$33,755	$0	$0	$33,755
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	$226,800			$226,800
6. Total Proposed Program Budget	**$702,425**	**$0**	**$103,950**	**$806,375**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$161,275			$161,275
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$161,275	$0	$0	$161,275
3. Total Revenues	$161,275	$0	$0	$161,275
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$541,150**	**$0**	**$103,950**	**$645,100**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # FSP-6 | Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills |

Type of Funding 1. Full Service Partnership | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 45 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$71,047	$35,524
Mental Health Clinician III			1.00	$64,450	$64,450
Mental Health Clinician II			1.00	$56,763	$56,763
Psychiatrist			0.30	$154,517	$46,355
Nurse-Registered			0.50	$66,589	$33,294
Psych Tech/MH Spec II			1.00	$40,143	$40,143
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			3.00		$0
CBO-Management			0.75		$0
CBO-Recovery Coach/Specialist			3.00		$0
CBO-Outreach Worker			1.50		$0
CBO-Clerical			0.75		$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	14.05		$300,592
C. Total Program Positions		0.00	14.05		$300,592

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
GOALS-Gaining Older Adult Life Skills Full Service Partnership Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-6**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
1. Housing-$1,785 per client for the year (45 Clients)		$ 80,325
iii. Employment and Education Supports		
1. Employment-$525 per client for the year (45 Clients)		$ 23,625
iv. Other Support Expenditures		
v. Total Support Expenditures		**$103,950**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Chief Mental Health Clinician-(.5 FTE @ $71,047)	$35,524	
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450	
3. Mental Health Clinician II-(1 FTE @ $56,763)	56,763	
4. Psychiatrist-(.3 FTE @ $154,517)	46,355	
5. Nurse-(.5 FTE @ $66,589)	33,294	
6. Psychiatric Technician/MH Specialist II-(1 FTE @ $40,143)	40,143	
7. Senior Office Assistant-(.75 FTE @ $32,084)	24,063	$300,592
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$141,278
iv. Total Personnel Expenditures		**$441,870**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment based on past history		$ 6,700
iii. Rent, Utilities and Equipment		
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs based on history		$ 11,475
v. Other operating Expenses		
1. Communication and data line charges		$ 10,580
vi. Total Operating Expenditures		**$ 33,755**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$226,800**
e. Total Proposed Program Budget		**$806,375**

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$161,275
ii. State General Funds –EPSDT	
iii. Total New Revenue	**$161,275**
b. Total Revenues	**$161,275**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$645,100**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: The Wellness Center
Program Work Plan # SD-1		Estimated Start Date: July 1, 2006
Description of Program: Describe how this program will help advance the goals of the Mental Health Services Act	The Wellness Center is a new program designed, organized and run by people who have or have had mental health problems. The Center is based the concept of a consumer-run and self-help program. The Wellness Center will function as a General System Development program by outreaching to peers, mentoring peer; assisting peers develop independence, life skills and coping skills; and reducing isolation and stigma by reaching out to staff and the community to be a partner in transformation. Consumers who have designed this program state the mission statement of the Wellness Center is: "We are people who are not our illness. We are consumers with strengths within ourselves and want to be recognized for our strengths. It is important to recognize that each one of us has a core gift to offer and share with others. We are here to help other consumers find the gift within themselves. This in turn builds strength within us all." The Wellness Center will provide a safe, supportive community environment, an atmosphere of acceptance, self-worth, dignity and respect; and a place to increase knowledge by learning from one another. The focus of The Wellness Center will be recovery and empowerment. The Center will provide opportunities for consumers to tell their stories of recovery to peers and wider audiences as well as promote the belief within consumers, staff and the community that recovery is possible. The Wellness Center will work in partnership with staff and family members. The Center will welcome everyone with an open, friendly and engaging approach. An invitation will be open to everyone to participate in overcoming the stigma of mental illness, eliminating prejudice and transforming the system. Staff, family members, interested persons from the community and consumers are welcome.	

	Goals of The Wellness Center will be to promote mutual peer group, education and growth and reduce stigma within the mental health system and in the community; promote belief in consumers, staff and community in the recovery model; and develop a partnership with staff, family members, interested persons and involved agencies in the community.
Priority Population: Describe the situational characteristics of the priority population	The priority population will be adults over the age of 18 with serious mental illness. Persons of all genders, sexual orientation, races and ethnicities will be served.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Peer group with living and coping skills classes	☐	☒	☐	☐	☒	☒	☒
Peer advocacy with self-advocacy and conflict resolution training, board and care advocacy, orientation on how to access San Joaquin Behavioral Health Services, information about medication and information about advance directives and voter registration	☐	☒	☐	☐	☒	☒	☒
Child care assistance with vouchers	☐	☒	☐	☐	☒	☒	☒
Housing information and planning for independent living	☐	☒	☐	☐	☒	☒	☒
Serenity Center/Garden	☐	☒	☐	☐	☒	☒	☒
Transportation assistance with bus vouchers, information on how to use the bus and related services, and transportation provided to stakeholder meetings, medical appointments and job interviews.	☐	☒	☐	☐	☒	☒	☒
Outreach services with volunteer networking, speakers bureau, cultural and social activities	☐	☐	☒	☐	☒	☒	☒
Computer skills coaching	☐	☒	☐	☐	☒	☒	☒
Substance abuse prevention and referral services	☐	☒	☐	☐	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The Wellness Center is a new program designed and run by consumers to provide mutual support, information and growth in the self-help modality; and is based on the premise that people with a shared condition who come together help themselves and each other cope with mental illness and reduce stigma.

The Wellness Center will be located at the Mental Health Center. Existing conference rooms will be remodeled to provide nine services run by consumers for consumers.

The Wellness Center will be open Monday through Friday for 6 hours a day and approximately 300 consumers will be served in a year. There will be ongoing classes, advocacy, spiritual nourishment, outreach and help with transportation and childcare. There will be social activities and cultural competency training. Some activities will take place in the evening and will include events such as a "consumers' choice award" given to a clinic staff member chosen as exemplifying integration of wellness and recovery principles by the consumers. There will also be karaoke, dancing and refreshments. Other events will have a cultural theme with cultural foods and entertainment. Most events will include guest speakers providing information about mental illness, wellness and recovery.

The Wellness Center will be an active center for system development, which makes it distinct from a drop-in center. As an active center for systems development, The Wellness Center will emphasize networking and partnering with other departments and community based services. Consumer participation will be facilitated by networking and partnering with consumer organizations within our region, such as the California Network of Mental health Clients and the Martin Gibson Socialization Center. In addition, a speaker's bureau will enhance system development by reducing stigma of mental illness and the stigma of receiving mental health services. Also, The Wellness Center will include The Serenity Garden as an aspect of system development, which will address the spiritual needs of consumers, family members and staff.

The Wellness Center will provide advocacy and outreach to anyone needing a supportive hand to access help within the mental health system based on the concept of consumer choice. The Wellness Center will work in partnership with staff, family members and the consortium of community-based organizations, which represent the unserved, underserved and inappropriately served populations.

Representatives from The Wellness Center will meet every two weeks as a member of the Community MHSA Consortium of community-based organizations, which will include representatives of the multi-cultural, racial and ethnic populations in the County, as well as representation from the gay, lesbian, bisexual, transgender

communities and the homeless. Membership in this consortium will help assure services at the center are appropriate to the needs persons of all genders, sexual orientation, races and ethnicities.

The Center will welcome everyone with an open, friendly and engaging approach. An invitation will be open to everyone to participate in overcoming the stigma of mental illness, eliminating prejudice and transforming the system. Staff, family members, interested persons from the community; representatives of involved agencies and consumers are welcome.

Rooms utilized previously for an Adult Day Treatment Program will be remodeled for The Wellness Center. Consumers have requested that The Wellness Center be located within the mental health center to facilitate the building of a partnership with the mental health staff in the process of transformation. There are three rooms in the main Behavioral Health Services facility in Stockton that are underutilized and in a central location in the County that could be used for the Center. These rooms, however, were designed according to a concept that significantly differs from The Wellness Center. One-time funding will be needed to remodel these rooms.

Remodeling will include The Serenity Center, which will function as a greenhouse for the serenity garden. In the green house area there will be a fountain to create an atmosphere of peace. There will also be four meditation rooms. There will be large bench and picnic table for approximately 20 people to meet in this comforting environment.

Capacity in the activity area will accommodate 30 people, the group room will accommodate 20 people and the serenity center will accommodate 25 people. The activity area is expandable to two adjoining conference rooms by opening the movable partitions. Full capacity for activities is approximately 100 people.

There will be ten positions fill by consumers to perform these nine services. The services are:

1. Peer group classes
2. Serenity Center
3. Peer advocacy
4. Housing information
5. Employment information and assistance
6. Childcare assistance
7. Transportation services
8. Outreach services
9. Computer skills coaching

The 10 positions are:

1. Peer Group Advocate FTE (full time equivalent) 1.0
2. Serenity Coach FTE 1.0
3. Peer Advocate FTE 1.0
4. Housing Advocate FTE 0.50
5. Employment Assistance and Information Advocate 0.75
6. Childcare Advocate 0.25
7. Transportation Advocate FTE 1.0
8. Transportation Advocate Assistant FTE 0.50
9. Outreach Advocate FTE 0.75
10. Computer Coach FTE 0.25

Filling these positions will be based on consumer choice and job position needs. For example, in some situations, a full-time position may be filled by job sharing between two consumers who are qualified for the full-time position but want to work on a part-time basis. On the other hand, a consumer who is qualified for more than one of the part-time positions and wants to work full-time may work full-time by taking two part-time positions.

Two types of peer group classes will be provided at the Center: 1) independent living skills classes to teach cooking skills, budgeting, banking, nutrition, healthy living and exercise, grocery shopping and using community resources, such as the library, Food Bank and 2) coping skills classes will be provided to teach time management, personal safety, communication skills, medication information, socialization skills, sleep hygiene, the art of making decisions and following through. Clinical staff will be asked to act in a consulting role in developing information provided by the peer advocate regarding medications.

Classes will be designed to give individual attention to each participant. There will be five to seven consumers in each class. The classes will last on the average four weeks. Upon the completion of a class the participant will be given a certificate and incentives appropriate to the class topic.

Peer group classes, effective in providing the types of skills consumers may use in every-day life, will be conducted Monday through Friday and focus on a series of topics chosen by the consumers. Approximately 10 consumers will graduate each month from these classes, and over the period of a year, more than a hundred consumers will graduate from either a living skills class or a coping skills class. A peer group advocate will be hired to organize and conduct these classes.

Serenity Center: The center will include a large greenhouse-type room that will be a combination garden and meeting area. There will also be meditation rooms. There will be a fountain to enhance the serene environment. A serenity coach will participate in the agency's spirituality committee, teach meditation and look over the community garden. Staff from the clinics will be invited to participate.

Peer advocacy. Peer advocacy, self-help and empowerment go hand-in-hand for successful recovery. A peer advocate will be available to be a listening ear to a participant's concerns. This advocate will also train peers on self-advocacy and conflict resolution. Problems faced by consumers in every day life in board and care homes, negotiating the mental health system to get services, understanding medications and other daily-life issues will be addressed. Information regarding advance directives and voter registration will also be available.

When individuals are new to the system or begin their journey to recovery, the peer advocate will walk that person through the system for one or two months to ensure a successful start or new beginning toward recovery. The peer advocate will also provide support and follow up to ensure that initial contacts with the mental health system continue to be positive, productive and faithful to the recovery model.

The peer advocate will assist consumers in securing identification. Not having legal identification can be a barrier to accessing needed services.

Housing information: Housing is a top need for consumers, because of limited income, ever-increasing cost of housing and problems finding adequate housing that is well maintained. Peers will be taught skills to address these problems. A housing advocate will be available to teach these skills and provide information on resources. This advocate will also help peers with possible alternatives, such as finding a compatible roommate.

Employment: A peer advocate will provide information on employment, such as information on how benefits may be affected, available resources and programs, preparation of a resume and how to interview for a job. Participants may also be assisted in finding clothing suitable for an interview and with transportation to a job interview.

Childcare assistance: Parents of children under 13 years of age often have difficulty accessing services, because childcare is not available. A childcare advocate will be available to assist participants by providing information, assessing problems of access and providing vouchers to pay for childcare; when needed to access mental health services, medical services or attend a job interview. The CalWORKs practice of providing financial assistance to a person chosen by the participant to care for the participant's children is an effective way of addressing this need. The Wellness Center will follow that model.

Transportation services: A transportation advocate will train peers on using the bus and other available transportation services. A month bus pass will be given as an incentive to graduates. Peers will always be encouraged to be as independent as possible. When no other alternative is available the center will provide transportation to stakeholder activities, clinic appointments, medical appointments, employment interviews and in urgent situations.

Outreach services: The Wellness Center's goal is not only to affect change within the system but also in the community. An outreach advocate will organize, train and develop a volunteer network of consumers and as well as an auxiliary of interested persons to address stigma and prejudice. A volunteer group of consumers will be organized into a speaker's bureau to tell stories of those recovering from mental illness.

Outreach efforts will also include the unserved, underserved and inappropriately served populations. Cultural activities will be organized on a regular basis to introduce center participants and members of those communities to each other. Activities and events will include multi-ethnic communities in San Joaquin County as well as gay, lesbian, bisexual and transgender communities. The outreach advocate will also be available as a greeter to welcome guests with a warm reception and provide information on the services available at The Wellness Center.

Computer skills coaching: Computers and Internet access are valuable tools for self-help. Employment information, newsletters from consumer organizations, communication with peers by e-mail and other opportunities will be made possible. A computer skills coach will assist peers with questions regarding computer use and Internet access, and Internet access will be available at the center.

Consumer manager: A new, middle management job position will be created for a consumer to participate in the administration of The Wellness Center. This management position will involve direct involvement in the management and decisions of the daily affairs of the Center and will be a BHS employee. The consumer manager will provide leadership to BHS in recovery, wellness and the integration of consumers and family members into the core of agency services and planning, and participate in cultural competency matters, quality assurance and consumer affairs.

Consumer Resource and Development Specialist: This individual will be available in the first year to assist with a successful start up of The Wellness Center. Consumers creating The Wellness Center have requested a specialist to be available during the start-up phase and remodeling.

Future goal of a consumer-run community-based organization: The goal of The Wellness Center is develop a nonprofit consumer-run community-based organization. Over the next three or four years the consumer staff will develop experience. When the consumers want to move to the next step of creating a consumer community-based nonprofit organization, they will be able to more fully manage The Wellness Center. In the initial phase, the staff, except for the consumer manager, will work as part of an established community-based organization dedicated to the recovery model and the empowerment of consumers.

During the public hearing on the draft CSS plan conducted by the Mental Health Board, a number of consumers commented on the relationship between the current Martin Gipson Socialization Center and the proposed Wellness Center. It was

clarified that the two centers will compliment each other, with the Wellness Center focusing more on persons in crisis who need peer support with their crisis and in engaging mental health services. The Gipson Center provides ongoing support to current consumers with their recovery goals and plans. One of the specific requests made by a consumer at the public hearing was the need at the Gipson Center for facilities for consumers to clean-up in preparation for appointments, job interviews, and the like. In subsequent discussions with the management of the Gipson Center, adequate shower facilities already exist at the Center, which also maintains a clothes rack for persons needing clothes. The missing component is the lack of a washer and dryer at the Gipson Center. To meet this need, funds to purchase a washer and dryer for the Gipson Center are included in the one-time funding request for the Wellness Center.

3) Describe any housing or employment services to be provided.

A housing advocate will be available to teach skills to find and maintain suitable housing and provide information on resources. This advocate will also help peers with possible alternatives, such as finding a compatible roommate.

A peer advocate will provide information on employment, such as available resources and programs, preparation of a resume and how to interview for a job. Participants will be assisted with clothing needs and transportation, when needed for a job interview.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

This question does not apply to The Wellness Center.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The Wellness Center will provide advocacy and outreach to anyone needing a supportive hand based on the concept of consumer choice. Needed interventions and services which are late or difficult to access cannot serve those individuals with mental illness who may experience problems in the community, interactions with their personal lives or with their families. Prevention, advocacy, education and outreach efforts at The Wellness Center will be part of the solution. The Wellness Center staff will walk side by side individuals who are new to the system and

consumers beginning their journey to recovery for one or two months and ensure successful start. The Wellness Center staff will also provide supportive follow up to continue to assure that recovery is sustained.

A special effort will be made to include young adults in program planning and provision of services. Often a system-created generational gap unintentionally prevents or hinders people between the age of 18 and 25 from utilizing services that are available but are underused. Life skills, coping skills, advocacy and peer group are relevant for consumers in the TAY age group only when the needs of that age group are taken into account. Based on history and experience of how mental health systems work, bridging the gap of this underserved population needs a new and concerted approach. The Wellness Center will promote an approach that assures consumer choice includes the TAY voice, involvement in the decisions made and the services provided.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is a new program; it is not expanding an existing program.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Designed to be consumer run, staff will be consumers, except for the Consumer Resource and Development Specialist. Consumers creating The Wellness Center have requested a Specialist to be available during the first year and remodeling to assist with a successful start up phase of The Wellness Center.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Power 'N' Support is an active, self-help, consumer team at San Joaquin County Behavioral Health Services and has been involved in the MHSA planning process in every possible way, such as attending and participating in stakeholder meetings, web cast trainings, teleconferences and Steering Committee meetings. Members have participated in the outreach efforts to reach unserved ethnic and other underserved populations, such as the gay, lesbian, bisexual and transgender communities and the homeless. Members formed as a writing team to design the

concept of the center. Chairs from other MHSA writing teams also met with members to review other proposals.

Outreach by members through The Wellness Center will include law enforcement, board and care operators, schools and colleges. Training based on understanding consumer culture and recovery will be presented to clinic staff, stakeholders in the priority population and other stakeholders. System services will be improved through promotion of recovery concepts through partnership with clinic staff, family members and outreach to the community.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Outreach efforts through The Wellness Center will include the unserved, underserved and inappropriately served populations. Cultural activities will be organized on a regular basis to introduce center participants and members of those communities to each other. Activities and events will include multi-ethnic communities in San Joaquin County as well as gay, lesbian, bisexual and transgender communities.

Bi-lingual staff will be available at The Wellness Center for monolingual consumers in a language other than English. The Wellness Center will also work closely with bi-lingual clinic staff. For example, The Wellness Center will work closely with the Transcultural Clinic staffs, who speak many of the Southeast Asian languages, and the Latino Focus Team who speak Spanish.

The Wellness Center will work closely with Black Awareness Community Outreach Program to assure services at the center are appropriate to the needs of the African-American community and with local Native American community organizations to assure services are appropriate to the needs of indigenous Americans.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Planning, training and activities will assure services include sexual orientation, gender-sensitivity and the differing psychologies and needs of women and men. Representatives of these communities, such as the San Joaquin AIDS Foundation, Parents, Families & Friends of Lesbians & Gays (PFLAG), Stockton Women's Network and the Women's Center of San Joaquin, will be invited to participate in the center. The Wellness Center is meant to be a place of activity where ideas and

diversity are encouraged and nurtured through the ongoing classes, advocacy and cultural activities, all of which will include sensitivity to sexual orientation, gender sensitivity and reflection of the differing psychologies of women and men.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

This question does not apply to The Wellness Center.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

This question does not apply to The Wellness Center.

13) Please provide a timeline for this work plan, including all critical implementation dates.

