

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: La Familia Full Service Partnership
Program Work Plan #: FSP-3		Estimated Start Date: July 1, 2006
<p>Description of Program: Describe how this program will help advance the goals of the Mental Health Services Act</p>	<p>This program will increase the penetration rate for Latinos receiving specialty mental health services in San Joaquin County. It will be an ethnically, culturally and linguistically competent Full Service Partnership co-located with a specialized Latino-focused clinic, La Familia Servicios Psico-Sociales. The La Familia FSP will serve transition age youth (18 to 25-years-old), adults and older adults. This Full Service Partnership will work in conjunction with community-based organizations (CBO). The team will work together with specialized Latino-focused contract programs to coordinate treatment and ensure continuity of care. This proposal will include outreach, education, assessment, treatment and referral. During the screening process, treatment will be based on the individual needs of the consumer and/or family member. Services will be provided in an individualized, client/family focus that supports recovery and wellness. The focus of treatment will be strength-based emphasizing resiliency and accessing natural community supports/healers. Appropriate referrals will be made to meet specialized needs that cannot be addressed by Mental Health. Outreach will be a strong component, with specialized advertising and direct face-to-face involvement in the Spanish-Speaking community, including outreach activities in schools, churches and community/senior centers; at health fairs, specialized events and speaking engagements. Referrals may be received from CBOs, medical health centers, faith-based organizations, families and self-referrals.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>This program will serve transition age youth (18 to 25 years old), adults and older adults of Latino origin with serious mental illness and cognitive/functional impairment, with special emphasis on Spanish-Speaking persons/family members. Current data indicates that Latinos in San Joaquin County are seriously underserved at all points of service throughout the mental health delivery system. Language, acculturation, intergenerational and economic factors have been known to significantly affect this population. Traditionally, Latinos coming from a close-knit family system are more likely to handle problems within the family rather than reaching out to social service organizations for assistance. Many Latinos will reach out to medical doctors,</p>	

churches, and faith healers before coming to mental health for treatment. Developing trust and respect between mental health services and the Latino community will require extensive effort, outreach and working hand-in-hand with community-based organizations that already have positive relationships with this community.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated service delivery, with outreach in the home and in geographic locations throughout San Joaquin County.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnically, culturally and linguistically appropriate services to reach underserved and unserved Latino populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Multi-disciplinary teams comprised of clinical, clerical, case management, medical, consumer and/or family member positions. All staff will engage in extensive community outreach throughout San Joaquin County. All staff will do outreach and engagement including the community-based organization that has strong linkage and trust developed within the Latino community.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Individually-based and values-driven treatment focusing on wellness and recovery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full Service Partnership to 60 persons including housing and supports that will assist the consumers in successfully achieving their goals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Development of housing options, temporary or permanent supportive housing that links with our housing continuum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated substance abuse and mental health services to address dual-diagnosis issues	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Direct transportation and support, including teaching transportation options and how to access these options/services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consumer and staff's Speakers Bureau providing community education and outreach. Individual client stories of struggles, challenges, triumph and resiliency will provide role models to foster hope and recovery.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integral involvement with Community MHSA Consortium comprised of Behavioral Health Services and community-based organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Collaboration with Crisis and Access Services in providing ethnically, culturally and linguistically appropriate treatment.	<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"/>
Collaborate with behavioral intervention service in providing individualized treatment to address	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

behavioral issues that may negatively impact client success							
Provide pre-vocational training, assess and refer for vocational services including resources through the Department of Rehabilitation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Multi-agency service planning and collaboration with other community leaders and Latino-focused services including faith and natural healers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

La Familia Full Service Partnership is a culturally and linguistically competent program that provides services to transition age youth (18 to 25 years of age), adults and older adults. La Familia is designed to be a targeted service to address the needs of the Latino community for individuals that have mental illness and co-occurring disorders of substance abuse. The program will be recovery-focused with an emphasis on wellness. One of the core concepts is that individuals and families can recover from mental illness and can improve their general sense of well-being. Traditional Latino values will be integrated into the treatment milieu. Services will be provided by individuals of similar origin who can relate to issues affecting Latinos such as: stigma, discrimination, racism, violence, acculturation, immigration, legal issues, intergenerational issues, and poverty.

