

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
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>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 underserved 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.</p> <p>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</p>	

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 individual's 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

	<p>independence and self-reliance.</p> <p>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.</p> <p>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.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>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.</p> <p>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.</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			
	FS P	Sys De v	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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Target the unserved population through referrals from internal MH services, CBOs, Faith Based groups, human service and community agencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BACOP will target 60 African Americans to be fully served through a Full Service Partnership.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The First 90 Days Model of evaluation, treatment, support and follow up based on the recovery model	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Implement outreach and engagement efforts to identify and serve 225 African Americans.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Implement cultural competency training to all mental health staff and community agencies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach efforts will include placement of BACOP/CBO staff within designated community and faith based organizations during regularly scheduled times of the week.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Identify intensive service users and implement First 90 Days Model of assessment, advocacy, and support and follow up.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Educate, train and monitor recovery coaches utilized through CBO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Implement outreach & engagement efforts to identify and serve 225 Multi-Ethnic consumers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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, SJCBS 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 SJCBS. 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 SJCBSH 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.

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 form 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

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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)				<u>\$0</u>
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				<u>\$0</u>
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				<u>\$0</u>
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				<u>\$0</u>
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				<u>\$0</u>
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
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
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)				<u>\$0</u>
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	<u>\$163,155</u>			<u>\$163,155</u>
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				<u>\$0</u>
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				<u>\$0</u>
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				<u>\$0</u>
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
		Total Current Existing Positions	0.00	0.00	
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
	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
Workplan # FSP-2

Fiscal Year: 2006-07
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)	<u>22,917</u>	\$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	<u>\$207,433</u>
b. Total Revenues	<u>\$207,433</u>
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	<u>\$829,732</u>

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)				<u>\$0</u>
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	<u>\$179,012</u>			<u>\$179,012</u>
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				<u>\$0</u>
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				<u>\$0</u>
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				<u>\$0</u>
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	
	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
Workplan # FSP-2

Fiscal Year: 2007-08
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)	<u>24,063</u>	\$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	<u>\$219,887</u>
b. Total Revenues	<u>\$219,887</u>
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	<u>\$879,547</u>