This timeline begins with approval by DMH:
Month 1 - 3:

- Remodel former Day Treatment space into Wellness Center
- Program Development
- Staff hired and Trained
- Equipment Purchased

Month 4:

- Program Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

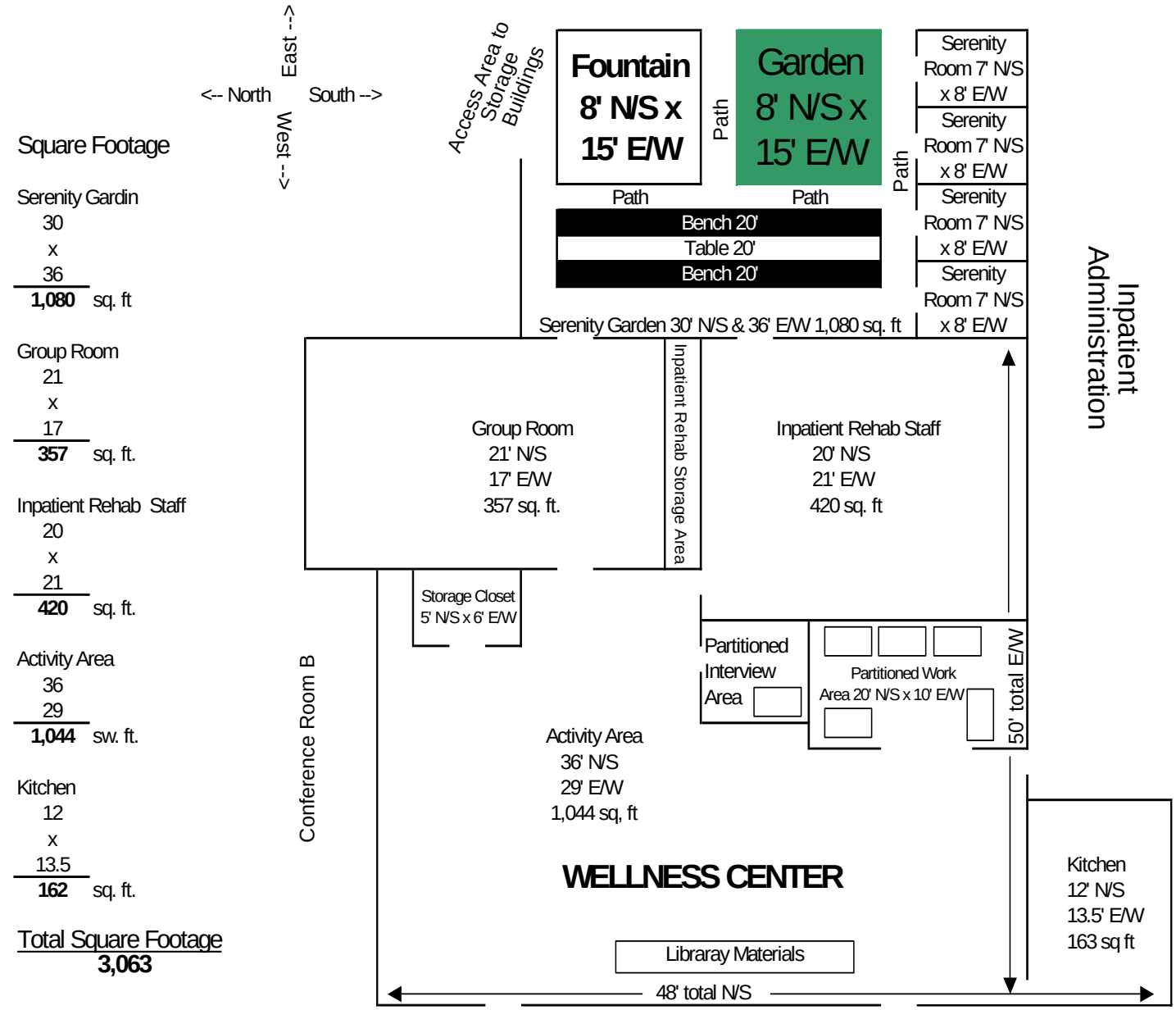
Square Footage
Serenity Gardin
30
x
36
1,080 sq. ft
Group Room
21
x
17
357 sq. ft.
Inpatient Rehab Staff
20
x
21
420 sq. ft.
Activity Area
36
29
1,044 sw. ft.
Kitchen
12
x
13.5
162 sq. ft.
Total Square Footage
3,063
<-- North
South -->
East -->
<-- West
Access Area to Storage Buildings
Fountain 8' N/S x 15' E/W
Path
Garden 8' N/S x 15' E/W
Path
Path
Bench 20'
Table 20'
Bench 20'
Serenity Room 7' N/S x 8' E/W
Serenity Room 7' N/S x 8' E/W
Serenity Room 7' N/S x 8' E/W
Serenity Room 7' N/S x 8' E/W
Serenity Garden 30' N/S & 36' E/W 1,080 sq. ft
Inpatient Administration
Group Room
21' N/S
17' E/W
357 sq. ft.
Inpatient Rehab Storage Area
Inpatient Rehab Staff
20' N/S
21' E/W
420 sq. ft
Storage Closet
5' N/S x 6' E/W
Partitioned Interview Area
Partitioned Work Area 20' N/S x 10' E/W
50' total E/W
Conference Room B
Activity Area
36' N/S
29' E/W
1,044 sq, ft
WELLNESS CENTER
Kitchen
12' N/S
13.5' E/W
163 sq ft
Libraray Materials
48' total N/S

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-1 | Date: 3/6/06

Program Workplan Name: Wellness Center | Page __1_ of _1__

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-2230

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$512,900**			**$0**
D. Total Funding Requirements	**$512,900**	**$0**	**$0**	**$512,900**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # SD-1 | Date: 3/6/06

Program Workplan Name Wellness Center | Page __1_ of _1__

Type of Funding 2. System Development | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-2230

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-1 | Date: 3/6/06

Program Workplan Name: Wellness Center | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 300 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 209-468-2230

	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
b. Travel and Transportation	$10,000			$10,000
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports	$4,500			$4,500
e. Other Support Expenditures (provide description in budget narrative)	$24,262			$24,262
f. Total Support Expenditures	$38,762	$0	$0	$38,762
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$54,060			$54,060
c. Employee Benefits	$25,408			$25,408
d. Total Personnel Expenditures	$79,468	$0	$0	$79,468
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$20,200			$20,200
d. General Office Expenditures	$7,480			$7,480
e. Rent, Utilities and Equipment	$3,600			$3,600
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$2,500			$2,500
h. Total Operating Expenditures	$33,780	$0	$0	$33,780
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	$303,284			$303,284
6. Total Proposed Program Budget	**$455,294**	**$0**	**$0**	**$455,294**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$455,294**	**$0**	**$0**	**$455,294**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # SD-1 | Date: 3/6/06

Program Workplan Name Wellness Center | Page __1_ of _1__

Type of Funding 2. System Development | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 300 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 209-468-2230

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Wellness Manager			1.00	$54,060	$54,060
					$0
CBO-Wellness Supervisor			1.00		$0
CBO-Outreach Workers		7.00	7.00		$0
CBO-Clerical			1.00		$0
CBO-Management			0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	7.00	10.50		$54,060
C. Total Program Positions		7.00	10.50		$54,060

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Wellness Center System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**SD-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
1. Bus Passes for clients		$ 10,000
ii. Housing		
iii. Employment and Education Supports		
1. On site trainings		$ 4,500
iv. Other Support Expenditures		
1. Child Care	$ 20,000	
2. Food and Decorating Supplies	$ 3,262	
3. Client Incentive Awards	$ 1,000	$24,262
v. Total Support Expenditures		**$ 38,762**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Wellness Manager-(1 FTE @ $54,060)		$ 54,060
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees		$ 25,408
iv. Total Personnel Expenditures		**$ 79,468**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 20,200
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 7,480
iii. Rent, Utilities and Equipment		
1. 1. Copier Rental		$ 3,600
iv. Medication and Medical Supports		
v. Other operating Expenses		
1. Communication and data line charges		$ 2,500
vi. Total Operating Expenditures		$ 33,780
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$303,284**
e. Total Proposed Program Budget		**$455,294**
2. Revenues		
a. New Revenues		
b. Total Revenues		**$ 0**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$455,294**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-1 | Date: 3/6/06

Program Workplan Name: Wellness Center | Page __1_ of _1__

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 300 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 209-468-2230

	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
b. Travel and Transportation	$10,000			$10,000
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports	$4,725			$4,725
e. Other Support Expenditures (provide description in budget narrative)	$24,262			$24,262
f. Total Support Expenditures	$38,987	$0	$0	$38,987
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$56,763			$56,763
c. Employee Benefits	$26,679			$26,679
d. Total Personnel Expenditures	$83,442	$0	$0	$83,442
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$20,400			$20,400
d. General Office Expenditures	$9,180			$9,180
e. Rent, Utilities and Equipment	$4,100			$4,100
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$3,000			$3,000
h. Total Operating Expenditures	$36,680	$0	$0	$36,680
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	$318,448			$318,448
6. Total Proposed Program Budget	**$477,557**	**$0**	**$0**	**$477,557**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$477,557**	**$0**	**$0**	**$477,557**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # SD-1 | Date: 3/6/06

Program Workplan Name Wellness Center | Page __1_ of _1__

Type of Funding 2. System Development | Months of Operation 1

Proposed Total Client Capacity of Program/Service: 300 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: 209-468-2230

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Wellness Manager			1.00	$56,763	$56,763
					$0
CBO-Wellness Supervisor			1.00		$0
CBO-Outreach Workers		7.00	7.00		$0
CBO-Clerical			1.00		$0
CBO-Management			0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	7.00	10.50		$56,763
C. Total Program Positions		7.00	10.50		$56,763

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Wellness Center System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**SD-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
1. Bus Passes for clients		$ 10,000
ii. Housing		
iii. Employment and Education Supports		
1. On site trainings		$ 4,725
iv. Other Support Expenditures		
1. Child Care	$ 20,000	
2. Food and Decorating Supplies	$ 3,262	
3. Client Incentive Awards	$ 1,000	$24,262
v. Total Support Expenditures		**$ 38,987**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Wellness Manager-(1 FTE @ $56,763)		$ 56,763
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees		$ 26,679
iv. Total Personnel Expenditures		**$ 83,442**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 20,400
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 9,180
iii. Rent, Utilities and Equipment		
1. 1. Copier Rental		$ 4,100
iv. Medication and Medical Supports		
v. Other operating Expenses		
1. Communication and data line charges		$ 3,000
vi. Total Operating Expenditures		$ 36,680
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$318,448**
e. Total Proposed Program Budget		**$477,557**
2. Revenues		
a. New Revenues		
b. Total Revenues		**$ 0**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$477,557**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Community MHSA Consortium
Program Work Plan #:	SD-2	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Community MHSA Consortium will be comprised of community-based organizations (CBO), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations. The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA process. Additionally, the Consortium will assist Behavioral Health Services in rolling out the approved mental health programs and in evaluating evidence-based practices. The Consortium provides a means to continue the partnership and trust that has developed. Educational efforts of the Consortium will focus on program orientation, service delivery, with a targeted emphasis on the unserved and underserved populations. Within some cultural groups a word does not exist in their language to explain "mental illness." Stigma is present and the fear of being labeled "crazy" has kept individuals from accessing services. The Consortium will provide education and cross training on mental illness and dual-diagnosis, emphasizing wellness and recovery. Community strengths and resiliency will be identified and supported by all efforts of the Consortium. The goal of the Consortium will be to reduce cultural, racial, ethnic and linguistic disparities within the mental health delivery system. To assist in achieving these goals, a full-time Ethnic Services Manager/Cultural Competency (ESM/CC) Coordinator will provide the staff infrastructure to address cultural, racial, ethnic and linguistic disparities within the mental health system. The Consortium is a means to continue community collaboration resulting in improved service delivery for all consumers and family members.	
Priority Population: *Describe the situational characteristics of the priority population*	Priority populations of the Community MHSA Consortium will be all cultural, racial and ethnic populations with individuals that have serious mental illness. Special emphasis will be placed on populations with the greatest disparities. This includes, but is not limited to; Cambodian; Hmong; Laotian; Vietnamese; Native American; Asian descent; African-American; Muslim/Middle Eastern, gay, lesbian, bisexual and transgender (GLBT); homeless; consumer	

	and family members. Penetration rates for the Medi-Cal populations for San Joaquin County Behavioral Health Services (BHS) for fiscal year 2002-2003 indicate a low penetration for the Hispanic/Latino population at 2.7%. The penetration rate of Hispanic/Latino consumers served by SJCMHS compared to the San Joaquin County population is 1.6%. Additionally, African-Americans have a penetration rate of 8.7% of Medi-Cal beneficiaries served compared to the fiscal year 2002-2003 Medi-Cal population. Total African-Americans served compared to the County population results in a penetration rate of 6.1% for fiscal year 2002-2003. Although the penetration rate of African-Americans is higher than Latinos, African-Americans are inappropriately served by over-utilization of Crisis and Inpatient services. Gay, lesbian, bisexual and transgender (GLBT) individuals have been hesitant to self-identify due to potential discrimination and stigma. Specialized outreach efforts will be necessary to reach these groups. This outreach will include the active participation of the Community MHSA Consortium which has agencies that have established trust and can provide an entrance to hard-to-reach populations. It should be noted that these priority populations are located throughout San Joaquin County. Special emphasis will be placed on the homeless populations and factors that contribute to homelessness. Linguistic competency will be a major focus to support consumers' full participation in the treatment process in the language of their choice.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Development and maintenance of a Community MHSA Consortium comprised of community-based organizations (CBO), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations.	☐	☒	☒	☐	☐	☐	☐
Consumer and family members will have an important and equal role in the MHSA Consortium	☐	☒	☒	☒	☒	☒	☒
Emphasis on populations with the greatest disparities; Cambodian; Hmong; Laotian; Vietnamese; Native American; Asian descent; African-American; Gay, Lesbian, Bisexual and Transgender (GLBT); Homeless consumers and family members.	☐	☐	☒	☒	☒	☒	☒
Reduce cultural, racial, ethnic and linguistic disparities in the mental health delivery system.	☐	☒	☒	☒	☒	☒	☒

The Consortium is a means to continue the inclusiveness and transparency that was started by the MHS process.	☐	☒	☒	☐	☐	☐	☐
Assist in rolling out the approved MHS programs and provide evidenced-based evaluations of service delivery.	☐	☒	☐	☐	☐	☐	☐
Continue community partnership and trust that was developed with ethnic and unserved communities.	☐	☒	☒	☐	☐	☐	☐
Wellness and recovery education and cross-training efforts addressing program orientation, and service delivery.	☐	☒	☒	☐	☐	☐	☐
Community strengths and resiliency will be identified and supported by the efforts of the Consortium.	☐	☒	☐	☐	☐	☐	☐
Increase penetration and retention rates of cultural, racial and ethnic communities.	☐	☒	☒	☒	☒	☒	☒
Specialized outreach efforts to overcome discrimination, stigma and lack of trust. The Consortium will provide the linkage to establish trust and entrance into hard-to-reach populations.	☐	☒	☒	☐	☐	☐	☐
Special emphasis will be placed on the homeless and factors that contribute to homelessness.	☐	☒	☒	☒	☒	☒	☒
Focus on Linguistic competency to support consumers' full participation in the treatment process in the language of their choice.	☐	☒	☒	☒	☒	☒	☒
A full-time Ethnic Services Manager/Cultural Competency (ESM/CC) Coordinator to provide the staff infrastructure to address cultural, racial, ethnic and linguistic disparities.	☐	☒	☒	☐	☐	☐	☐
Computers at each CBO community site and internet capability supporting the consortium web site to encourage linkage and ongoing participation within underserved and unserved communities.	☐	☒	☒	☒	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

This proposal is to further develop and maintain a Community Mental Health Services Act (MHSA) Consortium. San Joaquin County Behavioral Health Services (SJCBHS) contacted with nine community-based organizations (CBOs) to see if they would be interested in doing community outreach for the Mental Health Services Act. The CBOs are: the Vietnamese Voluntary Foundation, Inc. (VIVO) representing the Vietnamese population; Lao Family Community of Stockton representing the Hmong population; Lao Khmu Association representing the Laotian Community; the Asian Pacific Self-Development and Residential Association (APSARA) representing the Cambodian community; Native Directions, Inc. representing the Native American population; Community Partnership for Families of San Joaquin representing the Muslim/Middle Eastern community; Mary Magdalene Community Services representing the African American community; El Concilio representing the Latino community; and the San Joaquin AIDS Foundation representing the Gay, Lesbian, Bisexual and Transgender (GLBT) communities. These CBOs were contacted to do outreach and engagement for the above populations that are currently receiving little to no services. In doing outreach to these populations, we found that trust was a major factor that kept people from using mental health services. The CBOs became and continue to be an important linkage to hard-to-reach communities. Additionally, a homeless outreach staff member is an active member of this consortium. Homelessness and factors that contribute to homelessness can affect psychiatric stabilization. It is one of the consortium's goals is to mitigate homelessness and to foster wellness and a stable living environment.

The Consortium will focus on serving children, adults and older adult populations with individuals experiencing serious emotional disturbance and mental illness The consortium will target the unserved, the inappropriately served and underserved populations that have psychiatric problems. Mental illness of the individual can affect the whole family, especially in ethnic populations. It is important to secure appropriate releases of information so that the family can be an integral part of the treatment process.

The original nine CBOs were contacted to do specialized ethnic-specific outreach and engagement. Additionally, the unserved or inappropriately served populations were asked; *what would make services better? what would make serves easier to access?* and *what services were needed?* Each CBO developed different strategies to access their communities. Some specific strategies include; one-on-one contact; going to the homes and apartment complexes where racial/ethnic communities live; going to churches, temples, mosques, and faith-

based organizations; meeting with social services organizations; attending social or community celebrations/activities; holding focus groups; and hosting specialized dinner events with an MHSA agenda.

In order to support the consumers, family members and the CBOs, a weekly meeting was established with SJCBHS to address obstacles and share successes. A full-time Ethnic Services/Cultural Competence (ESM/CC) Coordinator will provide the staff infrastructure to maintain the bimonthly meetings, schedule trainings, and provide administrative direction and support to the consortium.

When the community-based organizations (CBO) engaged in the initial outreach and engagement, two main issues surfaced as an obstacle: trust and stigma. It became apparent that a lack of trust was present and, in some cases, a large amount of distrust was affecting the engagement process. The CBOs become a vital link to bridging and developing trust between the community and SJCBHS. Our consumers indicate that stigma is a major factor in keeping people away from mental health services. We found this was true in the ethnic communities where people did not know what recovery was, but had a clear understanding of the stigma related to mental illness. Some ethnic communities did not have a word for mental illness but understood what it means to be unstable or unbalanced.

Major issues uncovered in outreach were the lack of knowledge of what dual-diagnosis and mental illness is, where to get services, and what type of services were available. A major component of the consortium is education and cross training to provide basic dual-diagnosis and mental heath education, how to help someone, and who to contact to get some assistance. A directory of service providers will be developed and used by consortium members. The consortium will also function as a feedback mechanism to advise Behavioral Health Services how well we are serving the community and where we are still having difficulties in engagement and service delivery.

The weekly CBO meeting will be formalized and expanded into a consortium with the active involvement of the community, faith and tribal-based organizations, consumers and family members. The formalization of the CBO meeting into the consortium will continue the transparency and inclusiveness that was developed through community outreach that was part of the needs assessment of the MHSA process. The consortium will actively assist in the rollout of the MHSA funded proposals. The consortium will evaluate the process, monitor the effectiveness of outreach and service delivery to their communities, and provide ongoing recommendations from the community on how to reduce cultural, racial, ethnic and linguistic disparities within the mental health system. In order to

provide these recommendations, the consortium members need to be educated in data collection and evaluation implementation. The consortium will get technical assistance on data collection, evaluation instruments, and develop recommendations based on the data. Interagency data reliability will need to be addressed to ensure that all consortium organizations are measuring the same thing and comparing apples to apples.

To assist in data collection, the consortium hopes to create a consortium web page that individuals can access to indicate what they like, what they do not, and to make recommendations. Meeting minutes as well as events and trainings will be posted. The web page will be linguistically competent in San Joaquin County's threshold languages. This site will be simple and user- friendly to make it easier for people with limited computer knowledge to use. A long-term goal will be to have one computer at each contracted organization's site for ease of use by the community, consumers and family members. Additionally, cultural competency education will be provided to assist each other in having a basic understanding of each cultural group's values and family dynamics that can affect service delivery. A training budget will ensure that the consortium is adequately trained on the latest evidence- based practice, dual-diagnosis, and state-of-the-art treatment options. Additionally, San Joaquin County Behavioral Health Services (SJCBHS) staff needs to be trained on recovery concepts and the integration of wellness into current treatment modalities. SJCBHS and community-based organizations need to have joint trainings on cultural competency to address the ethnic, cultural and linguistic needs of the community and to support recovery concepts in treatment.

The consortium will support the values of recovery and wellness by; honoring each participant; accepting them as they are and as unique, special individuals; remembering there are no limits to recovery; approaching all situations with a sense of hope; validating individual experiences; treating individuals with dignity, compassion, respect, and unconditional high regard; giving each person choices and options, not final answers; and supporting the concept that each person is the expert on themselves. The consortium will embrace the core value of resiliency by supporting each individual's ability to recover quickly from illness, change, obstacle or misfortune.

In addition to the core values, the consortium supports the Black Awareness Community Outreach Program (BACOP) First 90 Days outreach and engagement model. The BACOP model was originally designed to reach out to the African American population. This outreach model can be applied to any unserved, underserved, or inappropriately served cultural, racial or ethnic population. Consumers will be educated on the mental health system and which service options are available, including a Full Service Partnership. Consumers

will be referred to the appropriate treatment to meet their individual needs and treatment timelines. The consumer will have the option of meeting with a provider of similar cultural, racial and ethnic origin or a provider that is culturally competent. The First 90 Days outreach and engagement model is culturally specific and it is our hope that it will result in higher treatment retention. Due to this cultural, racial, ethnic, and linguistic service delivery model we believe it should be viewed and evaluated as an emerging and promising practice.

Program Goals:

- To provide a forum for cooperation and partnering to build a strong Community MHSA Consortium
- To support the values of wellness and recovery in all aspects of service delivery. Although the MHSA Consortium is not a direct service provider, it will have an instrumental influence in providing outreach, engagement, and treatment to unserved, underserved and inappropriately served populations through the Full Service Partnerships.
- To develop evidenced-based practices to measure penetration, retention, and treatment for priority cultural, racial and ethnic populations. Areas to measure may include numbers of individuals: who received outreach, engagement and treatment services; received housing assistance; who have increased access to transpiration, who have completed employment training and are gainfully employed in part-time and full-time employment, who have reduced incarceration and inpatient admissions; who are no longer homeless; who have maintained consistent services over a three-month, six-month and one-year period of time.