The priority populations that were identified during the community outreach to the unserved, underserved and inappropriately served work group identified transitional age youth (TAY) (18-25 years) as a priority population that needed new services or enhancement of services. The specialized needs of the transition age youth with co-occurring disorders; who have turned age 18 and are aging out of the foster system; who were recently released from the criminal justice system; with children; who are aging out of Children's Services by turning 18 years old and are going to be transferred to Adult Services; in need of crisis services will be addressed. The above TAY populations will be a priority in the planning and service delivery process of the La Familia Full Service Partnership. The culture and developmental level will be taken into consideration when providing specialized TAY services. Some TAY consumers may still be in a school program. La Familia's Full Service Partnership will work with the schools to coordinate care and maximize services and supports for the TAY. The needs of TAY parents and their children will be a special focus to ensure needed services and referrals to nutrition, public health assistance programs for young families, and accessing of medical care.

Adult recommendations include adults who are unable to access services due to language, culture, transportation and awareness; who are at risk of homelessness; at risk of needing crisis services; and those leaving the criminal justice system. The La Familia program will be linguistically competent by providing services in Spanish or the language of the consumers chooses. Transportation will be provided by the Full Service Partnership and consumers/family members will be taught how to ride public transportation to increase independence. The Full Service Partnership will assist consumers who

are homeless or at risk of homelessness. Homeless Outreach Workers will be able to consult to assist in finding needed resources. La Familia consumers that are in need of crisis services will be assessed and provided the level of emergent services necessary to stabilize the consumer to return them on their road to recovery. Latino/Hispanics have a higher rate of involvement with the criminal justice system so La Familia will work closely with the Criminal Justice program designed to work with individuals who have committed a crime and have some type of mental illness. This specialized program works directly with the judges to assist Latinos in accessing and seeking treatment for mental illness and dual-diagnosis.

The older adult was also identified as a priority population for older adults who isolate and are unable to access services due to language, culture, transportation and distrust. The La Familia Full Service Partnership will provide direct services to this population, as well as coordinate with Older Adult Day Treatment that has a specialized Spanish group providing therapy, transportation and hot meals. The Spanish group is culturally and linguistically competent by providing services in the consumer's primary language, by a Latino therapist, addressing the unique needs of Latino consumers who are older adults. The other older adult concern is related to placement in a residential facility. The La Familia Full Service Partnership will address housing and will be looking to develop new residential resources that are culturally competent.

The La Familia program will be linguistically competent by having Spanish-speaking treatment providers in the Full Service Partnership. The goal is to have Spanish-speaking staff that can provide direct mental health services in the client's primary language. Consumers and family members will have language options based on the consumer's request. The La Familia program will have an inviting atmosphere, with culturally relevant art, and providers that look and speak like the consumers and family members it serves. It is important to have clinicians that can establish trust and have shared beliefs, values and norms. Mistrust of mental health services is an important reason deterring minorities from seeking treatment. Additionally, Latinos tend to go to primary care providers seeking mental health treatment. This team will work closely with community medical centers, public health centers, individual doctor's offices, and natural healers. Additionally, Latinos often will go to faith-based organizations such as church or ministry groups before coming to mental health. Outreach will need to include faith or spiritual-based organizations.

The outreach surveys that were completed by the Hispanic/Latino community in San Joaquin County identified the following concerns; lack of awareness of mental health services, inability to communicate with providers due to language barriers, lack of access to services due to transportation problems, and the need

for services that are targeted to the Latino community. La Familia is an effort to address these concerns. All staff will participate in intensive outreach to inform Latinos of mental health services. Engagement strategies will be developed to instill trust, resulting in increased access, penetration and retention rates.

The outreach and engagement strategies will be modeled after the Black Awareness Community Outreach Program's (BACOP) First 90 Days Model approach with consumers receiving intensive services, linkage and follow-up when they are first introduced to mental health services. The service team will address each consumer's psychiatric, psychosocial, medical, financial, transportation, spiritual and other needs in a culturally appropriate manner at the inception of treatment with the goal of both stabilizing the individual's presenting crisis as well as establishing a comfortable, trusting relationship with each consumer.

