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**