3) Describe any housing or employment services to be provided.

The Community MHSA Consortium will utilize housing resources that currently exist in our system of care. The Homeless Engagement and Response Team (HEART) is an AB2034 program in which a major component is housing. Additionally, many of the proposals submitted in the SJCBHS MHSA plan contain Full Service Partnerships that include housing. Any funded proposals will increase our housing and bed capacity in the community. Additionally, a homeless outreach worker will be an active participant in the consortium to address housing issues and provide the linkage to housing resources.

San Joaquin County Behavioral Health Services (SJCBHS) provides a continuum of employment services that range from pre-employment and training to employment or volunteerism. An initial readiness interview is completed and consumers are advised of the range of services that are offered from an immediate referral to employment agencies to a community skills building class that teaches employment skills. The community skills building class also teaches basic information on mental illness and dual-diagnosis. It focuses on functionality and assists each consumer to complete a Wellness Recovery Action Plan (WRAP). The WRAP plan is a self-designated plan for staying well and for helping people to feel better when they are not feeling well and for improving the quality of their lives. The WRAP plan has six sections; daily maintenance plan; identify triggers or events; early warning signs; identify when things are getting worse; crisis plan or advance directive, and post-crisis plan. Additionally, referrals are made to training programs, including the Department of Rehabilitation that provides job coaches, transportation, and pays for supportive employment items such as computers.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The Community MHSA Consortium will not be utilizing Full Service Partnerships for this proposal, instead requesting funds for system development, outreach and engagement. The Consortium will work with funded Full Service Partnerships that will provided direct treatment to consumers.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Outreach and engagement will be provided by the community-based organizations (CBO) within the consumer's communities, which will increase entrance into treatment. The CBOs geographic proximity will increase access by providing services in the client's community. Going into the community is part of recovery due to meeting the client where they are rather than expecting that they come to mental health for treatment. One of the goals of recovery is to actively support the client's goals and treatment outcomes. Treatment is client-driven and individualized. The consortium is comprised of the ethnic communities that are unserved, underserved and inappropriately served by the current mental health system. The consortium becomes the voice of the community in not only establishing the MHSA goals but in the rollout and evaluation of the MHSA

program as a whole. The consortium also serves as a feedback mechanism to evaluate ongoing MHSA programs. The CBOs represent the entire community, including children, youth, adults, older adults, consumers and family members. Additionally, the CBOs will provide age and ethnic-specific feedback to all clinical departments within San Joaquin County Behavioral Health Services in relation to MHSA activities, which will eventually turn into an ongoing consulting relationship addressing treatment and service delivery.

Resiliency is defined as buoyancy or the ability to bounce back from adversity. Resiliency is not a concept that is only applied to children and youth but can be applied to all consumers and family members that face adversity and become stronger from overcoming it. Resiliency will be addressed in strength-based ethnic specific treatment and is a core concept of the Wellness Recovery Action Plan (WRAP). Additionally, the WRAP plan will be one of the major classes at the Consumer Wellness Center.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

The Community MHSA Consortium was not an existing program of SJBHS prior to the Mental Health Services Act. As part of the community outreach and engagement, community-based organizations (CBO) were contracted to reach out to the unserved, underserved and inappropriately served communities. The CBOs became a vital link to the ethnic communities and an invaluable resource to assist with providing and rolling out MHSA-funded programs. It is our hope to build on this collaborative relationship through developing and providing joint service delivery to ethnic communities. The Community MHSA Consortium will be a living model of true community partnership.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Consumers and family members will provide an equal and vital role in the development, participation and ongoing partnering that will occur with the CBOs. The input of the consumer and family members will be necessary to change the mental health culture to fully embrace recovery and wellness. The concepts of recovery and wellness are based on the individual's desires and goals. The mental health agency will be supporting the consumer's individualized goals and assisting in goal attainment. The ethnic community will be active in the

Community CBO Consortium that, in turn, will affect service delivery and treatment outcomes.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The Community-based organizations (CBO) are stakeholders groups that were part of the MHS process from the very beginning. CBOs were contracted to do outreach and engagement to unserved, underserved and inappropriately serviced populations. The CBOs comprise a variety of ethnic groups including tribal organizations. Native Directions, Inc. manages the Three Rivers Lodge that is a tribal based dual-diagnosis program for men. Additionally, spiritual/religious ceremonies are held at Three Rivers on a weekly basis for Native Americans within San Joaquin County. During Powwows, American Indians from all over the country come to Three Rivers to participate in ceremonies.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Mental health services will be provided by collaborating and contracting with existing community-based organizations integrated into the community. These CBOs will be formed into the Community MHSA Consortium. The CBOs represent the unserved, underserved and inappropriately served populations with our county. These CBOs are known and trusted by the ethnic and underserved groups with in San Joaquin County. Contracts with CBOs will include intensive outreach and engagement, treatment services, and helping identify gaps in services. Staff will be hired by the CBOs representing the ethnicity, culture and linguistic needs of the consumers that they serve. Linguistically and culturally competent staff will be supported in their professional development by ongoing trainings provided to SJCBHS and CBO staff. These organizations will become resources for San Joaquin County Behavioral Health Services and the San Joaquin County community at large, addressing mental illness, dual-diagnosis issues, recovery, and harm reduction techniques.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The AIDS Foundation is one of the community-based organizations that is contracted to reach out to the gay, lesbian, bisexual and Transgender (GLBT) community. This organization was specifically targeted to include sensitivity to sexual orientation and gender. Outreach was conducted with the following organizations; Parents, Families and Friends of Lesbians and Gays (PFLAG), Gay, Straight Alliance Clubs at high schools throughout San Joaquin County; the Paradise Club; the Valley Ministries Metropolitans Community Church; the University of the Pacific Pride Center; the Marriage Equality California organization; a gay men's social group; a positive thinking group at the San Joaquin AIDSW Foundation; San Joaquin Delta College and a GLBT focus group at a local restaurant. The active involvement of a CBO representing the GLBT community will bring a necessary sensitivity to all CBOs who are part of the consortium.

Emphasis on gender awareness and differing psychological frameworks on the needs of women, men, boys and girls will be addressed within the consortium. Consumers and family members representing transition age youths (TAY) will be active members of the consortium.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

It is our experience that some consumers and family members are a very mobile population. While receiving services, some consumers will move out of county and San Joaquin County Behavioral Heath Services will link consumers to service providers until partners and contractors can be arranged to continue service delivery. Additionally, our Full Service Partnership staff will travel out of county to provide services to consumers and family members who have changed residency and will help facilitate linkage to local mental health programs

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable

13) Please provide a timeline for this work plan, including all critical implementation dates.

Prior to DMH approval: A Request For Proposal for the community based organizations will be developed while the San Joaquin County CSS Plan is being reviewed by DMH.

One month after DMH approval: RFP for CBOs will be released

Three months after DMH approval: Contracts issued to the nine selected CBOs. Consortium formed and begins to function.

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-2 | Date: 3/6/06

Program Workplan Name: Community MHSA Consortium | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-0663

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$142,700**			**$142,700**
D. Total Funding Requirements	**$142,700**	**$0**	**$0**	**$142,700**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-2 | Date: 3/6/06

Program Workplan Name: Community MHSA Consortium |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-0663

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-2 | Date: 3/6/06

Program Workplan Name: Community MHSA Consortium | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-0663

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$157,248			$157,248
c. Employee Benefits	$73,907			$73,907
d. Total Personnel Expenditures	$231,155	$0	$0	$231,155
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$4,500			$4,500
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$6,780			$6,780
h. Total Operating Expenditures	$16,280	$0	$0	$16,280
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	$0			$0
6. Total Proposed Program Budget	**$247,435**	**$0**	**$0**	**$247,435**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$247,435**	**$0**	**$0**	**$247,435**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-2 | Date: 3/6/06

Program Workplan Name: Community MHSA Consortium |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-0663

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Clinician			1.00	$67,662	$67,662
Management Analyst II			1.00	$59,030	$59,030
Senior Office Assistant			1.00	$30,556	$30,556
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	3.00		$157,248
C. Total Program Positions		0.00	3.00		$157,248

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Community MHSA Consortium System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**SD-2**	**Date:**	**3/10/06**

1. Expenditures			
a. Client, Family Member and Caregiver Support Expenditures			
i. Travel and Transportation			
ii. Housing			
iii. Employment and Education Supports			
iv. Other Support Expenditures			
v. Total Support Expenditures			**$ 0**
b. Personnel Expenditures			
i. Current Existing Personnel Expenditures			
ii. New Additional Personnel Expenditures			
1. Chief Mental Health Clinician-(1 FTE @ $67,662)	$67,662		
2. Management Analyst II-(1 FTE @ $59,030)	59,030		
3. Senior Office Assistant-(1FTE @ $30,556)	30,556		$157,248
iii. Employee Benefits			
1. Benefits calculated at 47% for Regular employees			$ 73,907
iv. Total Personnel Expenditures			**$231,155**
c. Operating Expenditures			
i. Travel and Transportation			
1. Staff mileage reimbursements and county motor pool costs Based on past history			$ 4,500
ii. General Office Expenditures			
1. Office supplies, printing, small equipment			$ 5,000
iii. Rent, Utilities and Equipment			
iv. Medication and Medical Supports			
v. Other operating Expenses			
1. Communication and data line charges			$ 6,780
vi. Total Operating Expenditures			$ 16,280
d. Estimated Total Expenditures when service provider is not known			
i. Community Based Organization Contracts based on staffing			**$ 0**
e. Total Proposed Program Budget			**$247,435**
2. Revenues			
a. New Revenues			
b. Total Revenues			**$ 0**
3. One-Time CSS Funding Expenditures			
4. Total Funding Requirements			**$247,435**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-2 | Date: 3/6/06

Program Workplan Name: Community MHSA Consortium | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-0663

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$165,110			$165,110
c. Employee Benefits	$77,602			$77,602
d. Total Personnel Expenditures	$242,712	$0	$0	$242,712
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$4,500			$4,500
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$7,280			$7,280
h. Total Operating Expenditures	$18,480	$0	$0	$18,480
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	$0			$0
6. Total Proposed Program Budget	**$261,192**	**$0**	**$0**	**$261,192**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$261,192**	**$0**	**$0**	**$261,192**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-2 | Date: 3/6/06

Program Workplan Name: Community MHSA Consortium |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209-468-0663

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Clinician			1.00	$71,045	$71,044
Management Analyst II			1.00	$61,982	$61,982
Senior Office Assistant			1.00	$32,084	$32,084
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	3.00		$165,110
C. Total Program Positions		0.00	3.00		$165,110

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Community MHSA Consortium System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**SD-2**	**Date:**	**3/10/06**

1. Expenditures			
a. Client, Family Member and Caregiver Support Expenditures			
i. Travel and Transportation			
ii. Housing			
iii. Employment and Education Supports			
iv. Other Support Expenditures			
v. Total Support Expenditures			**$ 0**
b. Personnel Expenditures			
i. Current Existing Personnel Expenditures			
ii. New Additional Personnel Expenditures (Includes a 5% COLA)			
1. Chief Mental Health Clinician-(1 FTE @ $71,047)	$71,044		
2. Management Analyst II-(1 FTE @ $61,982)	61,982		
3. Senior Office Assistant-(1FTE @ $32,084)	32,084		$165,110
iii. Employee Benefits			
1. Benefits calculated at 47% for employees			$ 77,602
iv. Total Personnel Expenditures			**$242,712**
c. Operating Expenditures			
i. Travel and Transportation			
1. Staff mileage reimbursements and county motor pool costs Based on past history			$ 4,500
ii. General Office Expenditures			
1. Office supplies, printing, small equipment based on past history			$ 6,700
iii. Rent, Utilities and Equipment			
iv. Medication and Medical Supports			
v. Other operating Expenses			
1. Communication and data line charges			$ 7,280
vi. Total Operating Expenditures			**$ 18,480**
d. Estimated Total Expenditures when service provider is not known			
i. Community Based Organization Contracts based on staffing with a 5% COLA increase			**$261,192**
e. Total Proposed Program Budget			**$261,192**
2. Revenues			
a. New Revenues			
b. Total Revenues			**$ 0**
3. One-Time CSS Funding Expenditures			
4. Total Funding Requirements			**$261,192**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Housing Empowerment and Employment Recovery Services
Program Work Plan #: SD-3		Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	For people recovering from symptoms of severe mental illness, a home and a job are the cornerstones of the Recovery Vision. The Housing Empowerment and Employment Recovery Services program proposes specific services that will increase stable, safe, affordable, permanent housing. Through employment services, individual goals for security and personal identity will be identified and supported. A home can be a space to live in dignity and a way to move toward recovery. Housing is the foundation of community care. While stable housing does not directly result in recovery, it is a necessary element that increases the effectiveness of all other mental health and support service interventions. The Housing Empowerment Service goal is to increase the number of days of safe and affordable housing for each participating consumer. Housing is repeatedly placed high in the priorities articulated by people with symptoms of mental illness, family members, community based organizations, and mental health staff, and most recently expressed at the Mental Health Services Act's Public Hearings, Workgroups and Consensus Meetings throughout San Joaquin County. A second cornerstone of a Recovery Vision is employment and/ or other focused daily activities. The primary goal of Recovery Employment Services (RES) is to empower consumers to identify employment as a viable goal and to facilitate the process of choosing, getting and keeping a job. The first steps toward these goals may include developing planned activities and/or employment day goals for each participating consumer. Employment interventions will result in easy access and rapid placement, with the incorporation of psychosocial rehabilitation principles into employment services. This focus is an assurance of the integration of an individualized support plan to sustain employment activities and reduce losses of resources and personal identity.	

	Enhancement of the Full Service Partnership through the Housing and Employment Services: The Community Based Housing and Employment Specialist Teams will be developed within non-profit organizations specializing in housing and employment. A non-profit program specializing in independent living skills activities will provide support to both of these teams. The formation of these teams will enhance and develop a system wide opportunity for housing and employment that will be the cornerstones of recovery for those enrolled in San Joaquin County's Full Service Partnerships. Consumer and family input and employment opportunities will be identified within the community-based organizations. This involvement will ensure ongoing focus on the daily housing and employment needs of the population and communities served. These community-based housing and employment teams will expand the Adult System of Care. San Joaquin County will utilize experiences and promising practices gained by participating in demonstration grant funded Dual Diagnosis Housing Project awarded by PATH (Federal Projects for Assistance in Transition from Homelessness) funding and SHIA grant (Supportive Housing Initiation Assistance) housing project funded by State General Funds, that have been completed in this county during the past 4 years. Outcomes from these programs illustrate promising practice interventions, including use of Resident Counsel, activities coordination, Harm Reduction, Motivational Interviewing, and SAMHSA Tool Kits for both Housing and Employment. An onsite consumer housing recovery coach and a central drop in apartment in a scattered site situation provided needed supports and direction. Services intervention planning and outcomes will be based on individualized wellness plans, utilizing the WRAP (wellness recovery action intervention) to partner with the consumers in developing their steps to success for training, education, and employment and housing that is tailored to their level functioning, desires and hopes. Linkage for mental health service prior to need for crisis or hospitalization services will be available through the current systems of care and the proposed Community Behavioral Intervention Program and the Full Service Partnership recovery teams. The current

	collaboration and linkages with various housing organizations such as the Stockton Shelter for the Homeless, Salvation Army, St. Mary's Dinning Hall, San Joaquin County Community Development Department, Housing Authority, and St. Mary's Dinning Hall will be strengthened by adding specific outcome measures developed by MHSA outcome measures and related to specific promising practice interventions. Partnerships with the State Department of Rehabilitation, along with the State supported WorkNet Program, San Joaquin County Human Resources and other employers of this area will continue to provide additional opportunities toward training and employment. Linkages are also available to the Gipson Center, a socialization and employment readiness contract program.
Priority Population: *Describe the situational characteristics of the priority population*	The priority population for this program will be 60 individuals for housing and 60 individual for employment identified by the Full Service Partnerships, who experience symptoms of serve mental illness with identified needs for stabilized housing and employment, education and training. The numbers served will be selected from the total number of enrolled adult or older adult members, 255. This population may experience co-occurring alcohol and substance abuse issues and / or medical health challenges. The population identified for these services are among the un-served, underserved and inappropriately served in San Joaquin County and focusing on Latino, African-American, Native American, Muslin/Middle Eastern, and Southeast Asian along with those in each unserved population who identify with diverse life styles and sexual preferences.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Implement Housing Empowerment Services - C.H.O.I.C.E. – Creating Housing Opportunities In a Community Environment services with Housing Specialist Team and RES- Recovery Employment Services Team	☒	☒	☐	☐	☒	☒	☒
Recruitment and Employment of diverse population with emphasis on the Un-served community and consumer and family members.	☒	☒	☐	☐	☒	☒	☒
Enhance Education and Training in the Recovery and Empowerment –including Motivational Interviewing; Wrap (Wellness Recovery Action Plan) development; Harm Reduction; Core Gift identification; SAMHSA Tool kits for housing and employment.	☒	☒	☐	☐	☒	☒	☒
Develop performance outcome infrastructure to monitor and evaluate the program status and progress	☒	☒	☐	☐	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Enhancement of the FSP through the Housing Coordination Services:

C.H.O.I.C.E. – Creating Housing Opportunities In a Community Environment

Background: Creating Housing Opportunities in Community Environments (CHOICE) is an effort to assist consumers in locating and maintaining permanent housing as a cornerstone to their recovery process. Specific housing assessments will be conducted to assess for rental history, financial stability, stages of recovery as defined by Porchansky, personal preferences such as totally independent to shared or supported living environments, and cultural needs to assist in developing " community" for the consumer. The psychologists, Dr. Porchansky and Dr. DiClemente, are well-know for their work in the field of recovery and development of 'Service Outreach and Recovery' program. The community- based organization network developed in the planning of San Joaquin County's MHSA proposals will provide information and support to the housing and employment coordinators in locating and dedicating housing and employment in neighborhoods that will foster community integration and recovery.

Component A:
Tasks: Identify landlords already willing to rent to mental health consumers and provide incentives to expand the number of units available to the target population. In addition, identify landlords and management firms who are hesitant about providing space to mental health consumers and use income levels or other criteria to deny them housing opportunities. Engage this second set of landlords in attempt to expand the available pool of housing opportunities.
Staffing: Housing Specialist and one part-time consumer Housing Recovery Coach (HRC)

Component B:
Tasks: Provide support services to landlords, along with mitigation of possible financial loss due to unpaid rent or damages (limited to deposit + $500) to encourage additional housing opportunities for consumers whose background and prior housing record present a higher than usual threat to the property itself or to the health, safety, or quiet enjoyment of their residence to others. Elements would include guarantee of consumer rent payment, additional deposits (repayable by consumers through scheduled payments), regular site visits by program staff, assurance of professional mental health intervention as required, and assistance in relocation of consumers as required.

Staffing: Housing Specialist and three part-time consumers Housing Recovery Coaches (HRC)

Component C:
Tasks: Provide move-in assistance for consumers whose background and prior housing record present a higher than usual threat to the property itself or to the health, safety, or quiet enjoyment of their residence to others. Elements would include obtaining basic furnishings, moving consumer-owned furniture, initial rent deposit (to be repaid), initial month rent (to be repaid), and essential utility deposits.
Staffing: Housing Specialist and consumer team (assumes Component A and/or B in place.

Component D:
Tasks: in conjunction with Full Service Partnership providers, provide ongoing housing opportunities (as described below) to participating consumers.

A continuum of housing opportunities presents the best strategy to address the housing needs of consumers. Individual housing assessments, in coordination with service partnerships, will serve as the basis for providing housing that provides the highest practical level of community integration and recovery. Housing options, all with appropriate support services, fall into three main categories: short-term crisis housing, transitional housing, and permanent housing.

Short –term or crisis housing
Experience has shown that there are instances when a consumer's immediate need will best be served through housing that is available for short periods of time (from a few days to two months) during periods of crisis, emergency or assessment of needs. The most effective method of providing crisis housing is through the master leasing of a single location, with permanent on-site housing staffing. The cost of a single site that would provide housing for up to six people at a time, including on-site staff, is approximately $40,000 per year. This beginning stage of recovery for housing may involve daily support of Full Service Partner outreach workers and recovery coaches. It may also involve Wraparound services by Community Behavioral Intervention Specialists. The need for structure and supervision will be determined by individual assessments.

An additional alternative is to master lease single room occupancy units at various locations throughout the County. While lower in cost, the delivery of support services to consumers with crisis situation can be compromised. The budget for each unit would be approximately $4,800 per year, with no staffing.

A third option is to provide vouchers to local motels for crisis situations. The cost for vouchers is $300 per week per unit.