This program will provide service delivery throughout all of San Joaquin County including home visits. It will have a multi-disciplinary team comprised of clinical, clerical, substance abuse, case management, medical, consumer and/or family member positions. Additionally, La Familia will work closely with the Community MHS Consortium resulting in blended staff between the community-based organizations (CBO) and the La Familia program. Consumers will have individualized treatment plans that are strength-based and reflect the client's goals. Treatment will include medication, individual and group therapy, case management, support and family groups, medication education, health and wellness information. Nutrition and exercise information will be shared as an effort to address the high prevalence of diabetes and other health conditions in the Latino community.

Treatment will address the individualized needs of the consumer providing services with *respecto* (with respect) and *dignidad* (dignity). Additionally, the family relationship is paramount and the family should be included in treatment with the consumer's permission. Treatment will need to address *personalismo* (personalism) that will affect the therapeutic alliance. Traditional Latinos feel uncomfortable when they are treated with a professional distance that is typically maintained in the therapist/client relationship. A sense of warmth needs to be extended to the consumer, as an example, through hugging when shaking someone's hand or sharing about one's personal life and family. Familiarity with the culture is necessary to distinguish between the culture bound syndrome of *ataque de nervios* (a nervous crisis) and serious and persistent mental illness.

La Familia is an integrated interdisciplinary service team that will provide a Full Service Partnership to sixty (60) consumers with the core concept of "*whatever it*

takes.” It will provide outreach, engagement, psychiatric evaluation, treatment, case management, housing assistance, employment services, transportation assistance and 24-7 supportive availability by after hours staff employed by the community-based organization (CBO). The CBO will be part of the integrated service team by attending staff and clinical team meetings, as well as participating in treatment planning. The CBO staff positions will be comprised of Case Managers; Recovery Coaches/Specialists; Outreach Workers, Clerical and a Management staff person. This CBO staff will work closely with the La Familia staff in doing joint outreach and assisting individuals to come to mental health for treatment. The La Familia staff will teach the community-based organizations about mental illness, basic stabilization techniques and resources available through specialty mental health services. All staff will work with the behavioral intervention service to address behavioral issues that keep consumers from experiencing success and goal attainment.

The program will develop a speaker’s bureau provided by consumers, family members, and staff. The speaker’s bureau will be available to educate CBO staff, the Community MHS Consortium, the Wellness Center, other SJC Behavioral Health Services Full Service Partnerships, and the community at large. Consumers will share their personal stories of struggles, challenges, triumph and recovery. It is our hope that these consumers will become role models to help others on their recovery journey.

Program Goals:

- To provide outreach to 300 individuals and assessments to 100 consumers
- To provide a Full Service Partnership to 60 individuals, including outreach and engagement, treatment, housing, employment, transportation, and dual-diagnosis treatment
- To provide 20 consumers with stabilized housing by a variety of means, including first and last months rent, vouchers and some type of subsidized housing supports.
- To provide cultural, ethnic and linguistically competent services to the Latino/Hispanic community, supporting the values of wellness and recovery
- To develop evidenced-based practices to measure penetration, retention, and treatment to the Latino population. Areas to measure may include numbers of individuals: who received outreach, engagement and treatment services; received housing assistance; who have increased access to transportation, who have completed employment training and are gainfully employed in part-time and full-time employment, who have reduced incarceration and inpatient admissions; who are no longer homeless; who have maintained consistent services over a three-month, six-month and one-year period of time.

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

As a Full Service Partnership, housing options (temporary or permanent supportive housing) will be developed. The amount and type of assistance will be based on client need and the coordination of other resources, such as Section 8. San Joaquin County Behavioral Health Services has developed a housing continuum that ranges from board and care to supportive independent living. This continuum will be available to the La Familia program, in addition to the assistance of our homeless outreach workers and housing specialist thru the Homeless Engagement and Response Team (HEART) that has developed housing contacts.

San Joaquin County Behavioral Health Services (SJCBS) provides a continuum of employment services that range from pre-employment and training to employment or volunteerism. An initial readiness interview is completed and consumers are advised of the range of services that are offered, from an immediate referral to employment agencies to a community skills building class that teaches employment skills. The community skills building class also teaches basic information on mental illness and dual-diagnosis. It focuses on functionality and assists each consumer to complete a Wellness Recovery Action Plan (WRAP). The WRAP plan is a self-designated plan for staying well, for helping people to feel better when they are not feeling well, and for improving the quality of their lives. The community skills building class has been successfully conducted in Spanish and, in some cases, has resulted in immediate employment.

