

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
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>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.</p> <p>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.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>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.</p>	

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	Sy s Dev	OE	CY	TA Y	A	OA
Implement Behavioral Intervention Service 24 hours, 7 days per week basis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Develop brief behavioral assessment team	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Establish measurement of target outcomes based upon partnerships with consumers (Core theme of Recovery & Empowerment).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prevent loss of employment /education or activity days by establishing goals, behavior barriers and measures of accomplishment in this life domain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Provide brief educational support targeting self help skills related to symptom and medication management and maintenance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Develop Community Partnerships with programs from Transitional Age Youth, Adult, and Older Adults with the diverse community based organizations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recruitment and Employment of diverse population with emphasis on the Un-served community and consumer and family members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Enhance Education and Training in the Recovery and Empowerment philosophy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Develop performance outcome infrastructure to monitor and evaluate the program status in accordance with State Outcome Measurement requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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
	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
	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	
	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
	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
		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
Workplan # SD-4

Fiscal Year: 2006-07
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	<u>\$600,000</u>
e. Total Proposed Program Budget	<u>\$600,000</u>
2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	<u>\$240,000</u>
b. Total Revenues	<u>\$240,000</u>
c. One-Time CSS Funding Expenditures	
3. Total Funding Requirements	<u><u>\$360,000</u></u>

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

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	
	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
	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
		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
Workplan # SD-4

Fiscal Year: 2007-08
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	<u>\$630,000</u>
e. Total Proposed Program Budget		<u>\$630,000</u>
2. Revenues		
a. New Revenues		
i.	Medi-Cal (FFP only)	<u>\$252,000</u>
ii.	Total New Revenue	
b. Total Revenues		<u>\$252,000</u>
c. One-Time CSS Funding Expenditures		
3. Total Funding Requirements		<u>\$378,000</u>