Transitional housing

The concept of transitional housing is to provide a combination of temporary housing (up to two years in duration) and intensive supportive services to consumers who require assistance in reaching a level of recovery that is conducive to fully independent living (with or without supportive services). Transitional housing models include a single site for all participants, shared units (more than one person per bedroom) at either a single site or in multiple sites, shared housing (one person per bedroom) at scattered sites, and single units at shared sites. Consumers would be expected to pay at least thirty percent of income toward housing costs; cost of utilities is usually a tenant cost. Onsite staff would only be used in a large (ten units or more), single site project.

Single site: Twenty, one-bedroom units, tenant responsible for some utilities, with on-site staff; approximate annual budget $140,000.

Scattered site, single apartments/houses: Available for families and single individuals, tenant responsible for utilities, up to thirty percent of income as rent share. Estimated average cost per household assisted: $6,500 per year (includes housing-related staff)

Shared housing (apartments): Ten two-bedroom apartments, two persons per apartment, tenant rent share includes utilities, up to thirty percent of income as rent share. Estimated annual budget: $110,000.

Shared housing (single family houses): Three and four-bedroom houses would be rented throughout the community; the number of consumers served would equal the number of total bedrooms leased. Consumers would have their own private room but would be required to share common areas. Assuming a client rent share not exceeding thirty percent of income, the annual budget of each house would be approximately $40,000 per year (includes cost of utilities and housing related staff), however economies of scale could reduce the cost to approximately $30,000 per year if program operated eight houses

Permanent housing

Permanent housing is defined as housing available to a consumer for an undefined, unlimited period of time, absent major disruptions or failure to pay rent. Options related to permanent housing include variations on descriptions and the following:

General Rental Assistance
This would consist of rental subsidies not necessarily tied to any specific program component or recovery plan. Unless the support was somehow time-limited, the number of people receiving assistance would be relatively low. On-going subsidies without expectations tend to foster continued dependence. Subsidies could be on a scattered site basis or through master lease arrangements. Agreed upon amounts of rental subsidy would be paid to landlords for identified consumers. Cost of utilities would be the responsibility of the consumer. The amount of subsidy would be tied to both income and household size. The total budget for this effort would depend on the level of subsidy and the number of persons targeted for assistance. Estimated average cost per household assisted is between $2,500 and $5,000 per year (includes housing related staff)

S.P.I.C.E. II – Supporting People in a Community Environment II (shared housing)
Three and four-bedroom houses would be rented throughout the community; the number of consumers served would equal the number of total bedrooms leased. Consumers would have their own private room but would be required to share common areas. Assuming a client rent share not exceeding thirty percent of income, the annual budget of each house would be approximately $40,000 per year (includes cost of utilities and housing related staff); however economies of scale could reduce the cost to approximately $30,000 per year if program operated eight houses.

Staffing for Housing Empowerment Services (C.H.O.I C.E)

1 FTE	Housing Specialist	CBO
3 Part time	Housing Recovery Coaches (HRC)	CBO
As needed 24-hour Wraparound	Provided by Full-Service Partner Staff	

The Enhancement of the Full Service Partnership through Recovery Employment Services:

A. Individuals in recovery from symptoms of mental illness who want to work will have simple and rapid access to employment, volunteer opportunities, and linkages to education and support.

Assessment: An employment readiness assessment tool; recovery plan indicating current barriers to employment, including recurring symptoms of mental illness or substance abuse and the

consumer's assessment of the menu of employment options will begin the process. More specifically, identification of strengths, skills and core gifts will be addressed. Core gift identification has been an important part of the promising practices utilized by San Joaquin County's AB2034 program. This assessment will be conducted in a process utilizing employment specialists, clinical team recommendations, and the consumer recovery stages and goals.

The menu of options and beginning places will include:

Job placement and referral will be provided through linkage to employment opportunities in the community. Employment specialists will provide linkage and or preparation as indicated to utilize local WorkNet Program as well as the large San Joaquin County Human Resources recruitment programs.

Resume development and interviewing role-play will be provided as indicated.

Resources are identified to assist with clothing suitable for employment if this is an identified need.

Special vouchers will be provided by the Full Service Partnerships for the acquisition of needed tools or equipment where these are a requirement.

Short-term enhancement of skills and experiences by linkage to education/or training, vocational or certificate programs leading to job placement. Fees for enrollment and materials will be provided by Full Service Partnerships.

Long -term education linkage through adult schools, community college and university career counseling will be provided.

Direct linkage with disabled student service may assist consumers in education placement testing and support services such as tutoring and mentoring. Applications for tuition assistance and student loans are also available through this service or linkage is provided.

Immediate placement in volunteer positions to encourage confidence and skill building along with experience to be listed on job applications, illness management skill development groups focused on accomplishment of job related activities, identification of triggers and risk factors to maintain in a job setting. Employment support coaches will assist in identifying and reinforcing success while providing immediate assistance for redirecting or correcting self-defeating behaviors and beliefs.

Sheltered work settings with employment support coaches (consumer employees) to provide ongoing feedback for success

Stipends and incentives will be provided by Full Service Partnerships on the recommendations of the Recovery Employment Services team.

B. Individuals in recovery who have no recent work experience may exhibit fear. Support will be provided by the employment recovery coaches who will be responsive to consumers' need for hands-on assistance and for clarification of the specific job's expectations. Individuals with recent success in job functioning may need only brief support in re-identification with learned worker roles and attitudes.

C. Individuals may be linked to individual and group therapy utilizing Cognitive Behavioral Therapy interventions for identification of attitudes, beliefs and behaviors that will promote long-term employment and skill to reduce those that are barriers. Emotional regulation, problem solving and an observing self are key skills in gaining and maintaining employment.

D. The proposed Community Behavioral Intervention Service system development program will provide behavioral specialist interventions as needed to identify and enhance behaviors needed to secure and maintain employment while reducing behaviors which create barriers.

E. Community-based organizations will be a key in locating and supporting employment opportunities within community businesses considering a cultural match for each consumer. The employment team will meet with the members of the proposed Consortium in developing linkages in each community for employment opportunities.

F. Referrals: Referrals for the Recovery Employment Service (RES) will originate from the Full Service Partnerships and the clinical staff currently providing mental health services for transition age youth, adults and older adults in the system of care. Employment /activity referral will be based on consumer's long and short-term goals. A specific emphasis will be placed on the development of an employment-focused WRAP plan to identify client goals, along with strengths and barriers to be addressed.

Staffing for Employment Recovery Services (ERS)

1 FTE	Employment Specialist	CBO
.5 FTE	Clinician	CBO
.5 FTE	Skills & Education Facilitator	CBO
3 Part Time	Employment Recovery Coaches	CBO
As needed 24-hour Wraparound	Provided by Full-Service Partner Staff	

Training and recruiting staff –The process for linking and preparing recovering consumers for housing and employment will begin with the recruitment and training of a diverse population identified by community-based organizations and those consumers currently active in the San Joaquin County Power and Support recovery team. The diversity represented by community-based organizations participating in the San Joaquin County Consortium Program will provide a flow of potential housing, employees and employers who have cultural match to the un-served as well as the interest in providing culturally appropriate job training. All housing and employment staff will be trained and mentored in the utilization of Core Gift and strengths identification, Harm Reduction in housing and Employment, Motivational Interviewing, and the SAMHSA Tool Kits for housing and employment.

The Community Colleges and Universities in the area will be encouraged to utilize the mental health continuum as field placement experience for professional, para-professional, medical, and clerical career paths.

In order to build capacity of available staff who are highly specialized in housing for people in mental health recovery, the following strategies will by utilized: by training and recruiting a diverse population to become mental health professionals with a knowledge of the housing needs and the use of housing as a central treatment component; by training staff in core services to be culturally competent; by ensuring that training in ethnicity, recovery, and empowerment as part of all professional qualifying requirement at behavioral health; and by employing culturally competent staff, interpreters and advocates in the area of housing network and resources. Staff will be trained to utilize harm reduction, motivational interviews, and the TIP model of services as core treatment strategies. Consumers and staff will be trained to utilize Wellness Recovery Action plans as a way to identify behavior patterns of both staff and consumers that will facilitate stabilized housing.

Program Goals:

To provide housing needs and recovery stage-based assessment for 60 consumers enrolled in FSP's

To provide employment needs and recovery stage-based assessment for 60 consumers enrolled in Full Service Partnerships

To provide to each of 20 consumers stabilized housing, with no homeless days, for at least six months starting from the date of entering housing

To provide 15 consumers with permanent housing within one year of beginning the housing empowerment CHOICES program.

To provide 20 consumers with an increase of 35% in the number of education or employment days based on the previous years assessment.

3) Describe any housing or employment services to be provided.

Please refer to question #2 above.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

This is a system development project that will support consumers enrolled in the Full Service Partnerships.

The average housing cost to each consumer utilizing the CHOICES Program will be estimated at $1,700 to provide each Full Service Partner consumer with a range of housing needs. This cost includes maintenance of housing supplies staffing for assessment, and support services including brief support for utilities.

The average employment opportunity cost for each consumer of a Full Service Partnership is $500.00

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Recovery goals for adults will advance based on a joint assessment and plan developed by the housing and employment staff and the enrolled consumers. The focus of consumer responsibility for identifying recovery stages and realistic housing and employment will be based on daily living skills, need for support, management of illness, and financial situation with room to grow in resiliency. Each successful day of housing and/or employment will provide the consumer, as well as the staff, with evidence of success.

By living and working within a community setting, consumers will identify themselves as participating and contributing members.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is not an expansion program.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

All program elements contain provisions for employment of consumers and family members from the cultural community as an integral feature of program service delivery.

In this program, the Consumer Housing and Employments Specialist and Recovery Coaches will be involved in peer support and facilitating self-help skills of daily living activities; and support and advocacy in maintaining housing and employment at the consumers' highest functioning levels. Clinical staff assessments will provide input to the housing and employment beginning, an ongoing assessment process. Consumers will be provided information concerning the overall assessment in order to assist them in selecting the best starting place for their housing and employment recovery.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Mental Health Collaborations include the consortium of community-based programs. The proposed San Joaquin County Behavioral Health Services MHSA-funded Community Consortium will be comprised of community-based organizations (CBO), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations. The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA process. Additionally, the Consortium will assist Behavioral Health Services in rolling out the approved mental health programs and to evaluate evidence-based practices. The Consortium provides a means to continue the partnership and trust that has developed. Educational efforts of the Consortium will focus on program orientation, service delivery, with a targeted emphasis on the un-served and underserved populations. Within some cultural groups a word does not exist in their language to explain “mental illness.” Stigma is present and the fear of being labeled “crazy” has kept individuals from accessing services. The Consortium will provide education and cross training on mental illness emphasizing wellness and recovery. Community strengths and resiliency will be identified and supported by all efforts of the Consortium.

The goal of the Consortium will be to reduce cultural, racial, ethnic and linguistic disparities in the mental health delivery system. To assist in achieving these goals, a full-time Ethnic Services Manager/Cultural Competency (ESM/CC) Coordinator will provide the staff infrastructure to address cultural, racial, ethnic and linguistic disparities within the mental health system. The Consortium is ways to continue community collaboration resulting in improved service delivery for all consumers and family members.

In San Joaquin County, Behavioral Health Services (BHS) will work closely with the Three River Lodges, a Native American Substance Abuse Treatment programs located in Manteca, California. In partnership with the organization, BHS will provide outreach and engagement services and through the consortium relationships. This CBO will be integrated with the mental health continuum of care. As a result, San Joaquin County Behavioral Health Service will improve system of services and outcomes for mentally ill persons.

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9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Culture and values influence views of mental health and wellness. It is the mission of this program to enhance the commitment of cultural competency to a comprehensive county mental health plan that strives to meet the needs of culturally and linguistically diverse communities. The population identified for this service is among the unserved, underserved and inappropriately served in San Joaquin County, with focus on the Latino, African-American, Native American, Muslim, GLBT, and Southeast Asian communities. This program service delivery system will empower consumers and communities in their mental health care decision-making as it relates to the continuum of safe and affordable housing resources. Furthermore, this program will offer choices to consumers to meet diverse housing needs of the mental health communities with the core values and foundation being culturally competent in meeting the needs unserved, underserved and inappropriately served community.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This housing and employment program underscores the acceptance by competency and sensitivity to sexual orientations, gender differences, and preferences by alleviating the myths and stereotypes of the consumers' diverse lifestyles. In addition, the program will respect individual differences and will provide choices to enhance therapeutic alliances with the diverse providers and consumers' with diverse life styles and sexual preferences. Finally, the mission of this program is to augment, facilitate, and advocate the values of diversity.

The housing and employment staff will attend the Lesbian, Gay, Bi-sexual and Transgender training regularly in partnerships with San Joaquin AIDS Foundation.

Emphasis on gender awareness and differing psychological frameworks on the needs of women and men, boys, and girls will be considered in providing services. The San Joaquin County Women's Center staff will participate in trainings related to women's issues and concerns in housing and employment. Furthermore, the problems related to the primary caregiver in the family, need for respite care and transportation to benefit from services, childcare, women's health issues and domestic violence will be addressed, with the focus on transition youth, trauma in adults, sexual harassment and partner abuse.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

Community Behavioral Intervention Services will provide assessments to consumers in out-of-county facilities as a prelude to their returning to San Joaquin County and receiving needed supportive services to live in the least restrictive setting in the community.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable

13) Please provide a timeline for this work plan, including all critical implementation dates.

This timeline begins with approval by DMH:
Month 1 & 2:

- RFP to select provider to operate program
- Selection of Provider

Month 3:

- Program Development
- Staff hired and Trained
- Equipment Purchased

Month 4:

- Program Begins

4) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

All of this budget will be allocated to the FSP's

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-3 | Date: 3/6/06

Program Workplan Name: Housing Empowerment & Employment Recovery Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

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

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing Housing allocated to Full Service Partnerships				$0
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports-allocated to Full Service Partnerships			$0	$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$4,700**			**$4,700**
D. Total Funding Requirements	**$4,700**	**$0**	**$0**	**$4,700**
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin

Fiscal Year: 2005-06

Program Workplan # SD-3

Date: 3/6/06

Program Workplan Name Housing Empowerment & Employment Recovery Services

Type of Funding 2. System Development

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-3 | Date: 3/6/06

Program Workplan Name: Housing Empowerment & Employment Recovery Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing Housing allocated to Full Service Partnerships			-$416,500	-$416,500
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports-allocated to Full Service Partnerships			-$142,000	-$142,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	-$558,500	-$558,500
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$558,500			$558,500
6. Total Proposed Program Budget	**$558,500**	**$0**	**-$558,500**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$558,500**	**$0**	**-$558,500**	**$0**
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-3 | Date: 3/6/06

Program Workplan Name: Housing Empowerment & Employment Recovery Services |

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CBO-Housing Specialist			1.00	$0	$0
CBO-Employment Specialist			1.00	$0	$0
CBO-Case Manager			1.00	$0	$0
Recovery Coaches		3.00	3.00	$0	$0
Recovery Specialists		3.00	3.00	$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	9.00		$0
C. Total Program Positions		6.00	9.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Housing Empowerment & Employment Recovery Services System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**SD-3**	**Date:**	**3/10/06**

1. Expenditures	
a. Client, Family Member and Caregiver Support Expenditures	
i. Travel and Transportation	
ii. Housing	
1. Housing allocated directly back to Full Service Partnerships based on clients served	($416,500)
iii. Employment and Education Supports	
1. Employment and Education Supports allocated directly back to Full Service Partnerships based on clients served	($142,000)
iv. Other Support Expenditures	
v. **Total Support Expenditures**	**($558,500)**
b. Estimated Total Expenditures when service provider is not known	
i. Community Based Organization Contracts based on staffing and housing costs	**$558,500**
c. Total Proposed Program Budget	**$ 0**
2. Revenues	
a. New Revenues	
b. Total Revenues	**$ 0**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$ 0**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-3 | Date: 3/6/06

Program Workplan Name: Housing Empowerment & Employment Recovery Services | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	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
b. Travel and Transportation				$0
c. Housing Housing allocated to Full Service Partnerships			-$437,325	-$437,325
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports-allocated to Full Service Partnerships			-$149,100	-$149,100
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	-$586,425	-$586,425
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$586,425			$586,425
6. Total Proposed Program Budget	**$586,425**	**$0**	**-$586,425**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$586,425**	**$0**	**-$586,425**	**$0**
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-3 | Date: 3/6/06

Program Workplan Name: Housing Empowerment & Employment Recovery Services |

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CBO-Housing Specialist			1.00	$0	$0
CBO-Employment Specialist			1.00	$0	$0
CBO-Case Manager			1.00	$0	$0
Recovery Coaches		3.00	3.00	$0	$0
Recovery Specialists		3.00	3.00	$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
				$0	$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	9.00		$0
C. Total Program Positions		6.00	9.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Housing Empowerment & Employment Recovery Services System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**SD-3**	**Date:**	**3/10/06**

1. Expenditures	
a. Client, Family Member and Caregiver Support Expenditures	
i. Travel and Transportation	
ii. Housing	
1. Housing allocated directly back to Full Service Partnerships based on clients served	($437,325)
iii. Employment and Education Supports	
1. Employment and Education Supports allocated directly back to Full Service Partnerships based on clients served	($149,100)
iv. Other Support Expenditures	
v. Total Support Expenditures	**($586,425)**
b. Estimated Total Expenditures when service provider is not known	
i. Community Based Organization Contracts based on staffing and housing costs	**$586,425**
c. Total Proposed Program Budget	**$ 0**
2. Revenues	
a. New Revenues	
b. Total Revenues	**$ 0**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$ 0**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Community Behavioral Intervention Services (CBIS)
Program Work Plan #:	SD-4	Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	A community behavioral intervention service will provide quality behavioral interventions to at-risk unserved and underserved mentally ill persons in San Joaquin County. This Wraparound service will reduce or prevent first time hospitalization, relapses, and psychiatric readmissions. Emphasis will be on recovery and fostering resiliency through services of specialized behavioral interventionist for the transitional age youth, adult, and older adult. Direct referrals for behavior intervention services will be taken from Full Service Partner assessment staff, crisis assessments, (e.g., hospital emergency rooms, mental health crisis intervention teams, etc), community agencies, and community based organizations with the overall goal of providing interventions at the lowest level of care and in the community to reduce trauma and stigma experienced by many first contact consumers. A System Development program offering behavioral intervention services to adult services Full Service Partnerships, the Psychiatric Health Facility (PHF), Crisis Team, After-Hours Case Management Team, and current Outpatient Mental Health Programs of Adult, Transitional Age Youth, Older Adult Services, and Community Care Homes will provide a Wraparound service. The philosophy of this program encompasses using whatever interventions are necessary to preserve a consumer's stable environment by increasing recovery-based behaviors.	
Priority Population: *Describe the situational characteristics of the priority population*	The priority population will be 60 individuals with symptoms of serious mental illness, at any one time, who are at risk of relapses and possible crisis situations who may be experiencing co-occurring alcohol and substance abuse issues and/or medical health challenges. It is expected that 240 consumers will be served per year. The population identified for this service is among the unserved, underserved and inappropriately served in San Joaquin County with a priority to the Latino, African-American, Native American, Muslim/Middle Eastern, GLBT and Southeast Asian populations.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Implement Behavioral Intervention Service 24 hours, 7 days per week basis.	☐	☒	☐	☐	☒	☒	☒
Develop brief behavioral assessment team	☐	☒	☐	☐	☒	☒	☒
Establish measurement of target outcomes based upon partnerships with consumers (Core theme of Recovery & Empowerment).	☐	☒	☐	☐	☒	☒	☒
Enroll 60 consumers to the Intervention Program at any given time – with a mix of consumers from FSP's and the general population contacting or being served in the Adult MH system of care. It is expected that a total of 200-240 consumers will be served per year.	☐	☒	☐	☐	☒	☒	☒
Prevent loss of housing resources with wellness and recovery focus by facilitating the consumer self-management of daily living activities at lowest levels of care that fosters safety, affordability, and independence.	☐	☒	☐	☐	☒	☒	☒
Prevent loss of employment /education or activity days by establishing goals, behavior barriers and measures of accomplishment in this life domain.	☐	☒	☐	☐	☒	☒	☒
Provide brief educational support targeting self help skills related to symptom and medication management and maintenance.	☐	☒	☐	☐	☒	☒	☒
Develop Community Partnerships with programs from Transitional Age Youth, Adult, and Older Adults with the diverse community based organizations.	☐	☒	☐	☐	☒	☒	☒
Recruitment and Employment of diverse population with emphasis on the Un-served community and consumer and family members.	☐	☒	☐	☐	☒	☒	☒
Enhance Education and Training in the Recovery and Empowerment philosophy	☐	☒	☐	☐	☒	☒	☒
Develop performance outcome infrastructure to monitor and evaluate the program status in accordance with State Outcome Measurement requirements	☐	☒	☐	☐	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The proposed behavioral intervention service program was been named by most of the adult consumer and family groups, as well as program staff in San Joaquin County, as a highly needed program sensitive to the individual needs of each consumer. The target goals, as defined by the consumer and behavioral intervention specialists, are quickly seen by staff and consumer partnership as attainable, bringing hope and reducing loss and stigma. This intervention consists of the following steps:

(1) Conducting a brief behavioral assessment of the target behavior(s);
(2) Implementing a function-based intervention that supports the measurement of the rates of occurrence of the targeted behaviors; and
(3) Providing brief educational support targeting self-help skills related to symptom and medication management and maintenance.