Full Service Partnership enrolled members will utilize the Recovery Employment Services and Housing Empowerment Services described in other sections of the San Joaquin County Community Services and Supports Plan.

Limited English proficiency can be a major barrier to seeking and maintaining employment. English as a second language (ESL) classes can be taught on site to assist consumers in learning survival and employment skills. Survival skills can include: how to interact with medical and health providers, how to ride the bus system and ask for directions, and how to interact with the school system to advocate for their children.

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

The average cost for each Full Service Partnership participant is \$9,763 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is \$13,947.

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

Recovery supports the concept that consumers can recover from mental illness. A strong partnership between the treatment staff and the consumer is one of the foundations on which recovery is built. The transition age youth, adult and older adult consumer makes a commitment to his/her own recovery and is an active agent working toward wellness. Self-responsibility and self-advocacy are skills that consumers need to master on their road to recovery. The La Familia staff will support consumers on this road and to assist them in learning needed skills through individual and group counseling. Recovery coaches are consumers and/or family members who are concrete examples of recovery in action. The recovery coaches become role models to others who help consumers and family members to see that wellness is attainable. The fact that recovery coaches are actively employed shows that acquiring and maintaining employment is possible. The La Familia staff will have a strong vocational program that is taught in Spanish and will have training resources available thru the Department of Rehabilitation.

Transition age youth (18-25 years old) are in a special development stage of transitioning to adulthood. Transition age youth have mental disorders and may have experienced trauma that could contribute to delayed emotional development. The transition age youth will need additional supports and the flexibility from the program to give them opportunities to learn needed skills and the ability to learn from their mistakes.

Resiliency is defined as buoyancy or the ability to bounce back from adversity. Resiliency is not a concept that is only applied to children and youth but can be applied to all consumers and family members that face adversity and become stronger from overcoming it. Resiliency will be addressed in strength-based ethnic specific treatment and is a core concept of the Wellness Recovery Action

Plan (WRAP). Additionally, the WRAP plan will be one of the major classes at the Consumer Wellness Center.

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

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

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

The consumers and family members will be an integral part of the Full Service Partnership. Recovery coaches will be consumer and/or family member positions that are paid staff. As an equal team member the coaches will have input into program planning, individual consumer treatment, vocational and skill training and referral to appropriate programs. The recovery coaches will be consultants on the client and Latino cultures to all San Joaquin County Behavioral Health Services programs. Additionally, the coaches will help teach staff the viewpoint of consumers and the history of the consumer movement. Consumer culture will need to be incorporated in program and policy development.

San Joaquin County Behavioral Health Services Power and Support group was developed and is run by consumers to teach advocacy, empowerment, and to provide consultation on program development. San Joaquin County consumers are also developing the Wellness Center, which is designed to serve consumers and staff to support the development of equal partnership. Consumers and family members will be encouraged to join and participate in the National Alliance for the Mentally Ill (NAMI). Consumers and family members have been active in reviewing the MHSA proposals before going to the San Joaquin County Behavioral Health Services Steering Committee.

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

The Community-based organizations (CBO) are stakeholders groups that are part of the MHS process from the very beginning. CBOs were contracted to do outreach and engagement to unserved, underserved and inappropriately

serviced populations. El Concilio is a CBO specializing in provided outreach and services to the Latino Community. Additionally, San Joaquin County Behavioral Health Services works in partnership with the Latino Mental Health Program that is well known in this community

The CBOs comprise a variety of ethnic groups including the faith and tribal organizations. Native Directions, Inc. manages the Three Rivers Lodge that is a tribal based dual-diagnosis program for men. Additionally, at Three Rivers spiritual/religious ceremonies are held on a weekly basis for Native Americans within San Joaquin County. During Powwows, American Indians from all over the country come to Three Rivers to participate in ceremonies.