Other services provided by the community intervention services will include behavior intervention in partnership with consumers, treatment teams and peer advocates to enhance positive outcomes, and teaching symptom monitoring and medication management, relaxation, and stress management. Consumer Behavior Assistants (consumers) will be involved in peer support and facilitating self-help skills of daily living activities; and in prevention of psychiatric hospitalization and loss of independent living skills and resources.

The Goals of the Mental Health Services Act are met utilizing this intervention in the following way:

1) Service is provided at the lowest level of care in the community or home of the client reducing trauma and stigma.
2) Consumers are offered culturally competent interventions by those with a cultural match, including support of consumer assistants.
3) Jobs are provided for consumers well on their way to recovery. Pointing out this success encourages those just beginning the journey.
4) Wellness and normalization are the emphasis, while reducing focus on “identification with the symptom.”

Staffing of this program:

2 FTE	Behavior Specialists II	CBO
4 Part -time	Behavior Specialists I	CBO
2 Part- time	Consumer Behavior Specialist Aides	CBO

Program Objectives:

Providing comprehensive intervention and support – This program will offer a range of behavioral interventions with a behavioral intervention specialist team. The behavioral intervention will be provided in both residential and supportive programs and will target the mental health consumers living more independently in the community. Activities may include assistance in community living through linking with the housing resources, medication education, advocacy, and empowerment as it relates daily living activities for transition youth, the co-occurring population, at risk of being homeless and homeless consumers. Community behavioral intervention services will do *"whatever it takes"* to prevent decompensation, loss of independent living, loss of employment and significant relationships due to relapses of behaviors. The behavioral intervention program, in coordination with existing community resources, will assist at-risk consumers, who require housing through the process of providing housing and employment linkage that stresses the consumer match for recovery stage, community supports, diversity and culture, strengths, barriers and resources.

Empowering Mental Health Consumers. Community behavioral intervention service will empower mental health consumers by ensuring mental health consumers are informed of their rights to assessment and services; by offering interpreting and translation services; by respecting consumers' choices about their treatment and care; by involving and consulting mental health consumers in the planning of services; and by supporting the development of self-advocacy in the area of self-help, peer, housing and employment continuums, which is overall transformation of San Joaquin County Behavioral Health Services.

Training and recruiting staff: Behavioral Specialists will be professionally certified in behavioral treatments. Certified staff will provide training for consumer behavioral aides. Community-based organization staff, facility staff, and general mental health providers, family members and support system members will also receive training from University of Pacific Psychology Department which specializes in utilizing behavioral interventions for behavior change and stabilized community living.

3) Describe any housing or employment services to be provided.

San Joaquin County Behavioral Health Services (BHS) is requesting system development programs for employment and housing that will be available to all

FSP consumers. The behavioral intervention system development program will be an important part of providing Wraparound services to sustain employment and housing situations.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

This program is a system development project.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

1. The Behavioral intervention program will ensure individual assessment and intervention planning with the individual consumer within their own environment and community.
2. Because of the above assessment and focus, consumers will experience the development of an individual recovery plan utilizing personal strengths along with family and community resources
3. The utilization of consumer behavior assistants will allow for identification and hope for the future.
4. The specific measurements of behavior change will encourage and reinforce behaviors for both staff and consumers.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This program is not an existing program or strategy. However, it was an effective intervention that the county had to cut during the budget shortages of fiscal years 2002/03 and 2003/04. The program was reduced in size effective 7/1/03 and eliminated effective 7/1/04. Its components fit the community Wraparound strategy and the outcome measurement criteria of the Mental Health Services Act.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

All program elements contain provisions for employment of consumers and family members as an integral feature of program service delivery.
In this program, the Consumer Behavior Assistants (consumers) will be involved in peer support and facilitating self-help skills of daily living activities; and prevention of psychiatric hospitalization and loss of independent living skills and resources. The recovery period for each consumer is much shorter when these losses are prevented. Consumers and family members will partner with behavioral intervention mental health professionals to utilize the strengths and expertise of each member for the recovery of the consumer.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Mental Health Collaborations include the consortium of community- based programs. The proposed SJCBHS Community MHSA Consortium will be comprised of community-based organizations (CBO), consumers and family members, social service organizations, community members, primary care providers, tribal and faith-based organizations. The Consortium is a means to continue the inclusiveness and transparency that was started by the MHSA process. Additionally, the Consortium will assist Behavioral Health Services in rolling out the approved mental health programs and to evaluate evidence-based practices. The Consortium provides a means to continue the partnership and trust that has developed. Educational efforts of the Consortium will focus on program orientation, service delivery, with a targeted emphasis on the unserved and underserved populations. Within some cultural groups a word does not exist in their language to explain “mental illness.” Stigma is present and the fear of being labeled “crazy” has kept individuals from accessing services. The Consortium will provide education and cross training on mental illness emphasizing wellness and recovery. Community strengths and resiliency will be identified and supported by all efforts of the Consortium.

The goal of the Consortium will be to reduce cultural, racial, ethnic and linguistic disparities in the mental health delivery system. To assist in achieving these goals, a full-time Ethnic Services Manager/Cultural Competency (ESM/CC) Coordinator will provide the staff infrastructure to address cultural, racial, ethnic and linguistic disparities within the mental health system. The Consortium seeks

ways to continue community collaboration resulting in improved service delivery for all consumers and family members.

In San Joaquin County, Behavioral Health Services (BHS) will work closely with the Three River Lodges, a Native American Substance Abuse Treatment programs located in Manteca, California. In partnership with the organization, BHS will provide outreach and engagement services and through the consortium relationships. This CBO will be integrated with the mental health continuum of care. As a result, San Joaquin County Behavioral Health Service will improve system of services and outcomes for mentally ill persons.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Culture and values influence views of mental health and wellness. It is the mission of this program to enhance the commitment of cultural competency to a comprehensive county mental health plan that strives to meet the needs of culturally and linguistically diverse communities. The population identified for these services is among the unserved, underserved and inappropriately served in San Joaquin County, with the focus on Latino, African-American, Native American, Muslim, GLBT and Southeast Asian community members. This program service delivery system will empower consumers and communities in their mental health care decision-making as it relates to the continuum of behavioral intervention services on 24 hours, seven days per week. Choices will be offered to consumers to meet diverse support needs of the mental health communities. The core values and foundation of the proposed services are determining and establishing cultural matches in meeting the needs of unserved, underserved and inappropriately served community.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

This behavioral intervention service underscores acceptance by competency and sensitivity to sexual orientations, gender differences, and preferences by alleviating the myths and stereotypes of the consumers' diverse lifestyles. In addition, respecting individual differences and providing choices to enhance therapeutic alliances with the diverse providers and consumers' with diverse life styles and sexual preferences will be the foundation of this service. Finally, the mission of this program is to augment, facilitate, and advocate the values of diversity in the workplace.

The Behavioral Intervention staff will attend the Lesbian, Gay, Bisexual and Transgender training regularly in partnerships with the San Joaquin County AIDS Foundation.

Emphasis on gender awareness and differing psychological frameworks on the needs of women and men, boys, and girls will be considered in providing services. The problems related to the primary caregiver in the family, need for respite care and transportation to benefit from services, childcare, women's health issues and domestic violence will be addressed, with the focus on transition youth, trauma in adults, sexual harassment and partner abuse.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

For consumers in out-of-county facilities that are returning to San Joaquin County, Housing Empowerment and Employment Recovery services will provide an assessment of their needs and initiate planning of needed services in order to provide appropriate supportive services upon their return to the County. For consumers that have elected to change their residency, linkage and referral to similar housing and employment services in the other County will be made.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable

13) Please provide a timeline for this work plan, including all critical implementation dates.

Activities	**Dates Accomplishment**

This timeline begins with approval by DMH:
Month 1 & 2:

- RFP to select provider to operate program
- Selection of Provider

Month 3:

- Program Development
- Staff hired and Trained
- Equipment Purchased

Month 4:

- Program Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$35,925			$35,925
6. Total Proposed Program Budget	**$35,925**	**$0**	**$0**	**$35,925**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$35,925**	**$0**	**$0**	**$35,925**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$68,000	$68,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$30,000	$30,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$98,000	$98,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$253,456			$253,456
c. Employee Benefits	$111,791			$111,791
d. Total Personnel Expenditures	$365,247	$0	$0	$365,247
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$5,000			$5,000
e. Rent, Utilities and Equipment	$21,400			$21,400
f. Medication and Medical Supports	$6,000			$6,000
g. Other Operating Expenses (provide description in budget narrative)	$2,580			$2,580
h. Total Operating Expenditures	$39,980	$0	$0	$39,980
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	$324,000			$324,000
6. Total Proposed Program Budget	**$729,227**	**$0**	**$98,000**	**$827,227**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$248,168			$248,168
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$248,168	$0	$0	$248,168
3. Total Revenues	$248,168	$0	$0	$248,168
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$481,059**	**$0**	**$98,000**	**$579,059**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$67,664	$33,832
Mental Health Clinician III			1.00	$61,381	$61,381
Psychiatrist			0.40	$147,159	$58,864
Psych Tech/MH Specialist II			2.00	$38,231	$76,462
Sr. Office Assistant	Clerical Support		0.75	$30,556	$22,917
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialis		4.00	4.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	16.65		$253,456
C. Total Program Positions		6.00	16.65		$253,456

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Community Behavioral Intervention Services System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**SD-4**	**Date:**	**3/10/06**

1. Expenditures	
a. Client, Family Member and Caregiver Support Expenditures	
i. Travel and Transportation	
ii. Housing	
iii. Employment and Education Supports	
iv. Other Support Expenditures	
v. **Total Support Expenditures**	$ 0
b. Personnel Expenditures	
i. Current Existing Personnel Expenditures	
ii. New Additional Personnel Expenditures	
iii. Employee Benefits	
iv. **Total Personnel Expenditures**	$ 0
c. Operating Expenditures	
i. Travel and Transportation	
ii. General Office Expenditures	
iii. Rent, Utilities and Equipment	
iv. Medication and Medical Supports	
v. Other operating Expenses	
vi. Total Operating Expenditures	$ 0
d. Estimated Total Expenditures when service provider is not known	
i. Community Based Organization Contracts based on staffing	$600,000
e. Total Proposed Program Budget	**$600,000**
2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	$240,000
b. Total Revenues	**$240,000**
c. One-Time CSS Funding Expenditures	
3. Total Funding Requirements	**$360,000**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # FSP-4 | Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion New

Existing Client Capacity of Program/Service: | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$71,400	$71,400
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$31,500	$31,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$102,900	$102,900
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$266,129			$266,129
c. Employee Benefits	$125,080			$125,080
d. Total Personnel Expenditures	$391,209	$0	$0	$391,209
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$5,000			$5,000
d. General Office Expenditures	$6,700			$6,700
e. Rent, Utilities and Equipment	$21,900			$21,900
f. Medication and Medical Supports	$15,300			$15,300
g. Other Operating Expenses (provide description in budget narrative)	$3,080			$3,080
h. Total Operating Expenditures	$51,980	$0	$0	$51,980
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	$340,200			$340,200
6. Total Proposed Program Budget	**$783,389**	**$0**	**$102,900**	**$886,289**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$265,886			$265,886
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$265,886	$0	$0	$265,886
3. Total Revenues	$265,886	$0	$0	$265,886
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$517,503**	**$0**	**$102,900**	**$620,403**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: FSP-4 | Date: 3/6/06

Program Workplan Name: SEARS-Southeast Asian Recovery Services |

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			0.50	$71,047	$35,524
Mental Health Clinician III			1.00	$64,450	$64,450
Psychiatrist			0.40	$154,517	$61,807
Psych Tech/MH Specialist II			2.00	$40,143	$80,285
Sr. Office Assistant	Clerical Support		0.75	$32,084	$24,063
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialis		4.00	4.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.00	16.65		$266,129
C. Total Program Positions		6.00	16.65		$266,129

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Community Behavioral Intervention Services System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**SD-4**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
iii. Employment and Education Supports		
iv. Other Support Expenditures		
v. **Total Support Expenditures**	$	0
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
iii. Employee Benefits		
iv. **Total Personnel Expenditures**	$	0
c. Operating Expenditures		
i. Travel and Transportation		
ii. General Office Expenditures		
iii. Rent, Utilities and Equipment		
iv. Medication and Medical Supports		
v. Other operating Expenses		
vi. Total Operating Expenditures	$	0
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		$630,000
e. Total Proposed Program Budget		**$630,000**
2. Revenues		
a. New Revenues		
i. **Medi-Cal (FFP only)**		$252,000
ii. Total New Revenue		
b. Total Revenues		**$252,000**
c. One-Time CSS Funding Expenditures		
3. Total Funding Requirements		**$378,000**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: 24/7/365 COMMUNITY RESPONSE TEAM
Program Work Plan #: SD-5		Estimated Start Date: July 1, 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Crisis Intervention Services (CIS) proposes to expand our current core behavioral health response services already coordinated with seven hospital emergency room programs and nine law enforcement agencies in our County. CIS is proposing a transformation of the current system to include: • Increased mobile community crisis response for assessment and intervention services 24/7/365. • Joint response of mental health staff with law enforcement to reduce incarcerations and inappropriate use of hospital emergency rooms. • Mental health response teams for intervention and prevention services to reduce use of law enforcement agencies for intervention in a crisis. • Coordination with the consumer-operated Wellness Center, developing peer support and assistance through the use of volunteer and/or employed consumer/family members, as included members of the multi-disciplinary crisis teams. • Focus on recovery and resiliency at all stages and levels of services. • Increase our ability to provide culturally sensitive response capabilities and expanded language capabilities. • Increase our response capability with the development of mobile, multidisciplinary response teams 24/7/365. • Develop an integrated career ladder allowing a path from volunteer to mental health specialist. • Increase hot and warm-line capabilities available 24/7/365. • Increase our ability for outreach and support and decrease consumers' isolation. • Increase support to consumers to enable them to manage their independence and community functioning. • Decrease frequent use of emergency medical care.	

	• Coordinate services and communications between warm/hot line and mobile Community Response Team.
Priority Population: *Describe the situational characteristics of the priority population*	The priority populations for Crisis Intervention Services (CIS) are adults and older adults with serious mental illness (SMI), children and youth with serious emotional disability (SED), and family and friends of SED and SMI consumers seeking information, education, assistance and support. Concurrently, we provide a walk-in mental health clinic offering assessments, referrals, information and education for individuals in the community seeking mental health assistance and support. Through integrated coordination between warm and hot-lines, the mobile Community Response Teams, core services of crisis intervention/stabilization and walk-in clinic, emphasis will be on increasing engagement with homeless populations, other traditionally underserved ethnic populations, and hard-to-reach rural populations. Increased outreach will be provided to agencies and associations, Board and Care Homes, and family members working and living with those with mental illness. Outreach will emphasize information and training to assist in early intervention and alternatives to emergency room services and involuntary hospitalizations and incarcerations. Special emphasis will be placed on providing culturally sensitive and linguistically appropriate response services.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
1) Mobile Community Response Teams available 24/7/365, responsive to calls from consumers, family members of consumers, and community in addition to law enforcement agencies and hospitals. Emphasis will be on early intervention and education to decrease the necessity for emergency calls for police and emergency medical response.	☐	☒	☒	☒	☒	☒	☒
2) Integrated mental health and substance abuse assessment and services.	☐	☒	☒	☒	☒	☒	☒

3) Culturally appropriate services and outreach.	☐	☒	☒	☒	☒	☒	☒
4) Coordinated services in collaboration with primary health care providers.	☐	☒	☒	☒	☒	☒	☒
5) Peer support on mobile teams, in crisis stabilization, and on Warm-line services coordinated with the Clinical Hot-line services with emphasis on recovery and resiliency.	☐	☒	☒	☒	☒	☒	☒
6) Services located where needed- both through culturally sensitive mobile teams with diverse language capabilities, and at emergency rooms and law enforcement facilities where we can also provide in-service training and outreach to hospital and law enforcement staff.	☐	☒	☒	☒	☒	☒	☒
7) Cultural, gender, and age sensitive outreach at schools, primary care clinics, community agencies, faith based services and residential care facilities, with an anticipated outreach to 100 unserved persons.	☐	☒	☒	☒	☒	☒	☒
8) Increased outreach to enable consumers to manage independence and community functioning.	☐	☒	☒	☒	☒	☒	☒

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

The primary focus of our program will be to change the status quo. At present, law enforcement agencies are the primary responders when families and residential providers have problems with persons with mental illness. Instead, through culturally sensitive 24/7/365 Community Response teams, we will provide a mental health response focused on offering intervention, support and stabilization. As safety allows, we will have the team respond without law enforcement involvement. We will have increased staff capability to accompany law enforcement to crisis situations and provide assistance and support to de-escalate potentially lethal situations.

Concurrently, the teams would work on outreach and education throughout the community to help consumers and their family and friends learn how to identify early warning signs for intervention. Instead of having to wait until an illegal or dangerous situation occurs to call law enforcement, the family member or board and care operator could call the Community Response Team at the initial signs of difficulty. At the optimum, with an informed community and consumers not fearful of discussing their needs, the Team will assist in preventing confrontations with law enforcement, reduce hospitalizations and incarcerations, and also reduce frequent use of emergency rooms as mental health facilities.

We hope to renew the frequent contacts we had with each of the nine law enforcement agencies in our county and re-institute the liaison contacts. This allowed us to offer training for new officers at each department and participate in the annual training seminars for sworn officers. Having frequent contact and basic understanding of each other's programs and processes, we were able to avoid conflicts that grow from misunderstanding.

With the Warm and Hot line support and early intervention through the Community Response Team, we foresee that we will be able to intercede at earlier levels of a consumer's illness or decompensation and/or at lower levels of crisis intervention. We strongly feel this would not only reduce some of the impact of mental health issues on law enforcement but it would also allow us to work more closely with the officers, who are after all, a primary contact within the community as people search for mental health services.

Likewise, with the ability to offer safe, secure, stabilization services and medical care 24-hours a day, staff will be more available for street officers and consumers to consult with us about potential crisis issues. We will be able to offer alternatives to avoid incarcerations and/or hospitalizations.

Additional staff will be augmented with peer and family volunteers and employees. Emphasis will be upon expanding our cultural (age, gender, sexual orientation) and ethnic awareness needs within the teams and increasing our language capabilities so that we can fit in and be accepted wherever we are needed. Special focus will be

made to educate and train consumers and family members that will assist them to become integral active members of the team.

Concurrent with the above will be the development of the 24/7/365 Warm-line telephone response service staffed by peer and family member volunteers and employees. These positions provide experience and training for other positions on the 24/7/365 Hotline-Clinical phone response line, the Community Response Team, and other positions within Behavioral Health Services. The phone lines, through offering different levels of supportive services, would be closely coordinated to allow free exchange to either line so that the consumer/family member can easily obtain the services and support needed. All levels of service would promote and explore through modeling, the recovery model emphasizing capability and resiliency.

We can promote the development of early identification and intervention with decreasing stigma by educating the community in coordination with other agencies and Behavioral Health Services programs. Through the development of the fully functional Warm-line and Hot-line response capability, and the mobile team back-up, we can envision that there will be increased social supports that would allow full community functioning for consumers and increased ability to manage their independence.

With the increased use of peer and family member involvement, demonstrating the power of resiliency and recovery, we believe the goals of reduced hospitalization, reduced involuntary care, reduced incarceration, reduced isolation, reduced use of Emergency Room services, reduced out-of-home placement, and reduced institutionalization can be reached

3) Describe any housing or employment services to be provided.

A major component of the outreach emphasis of the Community Response Team would be providing information and referrals to the housing and employment resources. Referrals may be made to the pre-vocational and vocational groups in Adult Services.

Crisis would continue to assist with crisis housing needs. Housing vouchers may be provided for Transitional Care facilities, hotels and halfway houses, providing options to higher levels of care. Referrals would be made to other resources to assist with longer-term housing needs.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

Crisis services will not be utilizing FSP's for this proposal. The major funds requested are system development, outreach, and education.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

A major focus of this plan is to provide education and outreach to the community, especially to the law enforcement agencies, emergency room staffs, and to families and friends of those experiencing mental health emergencies, so that recovery will be maintained with fewer relapses as a result of early recognition, intervention, and implementation of culturally competent supportive services.

As we add early intervention, the mobile response teams, and peer and family team members – the core values of recovery and resiliency will be the outcome of each contact.

Additionally, with continuous, uninterrupted availability of the Warm-line as an integral part of clinical services to provide consistent support and response to those calling, management of independence and positive community functioning will be reinforced at all levels of service.