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

Within San Joaquin County in Fiscal year 2002-2003 the penetration rate for the Medi-Cal population of Hispanic/Latino community was 2.7%. Penetration rate of Hispanic/Latino consumers served by San Joaquin County Mental Health Services compared to the entire San Joaquin County population is 1.6%. Latinos are a highly underserved population and are not receiving mental health services. More than 70% of Latino/Hispanics that access mental health services are not returning after the first visit.

La Familia Full Service Partnership is an effort to correct this disparity. La Familia will be a cultural and linguistically competent program by employing service staff that represents the cultures it serves. The program will provide services in Spanish, including written materials, and will have inviting decorations that reflect the Latino culture. La Familia and the community-based organization will employ service staff of the Latino community that have the experience to assist in the evolution of a program that is culturally congruent. Consumers and/or family members will infuse a Latino/Hispanic culturally specific consumer view into service delivery. These culturally specific recovery coaches will be consultants to the Community MHS Consortium and San Joaquin County Behavioral Services programs and staff.

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

The AIDS Foundation is one of the community-based organizations that was contracted to reach out to the gay-lesbian-bisexual-transgender (GLBT) community. The AIDS Foundation conducted outreach and engagement to the following organizations; Parents, Families and Friends of Lesbians and Gays (PFLAG); Gay, Straight Alliance clubs at high schools throughout San Joaquin County; the Paradise Club; the Valley Ministries Metropolitan Community Church; the University of the Pacific Pride Center; the Marriage Equality California organization; a gay men's social group; a positive thinking group at the San Joaquin AIDS Foundation; San Joaquin Delta College and a GLBT focus group at a local restaurant. The active involvement of a CBO representing the GLBT community will bring a necessary sensitivity to sexual orientation and gender to San Joaquin County Behavioral Health Services (SJCBS) and other Full Service Partnerships.

Emphasis on gender awareness and differing psychological frameworks on the needs of transition age youth, women and men will be included in the program development and service delivery of the La Familia Full Service Partnership. SJCBS has worked very closely with the Latino Mental Health program that has been serving the GLBT community including the cultural factors that affect this population. SJCBS links with specialized providers to address domestic violence and women's issues provided in Spanish by the Women's Center. The needs of boys and girls will be addressed within the family structure.

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

It is our experience that some consumers and family members are a very mobile population. Latino individuals residing out of the county to be served by the La Familia Full Service Partnership program will include those placed by BHS in some form of placement (e.g., IMD's). Such individuals will be linked to culturally and linguistically appropriate services by La Familia staff. Case management for these consumers will be provided by La Familia staff. The goal for these consumers will be to transition them back to San Joaquin County residence and BHS services.

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

This does not apply to La Familia.

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

The timeline begins with approval by DMH:

Month 1 & 2:

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

Month 3:

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

Month 4:

- Service Begins

Month 6:

- Community Feedback

14) Exhibit 5: Budget and Staffing Detail Worksheets

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

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

County(ies): San Joaquin

Fiscal Year: 2005-06

Program Workplan # FSP-3

Date: 3/6/06

Program Workplan Name La Familia Full Service Partnership

Page 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

	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			\$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				
	\$82,375			\$82,375
D. Total Funding Requirements				
	\$82,375	\$0	\$0	\$82,375
E. Percent of Total Funding Requirements for Full Service Partnerships				
				100.0%

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

County(ies): San Joaquin Fiscal Year: 2005-06
 Program Workplan # FSP-3 Date: 3/6/06
 Program Workplan Name La Familia Full Service Partnership Page 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-3 Date: 3/6/06
 Program Workplan Name La Familia Full Service Partnership 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			\$102,000	\$102,000
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$30,000	\$30,000
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$132,000	\$132,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$246,934			\$246,934
c. Employee Benefits	<u>\$108,726</u>			<u>\$108,726</u>
d. Total Personnel Expenditures	\$355,660	\$0	\$0	\$355,660
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,000			\$5,000
d. General Office Expenditures	\$5,000			\$5,000
e. Rent, Utilities and Equipment	\$0			\$0
f. Medication and Medical Supports	\$10,000			\$10,000
g. Other Operating Expenses (provide description in budget narrative)	\$5,160			\$5,160
h. Total Operating Expenditures	\$25,160	\$0	\$0	\$25,160
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$324,000			\$324,000
6. Total Proposed Program Budget	\$704,820	\$0	\$132,000	\$836,820
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$167,364			\$167,364
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$167,364	\$0	\$0	\$167,364
3. Total Revenues	\$167,364	\$0	\$0	\$167,364
C. One-Time CSS Funding Expenditures	\$0			\$0
D. Total Funding Requirements	\$537,456	\$0	\$132,000	\$669,456
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): San Joaquin Fiscal Year: 2006-07
 Program Workplan # FSP-3 Date: 3/6/06
 Program Workplan Name La Familia Full Service Partnership Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 60 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Bruce Mahan
 Client Capacity of Program/Service Expanded through MHSA: 60 Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime	
A. Current Existing Positions					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
	Total Current Existing Positions	0.00	0.00		\$0	
B. New Additional Positions	Chief Mental Health Clinician		0.50	\$67,664	\$33,832	
	Mental Health Clinician III		1.00	\$61,381	\$61,381	
	Psychiatrist		0.40	\$147,159	\$58,864	
	Nurse-Registered		0.50	\$63,418	\$31,709	
	Psych Tech/MH Spec II		1.00	\$38,231	\$38,231	
	Sr. Office Assistant		0.75	\$30,556	\$22,917	
						\$0
	CBO-Case Managers		4.00		\$0	
	CBO-Management		1.00		\$0	
	CBO-Recovery Coach/Specialis		4.00		\$0	
	CBO-Outreach Worker		2.00		\$0	
	CBO-Clerical		1.00		\$0	
						\$0
						\$0
	Total New Additional Positions	0.00	16.15		\$246,934	
C. Total Program Positions		0.00	16.15		\$246,934	

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

**EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
La Familia Full Service Partnership Work Plan**

County: San Joaquin
Workplan # FSP-3

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-\$1,700 per client for the year (60 Clients) \$102,000

iii. Employment and Education Supports

1. Employment-\$500 per client for the year (60 Clients) \$ 30,000

iv. Other Support Expenditures

v. Total Support Expenditures

\$132,000

b. Personnel Expenditures

i. Current Existing Personnel Expenditures

ii. New Additional Personnel Expenditures

1. Chief Mental Health Clinician-(.5 FTE @ \$67,664) \$33,832
 2. Mental Health Clinician III-(1 FTE @ \$61,381) 61,381
 3. Psychiatrist-(.4 FTE @ \$147,159) 58,864
 4. Nurse-(.5 FTE @ \$63,418) 31,709
 5. Psychiatric Technician/MH Specialist II-(1 FTE @ \$38,231) 38,231
 6. Senior Office Assistant-(.75 FTE @ \$30,556) 22,917 \$246,934

iii. Employee Benefits

1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees \$108,726

iv. Total Personnel Expenditures

\$355,660

c. Operating Expenditures

i. Travel and Transportation

1. Staff mileage reimbursements and county motor pool costs based on past history \$ 5,000

ii. General Office Expenditures

1. Office supplies, printing, small equipment based on past history \$ 5,000

iii. Rent, Utilities and Equipment

iv. Medication and Medical Supports

1. Estimated Prescription Drug Costs \$ 10,000

v. Other operating Expenses

1. Communication and data line charges \$ 5,160

vi. Total Operating Expenditures

\$ 25,160

d. Estimated Total Expenditures when service provider is not known

i. Community Based Organization Contracts based on staffing \$324,000

e. Total Proposed Program Budget

\$836,820

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	<u>\$167,364</u>
ii. State General Funds –EPSDT	
iii. Total New Revenue	<u>\$167,364</u>
b. Total Revenues	<u>\$167,364</u>
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	<u>\$669,456</u>