Through the focus on peer support and employment, increased numbers of consumers/family members will be employed, thereby expanding the diversity and awareness of staff to consumer/ family member culture with a resulting heightened awareness of consumer needs. Additionally, staff will continue to make use of video and teleconference training opportunities and the sharing of best practices.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

San Joaquin County Behavioral Health Services (BHS) has a "Mobile Evaluation Team" in Older Adult Services, providing limited (weekday) response to callers seeking assessment and intervention for consumers primarily residing in residential care facilities. With the creation of Community Mobile Response Teams, we will be able to respond to callers and assist them by providing information and assistance so that hospitalizations and/or incarcerations can be avoided. This will also reduce the use of hospital emergency rooms and jail facilities as de facto mental health facilities.

We currently have one staff member in the Crisis department dedicated each day (8 AM to 11 PM) to respond to calls from any of nine law enforcement agencies and/or seven hospitals. If more than one call is received, or if the call comes after 11 PM, response is delayed as the additional responder is only available on an "on-call" basis. With the new program we will have additional clinical services available at all times.

Currently, Crisis Services does not have any self-identified peers, friends, or family members as volunteers or employees working in the clinic. We want to change this with support and guidance in the provision of services that is available from peer support, and the participation of consumers and/or family members in team activities.

The current program lacks the consistent provision of a Warm-line, and has Hot-line capacity with available staffing in Crisis (7 am- 1 am) or Psychiatric Health Facility (PHF- 1 am- 7 am). We rely on the family providing transportation and/or calling law enforcement for intervention, when in crisis. With the expanded program, we propose that the supportive services will be consistently available 24 hours a day, seven days a week, 365 days a year.

Very limited outreach or information/education is provided in the community and we have limited contact with primary care providers. Outreach and education programs for law enforcement and emergency room staffs was started but is not regularly scheduled due to decreased funding for staffing. Conjointly with the Wellness Center, we will be able to offer awareness, early intervention, and intervention training to law enforcement and hospital staff. Concurrently, we hope to offer outreach to family and friends of those with mental illness, enabling them to assist with early recognition of warning signs and medication side effects so that interventions can happen quickly and easily. These same services will be made available to those offering supportive housing and to Board and Care operators so that again, early intervention can be sought out and obtained, thereby protecting placements and reducing homelessness.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

It is proposed that consumers and/or family members will provide major support for the Warm-line, possibly in coordination with the proposed SJCBHS MHSA-funded Wellness Center. The Wellness Center will be a consumer-operated support service center, providing wellness training, independent living skills, and education, in close coordination with Crisis services, Community Response Team and the Hot/Warm-lines. As consumers gain education, skills and experience through the Wellness Center, we anticipate that those interested could work on the Warm-line and/or become members of the Community Response Team.

Participation by employed peers, family members, and volunteers will be a critical part of the mobile community response teams. Cross-training staff will enable us to have a diverse pool of paraprofessional staff to augment and expand the response capabilities of the clinical specialists. Based upon particular needs at the time, we anticipate being able to draw from this group to provide language, ethnic and consumer culture expertise for the team, enabling the team to quickly establish rapport, trust and acceptance when responding to crisis situations. This would

include utilizing culturally, ethnically and linguistically competent resources of community-based organizations in addition to existing agency staffing, in particular peer consumers or family members hired as recovery coaches or outreach workers.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Consumers, Family Members, and National Alliance on Mental Illness (NAMI): As stated in the proposal for the SJCBHS MHSA-funded Community Consortium, we do not want to lose the partnerships and trust developed with consumers and community-based organizations as we jointly worked through the MHSA process. The Crisis Department has also established close ties with NAMI, consumers, and staff preparing the proposal for the Wellness Center. Crisis Services and the Wellness Center will be closely allied through cross training of staffs, coordination of services, and formulation and building of the Warm and Hot lines. Individuals and organizations will experience a seamless transition in the provision of services. Concurrently, with increased communications, services will improve and become more responsive as we build and grow in response to feedback and recommendations of the community, consumers, and community-based organizations.

Law Enforcement: Effective, efficient, responsive mental health services are a mandatory necessity for law enforcement. Likewise, educated, knowledgeable officers, with specific training to support pro-active response in mental health emergencies are integral for the operation of Crisis Services. We have long worked together to establish and maintain these goals through specific training from Mental Health staff for officers, and officers offering ride-along training for clinical staff. However of late, due to decreased resources and staffing, we have been unable to maintain consistent training schedules and inter-departmental liaison meetings.

We hope to renew the contacts we had with each of the nine law enforcement agencies in our county and reinstitute liaison contacts. With Warm and Hot line support and early intervention through the Community Response Team, we anticipate that we will be able to intercede at earlier levels of decompensation and lower levels of crisis intervention, thus reducing some of the impact of mental health issues on law enforcement.

Valley Mountain Regional Services (VMRC): We meet monthly with representatives from VMRC and actively work to coordinate our services. We will continue this close cooperation and have discussed options about how we can coordinate our crisis response services to allow joint response when needed and/or communicate information so that we do not replicate and waste resources available.

Hospitals: As with law enforcement agencies, we have had cooperative agreements with the hospitals in our county for many years. Of late, we have not been able to

maintain regular liaison meetings and tend to communicate only when problems arise. We want to use our Community Response Team to regain close coordination with the hospitals. With the Warm and Hot-lines working with the Community Response Team to intercede more proactively in potential mental health crisis situations, we anticipate a reduction in the flow of crisis cases to the emergency rooms.

Health Care Providers: Coordination of services has long been a goal of Crisis Services. We have been dependent upon consumers to inform their physicians and/or dependent upon the physician to make contact with Mental Health if they had concerns or questions. With the addition of Mental Health Specialists and Clerical staff we foresee a program of increased communication and coordination with primary care physicians and community health clinics. In the past we offered the National Depression Screening program to clinics and would like to do so again, along with offering the other screening programs. Through mobile services, we see an opportunity to reach out and support health clinics by bringing more information and evaluation services to them and getting more information and feedback from them.

Tribal Organizations: The Three Rivers Lodge (Native Directions Incorporated), which is located in Manteca, participated in the MHSA planning process. Crisis anticipates maintaining the link as a resource for persons in crisis, both through referrals to and from this tribal organization. A liaison Crisis staff will be assigned with an identified tribal community-based organization.

Schools, Colleges, and Universities:

The Crisis department has long been one of the training sites for intern and student nurses, psychiatric technicians, medical students, and undergraduate and graduate level students of social work, psychology and related fields. These opportunities for mutual learning will continue.

Additionally, Crisis receives referrals from school law enforcement agencies of all levels, and from school nurses, health clinics, counselors and administrators. It is anticipated that increased collaboration with these community partners will result in appropriate linkage for services.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

All staff will continue to attend mandatory cultural competency training. In addition, the Physician Lecture Series, which provides in-service training for clinical and medical staff, will continue to offer programs focused on specific cultural and ethnic considerations in clinical and medical practice.

Results of the analysis of Part II, Section II indicated the following ethnic disparities:

A. Lack of service penetration in the Hispanic Communities.

Special efforts will be made to add Hispanic staff (volunteers, employees, peer support, family and friends) to our Community Response Team, Warm and Hot lines, and core services. Positions will be identified that will require bilingual fluency in Spanish. Additionally, through coordination with organizational providers and with the proposed "La Familia: Servicios Psico-Sociales" Behavioral Health Services clinic, we will continue and expand our outreach efforts by participating at health fairs and in clinics established to serve the indigent, migrant, working poor, refugees, and homeless. We will increase our coordination with Channel Medical Clinic, Woodbridge Medical Clinic, Tracy Medical Clinic and Cesar Chavez Clinic at San Joaquin County General Hospital and work more closely with migrant worker programs through migrant housing groups and the school programs.

B. Services to the African-American community, though the penetration rate slightly exceeds that of the percentage of African-Americans in the county, are felt to be inappropriate, due to over utilization of Crisis and Inpatient services. With stronger outreach, especially through faith-based organizations, and increased availability of the Community Response Team, services will be identified and provided prior to the need for crisis intervention and hospitalization and/or incarceration.

C. Gay, Lesbian, Bisexual, and Transgender (GLBT) individuals have been hesitant to self-identify due to potential discrimination and stigma. Specialized outreach efforts will be necessary via organizational providers who have established trust and can provide entrance to the hard to reach rural populations throughout the county. The San Joaquin AIDS Foundation has been participating in our focus groups and has committed to continue to provide outreach and engagement services to the GLBT community.

D. Data in Part II Section II of the plan refers to Asian/Pacific Islander groups. San Joaquin County has large population groups of Southeast Asians who came to the United States as refugees. These include persons from Laos (including the Hmong cultures), Cambodia and Vietnam. Cambodian is, in fact, a threshold language in this county. Crisis currently coordinates with the Transcultural Clinic (TCC) for referrals to existing programs and frequently requests the use of interpreters to assist us to serve persons being seen in Crisis Intervention.

It is anticipated that with increased use of consumer peers and/or family members as recovery coaches, our cultural and linguistic competence will increase. With the added ability to work in collaboration with both the TCC and identified Community Based Organizations (CBOs) serving the Lao, Hmong, Vietnamese and Cambodian communities, two-way communications will be established and maintained with each group to insure that the mental health needs of all will be recognized and served.

E. The Native American communities were included in surveys with outreach by Native Directions/Three Rivers Lodge. The surveys indicated the importance of building trust, understanding Native American cultures, and providing more

accessible (mobile) services. Establishing a liaison from Crisis Intervention will assist in learning more about the Native American community and linkage to necessary services.

F. A focus group and surveys were conducted through the Community Partnership for Families with particular outreach to the Muslim/Pakistani communities in San Joaquin County. This information indicates that awareness of mental illness and mental health services and more outreach to the community are needed. Crisis staff, through the 24-hour hotline, mobile community response and consumer and family member involvement, plan to link with the community to increase mutual understanding of cultures and mental health. Crisis also will link with existing services at the outlying specialty mental health clinics.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

Considerations for Gay, Lesbian, Bisexual and Transgender (GLBT) consumers are no different than other cultural considerations. Diversity is accepted and expected as a strength of the community at large. It is the individual's needs and strengths that are the focus of treatment, and treatment teams will reflect in their membership the diversity and strengths of the community. Crisis Intervention Services is both the entry point for planned mental health services and the linkage point for referral to services that are appropriate to a consumer's expressed needs. This might include referral or linkage to a CBO or mental health program that is particularly sensitive to gender or sexual orientation issues. A staff liaison will be assigned with the AIDS Foundation to assist with referrals to Crisis Intervention.

Crisis Intervention Services uses the Women's Center as a resource for referrals for persons (women and men) living with domestic violence. It is anticipated that this resource would be more fully further developed, with in-service training provided for the respective staffs of both agencies. Other private providers or agencies that provide anger management or domestic violence prevention are also used as resources for referral in the community.

Information, training and support will be requested from the CBOs to assist us to gain greater insight, sensitivity, and response capability to the differing psychological needs of men and women, boys and girls.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

SJCBHS currently has contracted providers in all of the contiguous counties and has developed supportive working relationships with mental health services within those

counties. In addition, we have providers that we have worked with and can contact, located in more than half of the counties in California. Through the 24-hour, toll-free access line, beneficiaries can contact us for information and support at any time. We feel we have the capacity to be able to assist wherever the beneficiary is located, whether in need of a Treatment Acknowledgement Notification, to communicate with hospitals about pending admissions, or simply to look for supportive services.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Month 1 & 2:

- Begin Staff Recruitment and Interview
- Attend CBO/MH Consortium Meetings
- Begin Collaborative Meetings with CBO Staff
- Begin Development of New or Revised Program Policies and Procedures
- Begin Integrated Staff Meetings and Orientation Process with New Staff
- Crisis Area Reconfigured to Accommodate Changes

Month 3 & 4:

- Program Policies and Procedures Completed
- Program Fully staffed – Continue Orientation

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-5 | Date: 3/6/06

Program Workplan Name: Community Response Team | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$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	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
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	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$454,250**			**$454,250**
D. Total Funding Requirements	**$454,250**	**$0**	**$0**	**$454,250**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-5 | Date: 3/6/06

Program Workplan Name: Community Response Team |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-5 | Date: 6/6/06

Program Workplan Name: Community Response Team | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 500 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 200 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$191,642			$191,642
b. New Additional Personnel Expenditures (from Staffing Detail)	$473,749			$473,749
c. Employee Benefits	$296,433			$296,433
d. Total Personnel Expenditures	$961,824	$0	$0	$961,824
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$2,000			$2,000
d. General Office Expenditures	$2,000			$2,000
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$3,780			$3,780
h. Total Operating Expenditures	$7,780	$0	$0	$7,780
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	$0			$0
6. Total Proposed Program Budget	**$969,604**	**$0**	**$0**	**$969,604**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$84,515			$84,515
b. Medicare/Patient Fees/Patient Insurance	$11,269			$11,269
c. Realignment	$185,930			$185,930
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$281,714	$0	$0	$281,714
2. New Revenues				
a. Medi-Cal (FFP only)	$137,578			$137,578
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$137,578	$0	$0	$137,578
3. Total Revenues	$419,292	$0	$0	$419,292
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$550,312**	**$0**	**$0**	**$550,312**
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-5 | Date: 3/6/06

Program Workplan Name: Community Response Team |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 500 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 200 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
Psychiatric Technicians			2.00	$38,231	$76,462
Mental Health Clinician II			1.00	$115,180	$115,180
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	3.00		$191,642
B. New Additional Positions					
					$0
Mental Health Clinician II			3.00	$54,060	$162,180
Psychiatric Technicians			3.00	$38,231	$114,693
Senior Office Assistant			1.00	$30,556	$30,556
Outreach Worker		5.00	5.00	$33,264	$166,320
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	5.00	12.00		$473,749
C. Total Program Positions		5.00	15.00		$665,391

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Community Response Team System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**SD-5**	**Date:**	**3/10/06**

1. Expenditures		
a. Client, Family Member and Caregiver Support Expenditures		
i. Travel and Transportation		
ii. Housing		
iii. Employment and Education Supports		
iv. Other Support Expenditures		
v. **Total Support Expenditures**		$ 0
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
1. Psychiatric Technician-(2 FTE @ $38,231)	$76,462	
2. Mental Health Clinician II- (1 FTE @ $115,180)	$115,180	$191,642
ii. New Additional Personnel Expenditures		
1. Mental Health Clinician II-(3 FTE @ $54,060)	$162,180	
2. Psychiatric Technician-(3 FTE @ $38,231)	114,693	
3. Senior Office Assistant-(1FTE @ $30,556)	30,556	
4. Outreach Worker-(5FTE @ $33,264)	166,320	$473,749
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$296,433
iv. Total Personnel Expenditures		**$961,824**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 2,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 2,000
iii. Rent, Utilities and Equipment		
iv. Medication and Medical Supports		
v. Other operating Expenses		
1. Communication and data line charges		$ 3,780
vi. Total Operating Expenditures		$ 7,780
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$ 0**
e. Total Proposed Program Budget		**$969,604**

2. Revenues		
a. Existing Revenues		
i. Medi-Cal (FFP only)	$ 84,515	
ii. Medicare/Patient Fees/ Patient Insurance	11,269	

iii. Realignment	185,930	$281,714
b. Total Existing Revenue		
c. New Revenues		
i. Medi-Cal (FFP only)		$137,578
d. Total New Revenue		**$137,578**
e. Total Existing and New Revenue		**$419,292**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$550,312**

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-5 | Date: 3/6/06

Program Workplan Name: Community Response Team | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 500 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 200 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: (209)468-8778

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$201,224			$201,224
b. New Additional Personnel Expenditures (from Staffing Detail)	$497,437			$497,437
c. Employee Benefits	$306,017			$306,017
d. Total Personnel Expenditures	$1,004,678	$0	$0	$1,004,678
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$2,000			$2,000
d. General Office Expenditures	$3,700			$3,700
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)	$4,280			$4,280
h. Total Operating Expenditures	$9,980	$0	$0	$9,980
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	$0			$0
6. Total Proposed Program Budget	**$1,014,658**	**$0**	**$0**	**$1,014,658**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$88,740			$88,740
b. Medicare/Patient Fees/Patient Insurance	$11,832			$11,832
c. Realignment	$195,227			$195,227
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$295,799	$0	$0	$295,799
2. New Revenues				
a. Medi-Cal (FFP only)	$143,772			$143,772
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue				$0
e. Total New Revenue	$143,772	$0	$0	$143,772
3. Total Revenues	$439,571	$0	$0	$439,571
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$575,087**	**$0**	**$0**	**$575,087**
E. Percent of Total Funding Requirements for Full Service Partnerships				

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-5 | Date: 3/6/06

Program Workplan Name: Community Response Team |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 500 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 200 | Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 300 | Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
Psychiatric Technicians			2.00	$40,143	$80,285
Mental Health Clinician II			1.00	$120,939	$120,939
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	3.00		$201,224
B. New Additional Positions					
					$0
Mental Health Clinician II			3.00	$56,763	$170,289
Psychiatric Technicians			3.00	$40,143	$120,428
Senior Office Assistant			1.00	$32,084	$32,084
Outreach Worker		5.00	5.00	$34,927	$174,636
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	5.00	12.00		$497,437
C. Total Program Positions		5.00	15.00		$698,661

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Community Response Team System Development Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**SD-5**	**Date:**	**3/10/06**

1. Expenditures			
a. Client, Family Member and Caregiver Support Expenditures			
i. Travel and Transportation			
ii. Housing			
iii. Employment and Education Supports			
iv. Other Support Expenditures			
v. **Total Support Expenditures**			$ 0
b. Personnel Expenditures			
i. Current Existing Personnel Expenditures (Includes a 5% COLA)			
1. Psychiatric Technician-(2 FTE @ $40,143)	$80,285		
2. Mental Health Clinician II- (1 FTE @ $120,939)	$120,939		$201,224
ii. New Additional Personnel Expenditures (Includes a 5% COLA)			
1. Mental Health Clinician II-(3 FTE @ $56,763)	$170,289		
2. Psychiatric Technician-(3 FTE @ $40,143)	120,428		
3. Senior Office Assistant-(1FTE @ $32,084)	32,084		
4. Outreach Worker-(5FTE @ $34,927)	174,636		$497,437
iii. Employee Benefits			
1. Benefits calculated at 47% for employees			$306,017
iv. Total Personnel Expenditures			**$1,004,678**
c. Operating Expenditures			
i. Travel and Transportation			
1. Staff mileage reimbursements and county motor pool costs Based on past history			$ 2,000
ii. General Office Expenditures			
1. Office supplies, printing, small equipment			$ 3,700
iii. Rent, Utilities and Equipment			
iv. Medication and Medical Supports			
v. Other operating Expenses			
1. Communication and data line charges			$ 4,280
vi. Total Operating Expenditures			$ 9,980
d. Estimated Total Expenditures when service provider is not known			
i. Community Based Organization Contracts based on staffing			**$ 0**
e. Total Proposed Program Budget			**$1,014,658**
2. Revenues			
a. Existing Revenues			
i. Medi-Cal (FFP only)	$ 88,740		
ii. Medicare/Patient Fees/ Patient Insurance	11,832		
iii. Realignment	195,227		$295,799

b. Total Existing Revenue	**$295,799**
c. New Revenues	
i. Medi-Cal (FFP only)	$143,772
d. Total New Revenue	**$143,772**
c. Total Existing and New Revenue	**$439,571**
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	**$575,087**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Co-Occurring Residential Treatment Program
Program Work Plan #: SD-6		Estimated Start Date: July 1 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This application is for one-time money to effectively provide start up support for a holistic dual diagnosis residential program, which was the vision of a collaborative between San Joaquin County Behavioral Health Services (BHS), Substance Abuse Services (SAS), Probation, Superior Courts, County Office of Education, along with the support of Human Services Agency (HSA). Treatment design is based upon the concept that substance abuse in adolescents is a family disease and that recovery and resiliency is an ongoing process, not an event, which requires the treatment to focus around family intervention. Co-occurring mental health disorders are viewed as both a function of and a determinate of dysfunction. Therefore, there is a need for a holistic program to address the problem, in tune with the MHSA. This program will serve 18 youth in Juvenile Probation's Placement Unit at any given time, with anticipated average length of stay of 12 months, serving a total of 50 youth in a three-year period. All the targeted youth have serious emotional disturbance and a co-occurring substance abuse problem, and will receive mental health and substance abuse services as the key component, up to seven days a week, with on site public education, and the ability to serve special education students' Individual Educational Plans (IEP). This is has been a missing service in San Joaquin's Children's System of Care and statewide as well. Residential services provided locally allow the necessary family component to occur, which is key for successful outcomes and reduced recidivism. The intent of the program design is to divert selected substance abusing youth with a co-occurring mental health disorders from placement in other facilities, e.g., out-of-county or out-of state residential programs, Peterson Hall, Camp, California Youth Authority, etc., in order to provide rehabilitative conditions for juvenile offenders and their families. Moreover, by providing a residential alternative within San Joaquin County, we can divert a population of young offenders who are at risk for later committing additional criminal acts associated with their disorder from the justice system. It is believed that residential treatment for substance abusing	

	youth is a major gap in our Juvenile Justice system and that there is a great need for such interventions with youth who are initially status offenders or who have experienced previous adjudication for lesser offenses and are at significant risk for criminal activity. Effective treatment of substance use disorders among adolescents requires a comprehensive approach that incorporates family and health issues. Many Seriously Emotionally Disturbed (SED) youth have learned to *self medicate* their symptoms, while others, due to various risk factors, make poor choices, and find addiction and abuse tough to escape. A holistic approach to the treatment of adolescents may obviate their future involvement in substance abuse and delinquent or criminal activities, setting the direction for recovery and laying the foundation of resilience.
Priority Population: *Describe the situational characteristics of the priority population*	The Intensive Supervision Unit (ISU) in Juvenile Probation's Placement Department is the high-end part of their system. Minors who are placed residentially as Wards of the Court (W&I Code 602) are found to be unmanageable in their homes and/or communities. Hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options) concomitant with treatment are put in the basket of group home placements. While the intent of a holistic treatment environment is to cause that change, many of the youth with court placement orders wait in an impacted Juvenile Hall of 179 beds, while an overloaded probation officer searches the few group homes available (that do not fit the minor's need well) in hopes of getting on the top of the long waiting list. Of these, the SED population who are self medicating with illegal street drugs is increasing at an alarming rate. Success in traditional residential programs for these youth is poor at best; the programs are not designed for the co-occurring disorder of substance abuse and emotional disturbance. Between FY 92-93 and FY 99-00 the number of cases entering the juvenile justice system increased from 6,608 to 8,839, an increase of 33.7%. In 1999, with a county population of 562,500, a juvenile population ages 10-17 of 73,800, rendered a total of 5,846 crimes. Of those crimes, 2,129 were felonies and 3,719 were misdemeanors, 616 were violent, 124 were identified as specific to drugs, though in many cases drug influence was present though not noted.