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

County(ies): San Joaquin Fiscal Year: 2007-08
 Program Workplan # FSP-3 Date: 3/6/06
 Program Workplan Name La Familia Full Service Page 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			\$107,100	\$107,100
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$31,500	\$31,500
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$138,600	\$138,600
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$259,281			\$259,281
c. Employee Benefits	<u>\$121,862</u>			<u>\$121,862</u>
d. Total Personnel Expenditures	\$381,143	\$0	\$0	\$381,143
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,000			\$5,000
d. General Office Expenditures	\$6,700			\$6,700
e. Rent, Utilities and Equipment	\$0			\$0
f. Medication and Medical Supports	\$19,300			\$19,300
g. Other Operating Expenses (provide description in budget narrative)	\$5,660			\$5,660
h. Total Operating Expenditures	\$36,660	\$0	\$0	\$36,660
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$340,200			\$340,200
6. Total Proposed Program Budget	\$758,003	\$0	\$138,600	\$896,603
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$179,321			\$179,321
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$179,321	\$0	\$0	\$179,321
3. Total Revenues	\$179,321	\$0	\$0	\$179,321
C. One-Time CSS Funding Expenditures	\$0			\$0
D. Total Funding Requirements	\$578,682	\$0	\$138,600	\$717,282
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

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

County(ies): San Joaquin Fiscal Year: 2007-08
 Program Workplan # FSP-3 Date: 3/6/06
 Program Workplan Name La Familia Full Service Partnership Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 60 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Bruce Mahan
 Client Capacity of Program/Service Expanded through MHSA: 60 Telephone Number: 209 468-9815

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Chief Mental Health Clinician		0.50	\$71,047	\$35,524
	Mental Health Clinician III		1.00	\$64,450	\$64,450
	Psychiatrist		0.40	\$154,517	\$61,807
	Nurse-Registered		0.50	\$66,589	\$33,294
	Psych Tech/MH Spec II		1.00	\$40,143	\$40,143
	Sr. Office Assistant		0.75	\$32,084	\$24,063
					\$0
	CBO-Case Managers		4.00		\$0
	CBO-Management		1.00		\$0
	CBO-Recovery Coach/Specialis		4.00		\$0
	CBO-Outreach Worker		2.00		\$0
	CBO-Clerical		1.00		\$0
					\$0
					\$0
	Total New Additional Positions	0.00	16.15		\$259,281
C. Total Program Positions		0.00	16.15		\$259,281

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

**EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative
La Familia Full Service Partnership Work Plan**

County: San Joaquin
Workplan # FSP-3

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-\$1,785 per client for the year (60 Clients) \$107,100

iii. Employment and Education Supports

1. Employment-\$525 per client for the year (60 Clients) \$ 31,500

iv. Other Support Expenditures

v. Total Support Expenditures

\$138,600

b. Personnel Expenditures

i. Current Existing Personnel Expenditures

ii. New Additional Personnel Expenditures (Includes a 5% COLA)

1. Chief Mental Health Clinician-(.5 FTE @ \$71,047) \$35,524
 2. Mental Health Clinician III-(1 FTE @ \$64,450) 64,450
 3. Psychiatrist-(.4 FTE @ \$154,517) 61,807
 4. Nurse-(.5 FTE @ \$66,589) 33,294
 5. Psychiatric Technician/MH Specialist II-(1 FTE @ \$40,143) 40,143
 6. Senior Office Assistant-(.75 FTE @ \$32,084) 24,063 \$259,281

iii. Employee Benefits

1. Benefits calculated at 47% for employees \$121,862

iv. Total Personnel Expenditures

\$381,143

c. Operating Expenditures

i. Travel and Transportation

1. Staff mileage reimbursements and county motor pool costs based on past history \$ 5,000

ii. General Office Expenditures

1. Office supplies, printing, small equipment based on past history \$ 6,700

iii. Rent, Utilities and Equipment

iv. Medication and Medical Supports

1. Estimated Prescription Drug Costs \$ 19,300

v. Other operating Expenses

1. Communication and data line charges \$ 5,660

vi. Total Operating Expenditures

\$ 36,660

d. Estimated Total Expenditures when service provider is not known

i. Community Based Organization Contracts based on staffing with a 5% COLA increase **\$340,200**

e. Total Proposed Program Budget

\$896,603

2. Revenues	
a. New Revenues	
i. Medi-Cal (FFP only)	<u>\$179,321</u>
ii. State General Funds –EPSDT	
iii. Total New Revenue	<u>\$179,321</u>
b. Total Revenues	<u>\$179,321</u>
3. One-Time CSS Funding Expenditures	
4. Total Funding Requirements	<u>\$717,282</u>