	In 2003, San Joaquin County had the highest overall rate of juvenile arrests (7,985 per 100,000 juveniles) of any county in California with a juvenile population greater than 50,000 (Department of Justice stats). Misdemeanor arrests in FY 03/04 totaled 5,330. By age, 962 of the crimes were committed by 17-year-olds, 1003 by 16-year-olds, 889 by 15-year-olds, 1,622 by 13 and 14-year-olds, 716 by 10 to 12-year-olds, and 138 by under-10-year-olds. These figures provide an overall sense of the characteristics of this target population. More specifically, most of these youth are 13 years old or older and almost seven in 10 are male. Risk factors for this population are significant. Nearly a quarter (23%) of all children in San Joaquin County ages 12-17 are living below the poverty level. An additional 21.6% live in families with incomes between one and two times the poverty level, meaning they are still eligible to receive some forms of public assistance. Mover than 1 in 5 (22.4%) children age 12-17 live in a single parent family, while 13.3% do not live with either parent. 15.1% of children ages 12-17 live in a household with no working parents. Between 1990 and 2000, juvenile violent crimes increased by 57.6% in San Joaquin County. Juvenile vandalism arrests increase by 67.9% over the same time period. The teen birth rate per 1,000 females is 1 for 10-14 year olds, and 60.7 for 15-19 year olds. In light of the stated risk factors, San Joaquin County Behavioral Health Services (BHS) services to youth in the Juvenile Justice System are not found to be representative of the county's ethnic demographics. Latinos and Asian, Pacific Islanders, and Native American youth, are underserved, while African Americans are over represented in our juvenile justice area mental health programs, reflecting an imbalance in our system. It is this information that has driven the development of this Residential Treatment Program for the SED youth of our community with co-occurring substance abuse problems. If these youth are to be resilient and become responsible citizens in the community, youth must be in recovery for the return home, and family strengths must be emphasized and improved, and aftercare and support from the local community of like cultural groups must be available.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Detoxification	☐	☒	☐	☒	☒	☐	☐
Addictions Treatment	☐	☒	☐	☒	☒	☐	☐
Psychiatric Treatment	☐	☒	☐	☒	☒	☐	☐
Family Counseling	☐	☒	☐	☒	☒	☐	☐
Individual Counseling	☐	☒	☐	☒	☒	☐	☐
Psycho-educational training for child/youth and family	☐	☒	☐	☒	☒	☐	☐
Recreational Activities	☐	☒	☐	☒	☒	☐	☐
Behavioral Management	☐	☒	☐	☒	☒	☐	☐
Education	☐	☒	☐	☒	☒	☐	☐
Follow-up After Care	☐	☒	☐	☒	☒	☐	☐
Partnership with Public Agencies and Community Based Organizations	☐	☒	☐	☒	☒	☐	☐
Cultural and gender sensitive services	☐	☒	☐	☒	☒	☐	☐
Parent-to-parent peer support	☐	☒	☐	☒	☒	☐	☐
Youth-to-youth peer support	☐	☒	☐	☒	☒	☐	☐
Faith-based collaboration	☐	☒	☐	☒	☒	☐	☐

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

It is important to understand that this request is for one-time monies for start-up. This is not a FSP program nor is it a correctional institution, but a residential treatment collaborative with Superior Court, Juvenile Justice System (JJS), Behavioral Health Services (BHS), County Office of Education (COE), Substance Abuse Services (SAS), and Human Service Agency (HSA). As partners, these agencies have been able to develop this self-sustaining treatment program, needing only the start-up financial support.

This program is viewed as a beginning point in this process, creating a base for resilience and the start of recovery. Recovery involves a complete renewal of the person and the family, rather than simply changing a bad habit or ameliorating psychiatric symptoms. A requirement in recovery involves providing a program environment in which the dually diagnosed adolescent can experience an orderly, goal-directed pattern of living and begin to make sense out of his/her world. Protective factors that can be addressed and improved upon such as strengthening the family, finding mentors in the community, and support of the faith based community, etc. all increase the likelihood of residency.

The model of this program combines family work and individual transformation at its best. The adolescents identified for this program will receive immediate structure, clear boundaries, and abstinence education as a part of the residential and treatment component. At the same time, intensive family therapy is a key component to effectively move towards transformation in the family functioning and structure. The stronger the transformation, the stronger the resilience.

This Co-Occurring Residential Treatment Program is an intensive program for male and female youth between the ages of 12 and 18 who are encountering significant problems as a result of alcohol, drugs, or solvent abuse, with a mental health disorder as defined in the Diagnosis and Statistical Manuel IV, and involved with the Juvenile Justice System. The program will only accept referrals from San Joaquin County Probation with current orders for placement from SJC Juvenile Court, where co-occurring serious emotional disturbance and substance abuse problems existed.

Reunification and aftercare is another component. Families will continue to receive support services to ensure the full transformation occurs. Contracts will be developed with various community-based organizations that will follow what has been coined as the “BACOP model.” The model includes two tiers designed for transitioning consumers through the system. Tier I is a 90-day support which provides the individual coming into services guidance with follow-up to the consumer and family, and entry assistance to maneuver through the system. Tier II involves a Personal Service Coordinator where services are provided, much like a case

manager. This is to ensure that families are not lost in the system as the Juvenile Justice system is complicated and large. Training on the BACOP model will be provided, to ensure success, modified appropriately to the community's cultural differences and uniqueness.

The residential board and care and child care worker services are covered under State Department of Social Services Community Care Licensing and Rate Setting Departments, with the selected Provider utilizing Rate Classification Level (RCL) 12 rates. As a Public School service, San Joaquin County Office of Education will provide both General Education and Special Education services covered under Average Daily Attendance (ADA) Rates, allowing the full array of the youth's educational needs to be addressed. As placement in this facility is for San Joaquin County Wards of the Court under W&I Code 602, all the residents will be Medi-Cal/EPSDT beneficiaries during placement. Mental health and co-occurring substance abuse service needs are provided through Medi-Cal/EPSDT billing, and will addressed in partnership with all the other services. Any physical health needs, which can be managed in an RCL 12 group home, will also be arranged for under Medi-Cal/EPSDT or through private insurance as applicable.

Service	Entity	Funding Stream	Rate-if Applicable	Partner In-kind Support
Residential Group Home Program	Private Provider	RCL 12 Rate paid by placing entity funds Residential Program Component	$5,613 per month Per Youth placed	• COE-Purchase a Building shell • Approximately 30,000 sq. ft. • Anticipated price 3.5 million • Will Lease at current rate between $1.35-$1.85 • 1x Funds will go towards the remodel of the School and Office Space for Clinic and Program Staff
Education	County Office of Education	Public School 200 days per year	ADA $140,000	
Mental Health Services	Private Provider	EPSDT/Medi-Cal	Contract negotiated within SMA	
Substance Abuse Services	Private Provider	EPSDT/Medi-Cal	Contract negotiated within SMA	
Placing Agency	Probation and Courts	Placement monitored by Probation	.5 FTE PO +expenses $53,000	

This necessary service is a huge gap in San Joaquin's Children's System of Care, related primarily to the difficulty of securing a location satisfactory to the community with the "not in my backyard" barrier, paralleled only by prohibitive facility costs. Our unique partnership in San Joaquin County has born a strong commitment by the County Office of Education to this project. They are covering these two hurdles through their acquisition of a facility they will rent out, located in the outskirts of the county next door to the California Youth Authority and already zoned for this kind of venture. The facility is large enough to house the residential portion, the clinical program, school, and administrative support, only requiring remodeling. This contribution from COE is the fiscal foundation of the program.

Probation's commitment includes the Probation Officer's participation in the monitoring of their probationer in the residential program, availability for quick response when needed, and the commitment to work together as a team to ensure the success of the youth. The Courts have committed to referrals and support of this program using the leverage of the bench at times when natural consequences and graduated sanctions are afoot.

Start-up monies will be used for a portion of the remodeling for the school and office space for the clinic and all program staff; and the purchase of vehicles, computers, furniture, equipment, TVs, VCRs, DVD Players, Games, etc. to give the program the jump-start our partnership needs to ensure resiliency and success.

Key components of the program include:

1. ***Detoxification***
   Detoxification includes both detoxifications from the addictive sub-culture and from actual substance use.
2. ***Addictions Treatment***
   Treatment will focus around family therapy, life skills exercises, information lectures, and films on drugs and alcohol, and recreational activities. 12-Step Programs, including Alcoholics Anonymous and Narcotics Anonymous, will augment the program.
3. ***Psychiatric Treatment***
   A complete psychiatric assessment and medication therapy is an integral component.
4. ***Family Program***
   A strength-based weeklong families program will include demonstrated support for youth in treatment and increased family involvement. Participants will learn ways in which alcohol and other drug addictions affect more than just the person who drinks or uses drugs, which opens the ongoing family counseling component. The family will be assessed and, with their lead, a plan will be developed to identify family strengths and areas of challenge. An alternative three-weekend program will be available for those who cannot attend the full one-week program.

Families will attend weekly family counseling sessions to work on the identified areas. These sessions will be designed to help the families learn to resolve conflicts and develop effective methods of communication and problem solving to strengthen the family and increase independent functioning. Sessions will support working together as a unit to help overcome addiction problems and to find power in their strengths.

5. ***Follow-Up and Aftercare***

   Critical to the success of a treatment program for adolescents will be the building of a strong community support system for each youth who completes the program. A structured follow-up by community based organizations of like cultural background should occur for six months following completion of the treatment program, as described earlier, ensuring each participant is involved with community support resources, including the faith based community. Spirituality is a key protective factor. Follow-up aftercare with family members is also vital to ensure support and recovery of each adolescent that has completed the program.

6. ***Medical Care***

   A part-time nurse will provide short-term medical care to refer youth to a local physician for more in-depth diagnosis or treatment when needed. The nurse will arrange dental and eye care treatment when required. A mental health clinician will assess admissions for emotional disorders that are often associated with addiction, and will provide direction to the staff on psychological matters.

7. ***Recreational Activities***

   Adolescents will participate daily in recreational activities that range from organized sports such as basketball and softball to more passive and less competitive activities for large and small groups, facilitated by a recreational therapist. Recreational activities will provide physical stimulation breaks that are interspersed with school and therapy. Athletics are positive outlets for tension and are often avenues of strength that can be built upon in adolescents. Through these recreational activities, the program promotes healthy bodies and teaches adolescents effective use of leisure time.

8. ***Behavioral Management***

   The Adolescent Program will follow established guidelines to administer discipline and natural consequences that will assist youth in developing positive behavior patterns. A level system and token economy will be developed along a behavioral framework in order to manage disruptive and shape pro-social behavior.

   Inappropriate behavior will not be overlooked, but all staff will work towards trying to minimize controlling, restricting discipline and avoid an authoritative institutional milieu as much as possible. Emphasis will be on using local natural consequences relevant to the behavior problem. Oversight by the Juvenile Court Judge is an integral part of the behavior management component of the program and their involvement is crucial. The Juvenile

Justice System can use the legal power of the court to enhance treatment by effectively influencing and motivating the youth to engage and holding the youth accountable for doing so.

9. ***Case Management***

Case management from initial referral to post-aftercare is provided. The case manager is responsible for developing a single treatment plan, coordinating services, and linking to other services in concert with the community-based organization of like cultural background.

10. ***Education Services***

The San Joaquin County Office of Education, Court and Community School Program will provide the "on-ground" fully accredited educational program meeting all California graduation requirements, with a fully credentialed teacher, and a ratio of one teacher to approximately 20 students, in a five-hour day (8 a.m. to 1 p.m.) with the teacher being present from 7:30 a.m. to 2:30 p.m. Students will have the opportunity to participate in hourly programs beyond the regular day schedule: before school, after school, during winter and spring intercessions, and during summer school. High school graduation will be an option.

Each student will have an Individual Learning Plan (ILP) which is developed by the educational team, parent(s)/guardian(s), and student. Academic assessment will help guide the instructional program for each student. Student academic transcripts will be gathered and combined so that each student, parent(s)/guardian(s), and teacher will have an understanding of which classes are needed by the student for the goal of high school graduation. The ILP will also include a focus on extended activities.

Students will be expected to participate in quests, which are activities designed to challenge the students both physically and mentally and to prepare them to work cooperatively in the spirit of one. Quests will be offered once a month and appeal to a wide range of student interests. Participation in at least one quest will be required for graduation.

All students who plan to graduate must complete a "Graduation by Exhibition," a requirement of the program which is a demonstration of each student's readiness to graduate. Graduation by Exhibition (GBE) is a presentation of evidence supporting fulfillment of seven criteria which were developed by program staff and encompass the areas of concept of one**,** knowledge, community contribution, work, personal awareness, communication and personal celebration. It is a culminating activity before a panel of staff, students and community members. Once students have completed all credit requirements and a GBE, they qualify for a high school diploma.

3) Describe any housing or employment services to be provided.

This program is a Rate Classification Level (RCL) 12 Residential Treatment Program, with housing, education, and mental health and substance abuse treatment on grounds. Preparation for re-entry into the community for this kind of program is standard for RCL 12's, with the functional process of *"discharge planning at intake,"* as a way of life. This includes prep for vocation and employment. A job and a place to live are what nearly all transitional age youth seek.

4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

This is not a Full Service Partnership program.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Treatment is based upon the concept that substance abuse in adolescents is a family disease that is four-fold—physical, mental, emotional, and spiritual, and that recovery is an ongoing process, not an event, which requires family intervention. Co-occurring mental health disorders are viewed as both a function of and a determinate of dysfunction. Therefore, there is a need for a holistic program to address the four-fold problem. The program is viewed as a beginning point in this process and the start of recovery.

Recovery involves a complete renewal of the person and the family, rather than simply changing a bad habit or ameliorating psychiatric symptoms. A requirement in recovery involves providing a program environment in which the alcoholic or drug dependent adolescent can experience an orderly, goal-directed pattern of living and begin to make sense out of his/her world. This is then transferred to their family and home environment. With this base, resiliency capacity is increased and risk factors are decreased and youths can re-enter the community as contributing members.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

This is not an expansion, but one-time start-up.

7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Linkage and referral to community-based organizations of like ethnic backgrounds will be key for the provision of support while in placement and for aftercare upon discharge. It is the optimal goal of the program that peer leaders will emerge with the interest and ability to remain connected to the program as peer support and mentors for future residents, both formally and informally. Parent/family members will also be encouraged to play a similar role in hope of developing a full network of support for future families.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The design of this much-needed residential treatment program is representative of our long-term collaboration with Substance Abuse Services, Juvenile Probation, Courts, County Office of Education, and HSA, filling a huge gap in our system as we address judgment and impulse control problems, and decrease substance abuse. Our current Behavioral Health and Juvenile Justice partnership services include:

- Brief crisis intervention and psychiatric medication monitoring of minors while detained in Juvenile Hall. Participation through HSA in the Supportive Therapeutic Options Program (STOP) allows funding for a portion of the limited Juvenile Hall services.
- Clinicians are co-located at Probation in the Juvenile Division, providing clinical community-based services locally, as well as case management of the mental health services provided to SED probationers in RCL 12-14 group home placements.
- Victor Treatment Corporation's Family Intervention and Community Support (FICS) - Juvenile Justice Assessment and Treatment (J-JAT) two-year-old program serves EPSDT/Medi-Cal beneficiaries on formal or informal probation, including status offenders and provides mental health services in the home and community.
- The Crossroads Juvenile Justice Partnership was birthed through a State Board of Corrections Grant partnership lead by Probation, was later funded through the Shiff-Cardinas Bill, and is now supported by Juvenile Justice Crime Prevention Act funds. It includes Probation, Behavioral Health, and Substance Abuse Services and provides prevention services to at risk youth on the cusp of the Juvenile Justice System.

Children's System of Care partners have collaborated in many other areas for children, youth, and their families. This is reflected in the Community Partnership for Families (CPF), which consists of multiple public agencies, private non-profit community based agencies including those serving specific cultural communities,

school districts and SELPA's, community colleges, the faith community and organizations, for-profit organizations, and grassroots community members and families all working together, with a focus on five neighborhood centers to provide services. This program includes an Integrated Service Model with the use of Family Success Teams.

Interagency partnerships for children, youth, and their families are no stranger to San Joaquin County. Following the W & I Code requiring a Multi-Disciplinary Team (MDT), a five-year stint with Children's System of Care (CSOC), two-year Interagency Enrollee-Based Program (IEBP), and the SB 163 Wraparound Program have laid the foundation and early steps of system transformation in child/youth services.

All the SB 163 Wraparound Referrals are approved by SMART prior to acceptance into the program. A sub-committee of SMART functions as the cross operations team for the Wraparound program to oversee and authorize services, flexible funds, and program issues. The larger body receives quarterly reports.

Through Special Multidisciplinary Assessment and Referral Team (SMART), Mental Health, CPS, Probation, Education, parents, placement agencies, teen homeless shelter, and other public agencies collaborate to ensure that every possible resource is explored and utilized to keep at risk children/youth safe, at home if possible, in the community, emotionally and physically healthy, in school and out of trouble. Expansion of the SMART's monitoring and oversight may include quarterly reports from this Full Service Partnership to monitor the success of the program and also serve as a referral base.

This partnership is an offshoot of those just described, was designed over three years ago, is financially self-sustaining through the partnership with each other, and hindered only by lack of start-up funds and a site. With the advent of MHSA, the like-minded mantra, and County Office of Education securing a site, this program is ready and waiting.

9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.

Behavioral Health Services worked to ensure that the cultural groups within our community were fully represented in our planning. To that end, our partnerships included the following community groups and community-based organizations:

- Vietnamese community—Vietnamese Voluntary Foundation Incorporated (VIVO)
- Cambodian community--Asian Pacific community—Asian Pacific Self-development And Residential Association Inc. (APSARA)

- Laotian community--Lao Khmu Association
- Hmong community--Lao Family Community
- Native American community—Native Directions
- Homeless population—Behavioral Health Outreach Workers and network of local shelter organizations
- Muslim/Middle Eastern community—represented by Community Partnership for Families
- Hispanic/Latino community—El Concilio
- Gay, Lesbian, Bisexual, Transgender (GLBT) community—AIDS Foundation
- African American community—Mary Magdelene Community Services and Black Awareness Community Outreach Project (BACOP)

Each group participated in our MHSA planning and worked to ensure that their communities participated in the stakeholder meetings and consensus building work groups. They are important stakeholders and will be key referral resources for the youth back into their family and community upon discharge, as they *are their community*. As described earlier, Contracts will be developed with various community-based organizations that will follow what has been coined as the "BACOP model."

As is evidenced by mental health demographics stated earlier, it is anticipated that the African American and Hispanic/Latino population will make up a considerable percentage of youth in this program. Emphasis will be made as to the employment of like culturally based staff. The TAY Consensus Workgroup consumers were specific in their appropriate request that staff not just speak their language, but that "the staff look like us and come from where we were."

And as stated in each of the program proposals, San Joaquin County Behavioral Health has a Cultural Competency Plan that directs the functioning of the organization, ensuring that staff and programs meet the state standards for cultural competence.

10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

There is a strong support of the Gay, Lesbian, Bisexual, Transgender (GLBT) community in San Joaquin County Behavioral Health Services and the County Administration. Mandatory trainings on cultural sensitivity including the GLBT are a standard for all San Joaquin County Employees. This population is formally represented through the AIDS Foundation as a partner.

As stated above, a part of this FSP and San Joaquin County's MHSA Plan includes the support before, during and after care through the community-based

organizations specific to the consumer's culture, which includes the AIDS Foundation for this population.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

All minors placed out-of-county who are identified as having co-occurring serious emotional disturbance and substance abuse problems will be re-evaluated for the possibility of transition back to the community for this program. Priority consideration will be given to those appropriate for that transition as to their success in their current placement, mental health service needs being met, substance abuse service needs being met, educational status towards junior high promotion and high school graduation, and family involvement and commitment.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

This timeline begins with approval by DMH:
Month 1 & 2:

- RFP to select provider to operate program
- Selection of Provider

Month 3 – 8:

- Remodel Building
- Program Development
- Staff hired and Trained
- Equipment Purchased

Month 9 – 11:

- Community Care Licensing
- Rate Setting Review and Approval

Month 12:

- Program Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

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

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$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
b. Translation and Interpreter Services				$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				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$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
c. State General Funds (EPSDT)	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$500,000**			**$500,000**
D. Total Funding Requirements	**$500,000**	**$0**	**$0**	**$500,000**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2005-06

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$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
b. Translation and Interpreter Services				$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				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$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
c. State General Funds (EPSDT)	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$0**	**$0**	**$0**	**$0**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-9815

	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
b. Travel and Transportation				$0
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)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$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
b. Translation and Interpreter Services				$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				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
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				
g. Other Revenue				$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
c. State General Funds (EPSDT)	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$0**	**$0**	**$0**	**$0**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program |

Type of Funding: 2. System Development | Months of Operation: 1

Proposed Total Client Capacity of Program/Service: 0 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: (209)468-9815

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin Fiscal Year: 2005-06

Date: 6/27/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			
b. MHSA Support Staff			
c. Other Personnel (list below)			
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	0.00	$0
e. Employee Benefits			$0
f. Total Personnel Expenditures			$0
2. Operating Expenditures			
a. Professional Services			$0
b. Travel and Transportation			$0
c. General Office Expenditures			$0
d. Rent, Utilities and Equipment			$0
e. Other Operating Expenses (provide description in budget narrative)			$0
f. Total Operating Expenditures			$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			$0
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$0
4. Total Proposed County Administration Budget			**$0**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Other Revenue			
2. Total Revenues			**$0**
C. Start-up and One-Time Implementation Expenditures			**$1,285,740**
D. Total County Administration Funding Requirements			**$1,285,740**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution C

Date: **June 20, 2006**

Signature *Bruce Hopperstad*

Local Mental Health Director

Executed at **San Joaquin County**, California

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin — Fiscal Year: 2005-06

Program Workplan # AD-1 — Date: 3/6/2006

Program Workplan Name Administration — Page 1 of 1

Type of Funding Administration — Months of Operation: 12

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

Existing Client Capacity of Program/Service: — Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: — Telephone Number: (209)468-9815

Classification	Function	Client, Fm & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTEb/	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Total Current Existing Positions		0	0		0
B: New Additional Positions					-
					-
					-
					-
					-
					-
					-
					-
					-
Total New Additional Positions		0	0		-
Program Positions		0	0		-

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers
b/ Include any bilingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

County(ies): San Joaquin Fiscal Year: 2006-07

Date: 6/27/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	$67,662
b. MHSA Support Staff		1.00	$30,556
c. Other Personnel (list below)			
i. Contract Analyst		1.00	$55,390
ii. Information System Staff		2.00	$91,884
iii. Finance Staff		2.00	$99,015
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	7.00	$344,507
e. Employee Benefits			$161,918
f. Total Personnel Expenditures			$506,425
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			$5,000
c. General Office Expenditures			$3,500
d. Rent, Utilities and Equipment			$45,706
e. Other Operating Expenses (provide description in budget narrative)			$6,000
f. Total Operating Expenditures			$60,206
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$0
4. Total Proposed County Administration Budget			**$566,631**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$114,855
b. Other Revenue			
2. Total Revenues			**$114,855**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$451,776**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution C

Date: **June 20, 2006**

Signature *Bruce Hopperstad*

Local Mental Health Director

Executed at **San Joaquin County**, California

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2006-07

Program Workplan # AD-1 | Date: 3/6/2006

Program Workplan Name Administration | Page 1 of 1

Type of Funding Administration | Months of Operation: 12

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

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: | Telephone Number: (209)468-9815

Classification	Function	Client, Fm & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTEb/	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Total Current Existing Positions		0	0		0
B: New Additional Positions					
MHSA Coordinator (Chief MH Clinician)			1	67,662	67,662
Contract Analyst			1	55,390	55,390
Dept. IS Analyst II			1	55,682	55,682
Accountant Auditor III			1	57,521	57,521
Account Technician II			1	41,494	41,494
Sr. Office Assistant			1	30,556	30,556
Data Tech II			1	36,202	36,202
Total New Additional Positions		0	7		344,507
Program Positions		0	7		344,507

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers
b/ Include any bilingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Administration Budget Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**AD-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Personnel Expenditures		
i. MHSA Coordinator (1FTE @ $67,662)		$ 67,662
ii. MHSA Support Staff		
1. Senior Office Assistant- (1 FTE @ $30,556)		$ 30,556
iii. Other Personnel		
1. Contract Analyst- (1 FTE @ $55,390)	$ 55,390	
2. Dept. IS Analyst II- (1 FTE @ $55,682)	55,682	
3. Data Tech II- (1 FTE @ $36,202)	36,202	
4. Accountant Auditor III- (1 FTE @ $57,521)	57,521	
5. Account Technician II- (1 FTE @ $41,494)	41,494	$246,289
iv. Employee Benefits		
1. Benefits calculated at 47% for employees		$161,918
v. Total Personnel Expenditures		**$506,425**
b. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 3,500
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history		$ 45,706
iv. Other operating Expenses		
1. Communication and data line charges		$ 6,000
v. Total Operating Expenditures		$ 60,206
c. County Allocated Administration		
d. Total Proposed County Administration Budget		**$566,631**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)		$114,855
ii. State General Funds –EPSDT		
iii. Total New Revenue		**$114,855**
b. Total Revenues		**$114,855**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$451,776**

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

County(ies): San Joaquin

Fiscal Year: 2007-08

Date: 6/27/06

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)		1.00	$71,045
b. MHSA Support Staff		1.00	$32,084
c. Other Personnel (list below)			
i. Contract Analyst		1.00	$58,160
ii. Information System Staff		2.00	$96,478
iii. Finance Staff		2.00	$103,966
iv.			
v.			
vi.			
vii.			
d. Total FTEs/Salaries	0.00	7.00	$361,733
e. Employee Benefits			$170,015
f. Total Personnel Expenditures			$531,748
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			$5,000
c. General Office Expenditures			$5,200
d. Rent, Utilities and Equipment			$46,206
e. Other Operating Expenses (provide description in budget narrative)			$6,500
f. Total Operating Expenditures			$62,906
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			$0
c. Total County Allocated Administration			$0
4. Total Proposed County Administration Budget			**$594,654**
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			$156,733
b. Other Revenue			
2. Total Revenues			**$156,733**
C. Start-up and One-Time Implementation Expenditures			**$0**
D. Total County Administration Funding Requirements			**$437,921**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution C

Date: **June 20, 2006**

Signature *Bruce Hopperstad*

Local Mental Health Director

Executed at **San Joaquin County**, California

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Joaquin | Fiscal Year: 2007-08

Program Workplan # AD-1 | Date: 3/6/2006

Program Workplan Name Administration | Page 1 of 1

Type of Funding Administration | Months of Operation: 12

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

Existing Client Capacity of Program/Service: | Prepared by: Bruce Mahan

Client Capacity of Program/Service Expanded through MHSA: | Telephone Number: (209)468-9815

Classification	Function	Client, Fm & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTEb/	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Total Current Existing Positions		0	0		0
B: New Additional Positions					
MHSA Coordinator (Chief MH Clinician)			1	71,045	71,045
Contract Analyst			1	58,160	58,160
Dept. IS Analyst II			1	58,466	58,466
Accountant Auditor III			1	60,397	60,397
Account Technician II			1	43,569	43,569
Sr. Office Assistant			1	32,084	32,084
Data Tech II			1	38,012	38,012
Total New Additional Positions		0	7		361,732
Program Positions		0	7		361,732

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers
b/ Include any bilingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
Administration Budget Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Work plan #	**AD-1**	**Date:**	**3/10/06**

1. Expenditures		
a. Personnel Expenditures (Includes a 5% COLA)		
i. MHSA Coordinator (1FTE @ $71,045)		$ 71,045
ii. MHSA Support Staff		
1. Senior Office Assistant-(1 FTE @ $32,084)		$ 32,084
iii. Other Personnel		
1. Contract Analyst-(1 FTE @ $58,160)	$ 58,160	
2. Dept. IS Analyst II-(1 FTE @ $58,466)	58,466	
3. Data Tech II-(1 FTE @ $38,012)	38,012	
4. Accountant Auditor III-(1 FTE @ $60,397)	60,397	
5. Account Technician II-(1 FTE @ $43,569)	43,569	$258,604
iv. Employee Benefits		
1. Benefits calculated at 47% for employees		$170,015
v. Total Personnel Expenditures		**$531,748**
b. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,200
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier based on past history with a 1% COLA		$ 46,206
iv. Other operating Expenses		
1. Communication and data line charges		$ 6,500
v. Total Operating Expenditures		$ 62,906
c. County Allocated Administration		
d. Total Proposed County Administration Budget		**$594,654**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)		$156,733
ii. State General Funds –EPSDT		
iii. Total New Revenue		**$156,733**
b. Total Revenues		**$156,733**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$437,921**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-1
Program Work Plan Name: Child & Youth FSP Program
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	Children and youth with SED and are in the child welfare foster care system or juvenile justice system formally or informally	0		0		0		0		0	
Transition Age Youth	TAY through age 17 with SED and are in the child welfare foster care system or juvenile justice system formally or informally	0		0		0		0		0	
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the Child & Youth FSP	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-1
Program Work Plan Name: Child & Youth FSP Program
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	Children and youth with SED and are in the child welfare foster care system or juvenile justice system formally or informally	0		3		4		4		11	
Transition Age Youth	TAY through age 17 with SED and are in the child welfare foster care system or juvenile justice system formally or informally	0		3		4		4		11	
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	0		5		15		20		45	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the Child & Youth FSP	0		15		30		50		95	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-1
Program Work Plan Name: Child & Youth FSP Program
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	Children and youth with SED and are in the child welfare foster care system or juvenile justice system formally or informally	4		5		5		5		19	
Transition Age Youth	TAY through age 17 with SED and are in the child welfare foster care system or juvenile justice system formally or informally	4		5		5		5		19	
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	25		25		25		25		100	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the Child & Youth FSP	75		75		75		75		300	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-2
Program Work Plan Name: Black Awareness Community Outreach Program-BACOP
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from the African American community	0		0		0		0		0	
Adults	Unserved adults with SMI from the African American community	0		0		0		0		0	
Older Adults	Unserved older adults with SMI from the African American community	0		0		0		0		0	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the BACOP FSP	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-2
Program Work Plan Name: Black Awareness Community Outreach Program-BACOP
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from the African American community	0		1		1		2		4	
Adults	Unserved adults with SMI from the African American community	0		2		3		3		8	
Older Adults	Unserved older adults with SMI from the African American community	0		0		0		1		1	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	0		3		10		15		28	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the BACOP FSP	0		10		15		20		45	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-2
Program Work Plan Name: Black Awareness Community Outreach Program-BACOP
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from the African American community	2		2		2		2		8	
Adults	Unserved adults with SMI from the African American community	6		8		8		8		30	
Older Adults	Unserved older adults with SMI from the African American community	1		1		1		1		4	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	15		20		20		20		75	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the BACOP FSP	55		55		55		60		225	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-3
Program Work Plan Name: La Familia Full Service Partnership
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from the Latino community	0		0		0		0		0	
Adults	Unserved adults with SMI from the Latino community	0		0		0		0		0	
Older Adults	Unserved older adults with SMI from the Latino community	0		0		0		0		0	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the La Familia FSP	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-3
Program Work Plan Name: La Familia Full Service Partnership
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from the Latino community	0		1		1		2		4	
Adults	Unserved adults with SMI from the Latino community	0		3		3		6		12	
Older Adults	Unserved older adults with SMI from the Latino community	0		0		1		1		2	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	0		5		15		20		40	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the La Familia FSP	0		15		30		50		95	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-3
Program Work Plan Name: La Familia Full Service Partnership
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from the Latino community	2		2		2		2		8	
Adults	Unserved adults with SMI from the Latino community	6		8		8		8		30	
Older Adults	Unserved older adults with SMI from the Latino community	1		1		1		1		4	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	25		25		25		25		100	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the La Familia FSP	75		75		75		75		300	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-4
Program Work Plan Name: Southeast Asian Recovery Service-SEARS
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from Southeast Asian communities	0		0		0		0		0	
Adults	Unserved adults with SMI from Southeast Asian Communities	0		0		0		0		0	
Older Adults	Unserved older adults with SMI from Southeast Asian Communities	0		0		0		0		0	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the SEARS FSP	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-4
Program Work Plan Name: Southeast Asian Recovery Services-SEARS
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from Southeast Asian communities	0		1		1		2		4	
Adults	Unserved adults with SMI from Southeast Asian Communities	0		3		3		6		12	
Older Adults	Unserved older adults with SMI from Southeast Asian Communities	0		0		1		1		2	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	0		5		15		20		40	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the SEARS FSP	0		15		30		50		95	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-4
Program Work Plan Name: Southeast Asian Recovery Services-SEARS
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth	Unserved TAY 18 and older with SMI from Southeast Asian communities	2		2		2		2		8	
Adults	Unserved adults with SMI from Southeast Asian Communities	6		8		8		8		30	
Older Adults	Unserved older adults with SMI from Southeast Asian Communities	1		1		1		1		4	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	First 90 Days Model approach to help new consumers successfully access services	25		25		25		25		100	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the SEARS FSP	75		75		75		75		300	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-5
Program Work Plan Name: Forensic Full Service Partnership Court Program
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	TAY, age 18 or older, non-violent offenders with emphasis on underserved ethnic communities	0		0		0		0		0	
Adults	Adult non-violent offenders with emphasis on underserved ethnic communities	0		0		0		0		0	
Older Adults	Older adult non-violent offenders with emphasis on underserved ethnic communities	0		0		0		0		0	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the Forensic FSP	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-5
Program Work Plan Name: Forensic Full Service Partnership Court Program
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	TAY, age 18 or older, non-violent offenders with emphasis on underserved ethnic communities	0		1		1		2		4	
Adults	Adult non-violent offenders with emphasis on underserved ethnic communities	0		2		3		3		8	
Older Adults	Older adult non-violent offenders with emphasis on underserved ethnic communities	0		0		0		1		1	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	0		3		10		15		28	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the Forensic FSP	0		10		15		20		45	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-5
Program Work Plan Name: Forensic Full Service Partnership Court Program
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth	TAY, age 18 or older, non-violent offenders with emphasis on underserved ethnic communities	1		1		1		2		5	
Adults	Adult non-violent offenders with emphasis on underserved ethnic communities	5		6		6		6		23	
Older Adults	Older adult non-violent offenders with emphasis on underserved ethnic communities	1		1		1		1		4	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	15		20		20		20		75	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the Forensic FSP	55		55		55		60		225	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-6
Program Work Plan Name: GOALS-Gaining Older Adult Life Skills
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults	Unserved, underserved and inappropriately served older adults with serious mental illness who need a network of providers to meet their needs, with emphasis on Latino, African American and Southeast Asian communities.	0		0		0		0		0	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the GOALS FSP	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-6
Program Work Plan Name: GOALS-Gaining Older Adult Life Skills
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults	Unserved, underserved and inappropriately served older adults with serious mental illness who need a network of providers to meet their needs, with emphasis on Latino, African American and Southeast Asian communities.	0		4		6		6		16	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	0		5		10		10		25	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the GOALS FSP	0		20		30		40		90	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: FSP-6
Program Work Plan Name: GOALS-Gaining Older Adult Life Skills
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults	Unserved, underserved and inappropriately served older adults with serious mental illness who need a network of providers to meet their needs, with emphasis on Latino, African American and Southeast Asian communities.	11		11		11		11		44	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
75	First 90 Days Model approach to help new consumers successfully access services	18		19		19		19		75	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
225	Utilizing staff and community based organizations, outreach and engagement of families and consumers that are potential users of the GOALS FSP	55		55		55		60		225	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-1
Program Work Plan Name: Wellness Center
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Wellness Center is consumer operated and will mentor, develop life skills, foster independence, and focus on recovery and employment	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	Wellness Center will outreach to new or isolated consumers and engage them in the services provided by the Center	0		0		0		0		0	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-1
Program Work Plan Name: Wellness Center
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Wellness Center is consumer operated and will mentor, develop life skills, foster independence, and focus on recovery and employment	0		15		30		50		95	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	Wellness Center will outreach to new or isolated consumers and engage them in the services provided by the Center	0		10		15		20		45	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-1
Program Work Plan Name: Wellness Center
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Wellness Center is consumer operated and will mentor, develop life skills, foster independence, and focus on recovery and employment	75		75		75		75		300	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	Wellness Center will outreach to new or isolated consumers and engage them in the services provided by the Center	25		25		25		25		100	

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-2
Program Work Plan Name: MHSA Consortium
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Community MHSA Consortium involves CBO's, consumers, families and other organizations to continue inclusiveness, transparency and keeping consumers, family and community at the core	0		0		0		0		0	

Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be		**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

served	Services/Strategies								

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-2
Program Work Plan Name: MHSA Consortium
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
300	Community MHSA Consortium involves CBO's, consumers, families and other organizations to continue inclusiveness, transparency &	75		75		75		75		300	

	keeping consumers, family & community at the core										
Outreach and Engagement		**Outreach and Engagement**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-2
Program Work Plan Name: MHSA Consortium
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Community MHSA Consortium involves CBO's, consumers, families and other organizations to continue inclusiveness,	75		75		75		75		75	

	transparency and keeping consumers, family and community at the core										
Outreach and Engagement		**Outreach and Engagement**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-3
Program Work Plan Name: Housing Empowerment & Employment Recovery Services
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
120	Provision of housing and employment services to TAY, Adult and Older Adult consumers in Full Service Partnerships	0		0		0		0		0	
Outreach and Engagement		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-3
Program Work Plan Name: Housing Empowerment & Employment Recovery Services
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
120	Provision of housing and employment services to TAY, Adult and Older Adult consumers in Full Service Partnerships	0		10		20		30		60	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-3
Program Work Plan Name: Housing Empowerment & Employment Recovery Services
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
120	Provision of housing and employment services to TAY, Adult and Older Adult consumers in Full Service Partnerships	30		30		30		30		120	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-4
Program Work Plan Name: Community Behavioral Intervention Services
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
240	Provides community behavioral intervention wraparound services to reduce or prevent first time hospitalizations, relapses and rehospitalizations	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-4
Program Work Plan Name: Community Behavioral Intervention Services
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
240	Provides community behavioral intervention wraparound services to reduce or prevent first time hospitalizations, relapses and rehospitalizations	0		15		30		45		90	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-4
Program Work Plan Name: Community Behavioral Intervention Services
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
240	Provides community behavioral intervention wraparound services to reduce or prevent first time hospitalizations, relapses and rehospitalizations	60		60		60		60		240	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-5
Program Work Plan Name: 24/7/365 Community Response Team
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Mobile community crisis response for assessment, intervention, support and stabilization 24/7/365 to reduce incarcerations and inappropriate emergency room utilization	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-5
Program Work Plan Name: 24/7/365 Community Response Team
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Mobile community crisis response for assessment, intervention, support and stabilization 24/7/365 to reduce incarcerations and inappropriate emergency room utilization	0		25		50		75		150	

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-5
Program Work Plan Name: 24/7/365 Community Response Team
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
300	Mobile community crisis response for assessment, intervention, support and stabilization 24/7/365 to reduce incarcerations and inappropriate emergency room utilization	75		75		75		75		300	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-6
Program Work Plan Name: Co-Occurring Residential Facility
Fiscal Year: 2005-06 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
20	One-time only start-up funding for residential facility for children and youth up to age 18 with serious emotional disturbance and a co-occurring substance abuse problem.	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-6
Program Work Plan Name: Co-Occurring Residential Facility
Fiscal Year: 2006-07 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
20	One-time only start-up funding for residential facility for children and youth up to age 18 with serious emotional disturbance and a co-occurring substance abuse problem.	0		0		0		0		0	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Joaquin
Program Work Plan #: SD-6
Program Work Plan Name: Co-Occurring Residential Facility
Fiscal Year: 2007-08 *(please complete one per fiscal year)*

Full Service Partnerships		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											

System Development		**Qtr 1**		**Qtr 2**		**Qtr 3**		**Qtr 4**		**Total**	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
20	One-time only start-up funding for residential facility for children and youth up to age 18 with serious emotional disturbance and a co-occurring substance abuse problem.	6		6		6		2		20	

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual