EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Co-Occurring Residential Treatment Program
Program Work Plan #: SD-6		Estimated Start Date: July 1 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This application is for one-time money to effectively provide start up support for a holistic dual diagnosis residential program, which was the vision of a collaborative between San Joaquin County Behavioral Health Services (BHS), Substance Abuse Services (SAS), Probation, Superior Courts, County Office of Education, along with the support of Human Services Agency (HSA). Treatment design is based upon the concept that substance abuse in adolescents is a family disease and that recovery and resiliency is an ongoing process, not an event, which requires the treatment to focus around family intervention. Co-occurring mental health disorders are viewed as both a function of and a determinate of dysfunction. Therefore, there is a need for a holistic program to address the problem, in tune with the MHSA. This program will serve 18 youth in Juvenile Probation's Placement Unit at any given time, with anticipated average length of stay of 12 months, serving a total of 50 youth in a three-year period. All the targeted youth have serious emotional disturbance and a co-occurring substance abuse problem, and will receive mental health and substance abuse services as the key component, up to seven days a week, with on site public education, and the ability to serve special education students' Individual Educational Plans (IEP). This is has been a missing service in San Joaquin's Children's System of Care and statewide as well. Residential services provided locally allow the necessary family component to occur, which is key for successful outcomes and reduced recidivism. The intent of the program design is to divert selected substance abusing youth with a co-occurring mental health disorders from placement in other facilities, e.g., out-of-county or out-of state residential programs, Peterson Hall, Camp, California Youth Authority, etc., in order to provide rehabilitative conditions for juvenile offenders and their families. Moreover, by providing a residential alternative within San Joaquin County, we can divert a population of young offenders who are at risk for later committing additional criminal acts associated with their disorder from the justice system. It is believed that residential treatment for substance abusing	

	youth is a major gap in our Juvenile Justice system and that there is a great need for such interventions with youth who are initially status offenders or who have experienced previous adjudication for lesser offenses and are at significant risk for criminal activity. Effective treatment of substance use disorders among adolescents requires a comprehensive approach that incorporates family and health issues. Many Seriously Emotionally Disturbed (SED) youth have learned to *self medicate* their symptoms, while others, due to various risk factors, make poor choices, and find addiction and abuse tough to escape. A holistic approach to the treatment of adolescents may obviate their future involvement in substance abuse and delinquent or criminal activities, setting the direction for recovery and laying the foundation of resilience.
Priority Population: *Describe the situational characteristics of the priority population*	The Intensive Supervision Unit (ISU) in Juvenile Probation's Placement Department is the high-end part of their system. Minors who are placed residentially as Wards of the Court (W&I Code 602) are found to be unmanageable in their homes and/or communities. Hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options) concomitant with treatment are put in the basket of group home placements. While the intent of a holistic treatment environment is to cause that change, many of the youth with court placement orders wait in an impacted Juvenile Hall of 179 beds, while an overloaded probation officer searches the few group homes available (that do not fit the minor's need well) in hopes of getting on the top of the long waiting list. Of these, the SED population who are self medicating with illegal street drugs is increasing at an alarming rate. Success in traditional residential programs for these youth is poor at best; the programs are not designed for the co-occurring disorder of substance abuse and emotional disturbance. Between FY 92-93 and FY 99-00 the number of cases entering the juvenile justice system increased from 6,608 to 8,839, an increase of 33.7%. In 1999, with a county population of 562,500, a juvenile population ages 10-17 of 73,800, rendered a total of 5,846 crimes. Of those crimes, 2,129 were felonies and 3,719 were misdemeanors, 616 were violent, 124 were identified as specific to drugs, though in many cases drug influence was present though not noted.

	In 2003, San Joaquin County had the highest overall rate of juvenile arrests (7,985 per 100,000 juveniles) of any county in California with a juvenile population greater than 50,000 (Department of Justice stats). Misdemeanor arrests in FY 03/04 totaled 5,330. By age, 962 of the crimes were committed by 17-year-olds, 1003 by 16-year-olds, 889 by 15-year-olds, 1,622 by 13 and 14-year-olds, 716 by 10 to 12-year-olds, and 138 by under-10-year-olds. These figures provide an overall sense of the characteristics of this target population. More specifically, most of these youth are 13 years old or older and almost seven in 10 are male. Risk factors for this population are significant. Nearly a quarter (23%) of all children in San Joaquin County ages 12-17 are living below the poverty level. An additional 21.6% live in families with incomes between one and two times the poverty level, meaning they are still eligible to receive some forms of public assistance. Mover than 1 in 5 (22.4%) children age 12-17 live in a single parent family, while 13.3% do not live with either parent. 15.1% of children ages 12-17 live in a household with no working parents. Between 1990 and 2000, juvenile violent crimes increased by 57.6% in San Joaquin County. Juvenile vandalism arrests increase by 67.9% over the same time period. The teen birth rate per 1,000 females is 1 for 10-14 year olds, and 60.7 for 15-19 year olds. In light of the stated risk factors, San Joaquin County Behavioral Health Services (BHS) services to youth in the Juvenile Justice System are not found to be representative of the county's ethnic demographics. Latinos and Asian, Pacific Islanders, and Native American youth, are underserved, while African Americans are over represented in our juvenile justice area mental health programs, reflecting an imbalance in our system. It is this information that has driven the development of this Residential Treatment Program for the SED youth of our community with co-occurring substance abuse problems. If these youth are to be resilient and become responsible citizens in the community, youth must be in recovery for the return home, and family strengths must be emphasized and improved, and aftercare and support from the local community of like cultural groups must be available.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Detoxification	☐	☒	☐	☒	☒	☐	☐
Addictions Treatment	☐	☒	☐	☒	☒	☐	☐
Psychiatric Treatment	☐	☒	☐	☒	☒	☐	☐
Family Counseling	☐	☒	☐	☒	☒	☐	☐
Individual Counseling	☐	☒	☐	☒	☒	☐	☐
Psycho-educational training for child/youth and family	☐	☒	☐	☒	☒	☐	☐
Recreational Activities	☐	☒	☐	☒	☒	☐	☐
Behavioral Management	☐	☒	☐	☒	☒	☐	☐
Education	☐	☒	☐	☒	☒	☐	☐
Follow-up After Care	☐	☒	☐	☒	☒	☐	☐
Partnership with Public Agencies and Community Based Organizations	☐	☒	☐	☒	☒	☐	☐
Cultural and gender sensitive services	☐	☒	☐	☒	☒	☐	☐
Parent-to-parent peer support	☐	☒	☐	☒	☒	☐	☐
Youth-to-youth peer support	☐	☒	☐	☒	☒	☐	☐
Faith-based collaboration	☐	☒	☐	☒	☒	☐	☐

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

It is important to understand that this request is for one-time monies for start-up. This is not a FSP program nor is it a correctional institution, but a residential treatment collaborative with Superior Court, Juvenile Justice System (JJS), Behavioral Health Services (BHS), County Office of Education (COE), Substance Abuse Services (SAS), and Human Service Agency (HSA). As partners, these agencies have been able to develop this self-sustaining treatment program, needing only the start-up financial support.

This program is viewed as a beginning point in this process, creating a base for resilience and the start of recovery. Recovery involves a complete renewal of the person and the family, rather than simply changing a bad habit or ameliorating psychiatric symptoms. A requirement in recovery involves providing a program environment in which the dually diagnosed adolescent can experience an orderly, goal-directed pattern of living and begin to make sense out of his/her world. Protective factors that can be addressed and improved upon such as strengthening the family, finding mentors in the community, and support of the faith based community, etc. all increase the likelihood of residency.

The model of this program combines family work and individual transformation at its best. The adolescents identified for this program will receive immediate structure, clear boundaries, and abstinence education as a part of the residential and treatment component. At the same time, intensive family therapy is a key component to effectively move towards transformation in the family functioning and structure. The stronger the transformation, the stronger the resilience.

This Co-Occurring Residential Treatment Program is an intensive program for male and female youth between the ages of 12 and 18 who are encountering significant problems as a result of alcohol, drugs, or solvent abuse, with a mental health disorder as defined in the Diagnosis and Statistical Manuel IV, and involved with the Juvenile Justice System. The program will only accept referrals from San Joaquin County Probation with current orders for placement from SJC Juvenile Court, where co-occurring serious emotional disturbance and substance abuse problems existed.

Reunification and aftercare is another component. Families will continue to receive support services to ensure the full transformation occurs. Contracts will be developed with various community-based organizations that will follow what has been coined as the “BACOP model.” The model includes two tiers designed for transitioning consumers through the system. Tier I is a 90-day support which provides the individual coming into services guidance with follow-up to the consumer and family, and entry assistance to maneuver through the system. Tier II involves a Personal Service Coordinator where services are provided, much like a case

manager. This is to ensure that families are not lost in the system as the Juvenile Justice system is complicated and large. Training on the BACOP model will be provided, to ensure success, modified appropriately to the community's cultural differences and uniqueness.

The residential board and care and child care worker services are covered under State Department of Social Services Community Care Licensing and Rate Setting Departments, with the selected Provider utilizing Rate Classification Level (RCL) 12 rates. As a Public School service, San Joaquin County Office of Education will provide both General Education and Special Education services covered under Average Daily Attendance (ADA) Rates, allowing the full array of the youth's educational needs to be addressed. As placement in this facility is for San Joaquin County Wards of the Court under W&I Code 602, all the residents will be Medi-Cal/EPSDT beneficiaries during placement. Mental health and co-occurring substance abuse service needs are provided through Medi-Cal/EPSDT billing, and will addressed in partnership with all the other services. Any physical health needs, which can be managed in an RCL 12 group home, will also be arranged for under Medi-Cal/EPSDT or through private insurance as applicable.

Service	Entity	Funding Stream	Rate-if Applicable	Partner In-kind Support
Residential Group Home Program	Private Provider	RCL 12 Rate paid by placing entity funds Residential Program Component	$5,613 per month Per Youth placed	• COE-Purchase a Building shell • Approximately 30,000 sq. ft. • Anticipated price 3.5 million • Will Lease at current rate between $1.35-$1.85 • 1x Funds will go towards the remodel of the School and Office Space for Clinic and Program Staff
Education	County Office of Education	Public School 200 days per year	ADA $140,000	
Mental Health Services	Private Provider	EPSDT/Medi-Cal	Contract negotiated within SMA	
Substance Abuse Services	Private Provider	EPSDT/Medi-Cal	Contract negotiated within SMA	
Placing Agency	Probation and Courts	Placement monitored by Probation	.5 FTE PO +expenses $53,000	

This necessary service is a huge gap in San Joaquin's Children's System of Care, related primarily to the difficulty of securing a location satisfactory to the community with the "not in my backyard" barrier, paralleled only by prohibitive facility costs. Our unique partnership in San Joaquin County has born a strong commitment by the County Office of Education to this project. They are covering these two hurdles through their acquisition of a facility they will rent out, located in the outskirts of the county next door to the California Youth Authority and already zoned for this kind of venture. The facility is large enough to house the residential portion, the clinical program, school, and administrative support, only requiring remodeling. This contribution from COE is the fiscal foundation of the program.

Probation's commitment includes the Probation Officer's participation in the monitoring of their probationer in the residential program, availability for quick response when needed, and the commitment to work together as a team to ensure the success of the youth. The Courts have committed to referrals and support of this program using the leverage of the bench at times when natural consequences and graduated sanctions are afoot.

Start-up monies will be used for a portion of the remodeling for the school and office space for the clinic and all program staff; and the purchase of vehicles, computers, furniture, equipment, TVs, VCRs, DVD Players, Games, etc. to give the program the jump-start our partnership needs to ensure resiliency and success.

Key components of the program include:

1. ***Detoxification***
   Detoxification includes both detoxifications from the addictive sub-culture and from actual substance use.
2. ***Addictions Treatment***
   Treatment will focus around family therapy, life skills exercises, information lectures, and films on drugs and alcohol, and recreational activities. 12-Step Programs, including Alcoholics Anonymous and Narcotics Anonymous, will augment the program.
3. ***Psychiatric Treatment***
   A complete psychiatric assessment and medication therapy is an integral component.
4. ***Family Program***
   A strength-based weeklong families program will include demonstrated support for youth in treatment and increased family involvement. Participants will learn ways in which alcohol and other drug addictions affect more than just the person who drinks or uses drugs, which opens the ongoing family counseling component. The family will be assessed and, with their lead, a plan will be developed to identify family strengths and areas of challenge. An alternative three-weekend program will be available for those who cannot attend the full one-week program.

Families will attend weekly family counseling sessions to work on the identified areas. These sessions will be designed to help the families learn to resolve conflicts and develop effective methods of communication and problem solving to strengthen the family and increase independent functioning. Sessions will support working together as a unit to help overcome addiction problems and to find power in their strengths.

5. ***Follow-Up and Aftercare***

   Critical to the success of a treatment program for adolescents will be the building of a strong community support system for each youth who completes the program. A structured follow-up by community based organizations of like cultural background should occur for six months following completion of the treatment program, as described earlier, ensuring each participant is involved with community support resources, including the faith based community. Spirituality is a key protective factor. Follow-up aftercare with family members is also vital to ensure support and recovery of each adolescent that has completed the program.

6. ***Medical Care***

   A part-time nurse will provide short-term medical care to refer youth to a local physician for more in-depth diagnosis or treatment when needed. The nurse will arrange dental and eye care treatment when required. A mental health clinician will assess admissions for emotional disorders that are often associated with addiction, and will provide direction to the staff on psychological matters.

7. ***Recreational Activities***

   Adolescents will participate daily in recreational activities that range from organized sports such as basketball and softball to more passive and less competitive activities for large and small groups, facilitated by a recreational therapist. Recreational activities will provide physical stimulation breaks that are interspersed with school and therapy. Athletics are positive outlets for tension and are often avenues of strength that can be built upon in adolescents. Through these recreational activities, the program promotes healthy bodies and teaches adolescents effective use of leisure time.

8. ***Behavioral Management***

   The Adolescent Program will follow established guidelines to administer discipline and natural consequences that will assist youth in developing positive behavior patterns. A level system and token economy will be developed along a behavioral framework in order to manage disruptive and shape pro-social behavior.

   Inappropriate behavior will not be overlooked, but all staff will work towards trying to minimize controlling, restricting discipline and avoid an authoritative institutional milieu as much as possible. Emphasis will be on using local natural consequences relevant to the behavior problem. Oversight by the Juvenile Court Judge is an integral part of the behavior management component of the program and their involvement is crucial. The Juvenile

Justice System can use the legal power of the court to enhance treatment by effectively influencing and motivating the youth to engage and holding the youth accountable for doing so.

9. ***Case Management***

   Case management from initial referral to post-aftercare is provided. The case manager is responsible for developing a single treatment plan, coordinating services, and linking to other services in concert with the community-based organization of like cultural background.

10. ***Education Services***

    The San Joaquin County Office of Education, Court and Community School Program will provide the "on-ground" fully accredited educational program meeting all California graduation requirements, with a fully credentialed teacher, and a ratio of one teacher to approximately 20 students, in a five-hour day (8 a.m. to 1 p.m.) with the teacher being present from 7:30 a.m. to 2:30 p.m. Students will have the opportunity to participate in hourly programs beyond the regular day schedule: before school, after school, during winter and spring intercessions, and during summer school. High school graduation will be an option.

    Each student will have an Individual Learning Plan (ILP) which is developed by the educational team, parent(s)/guardian(s), and student. Academic assessment will help guide the instructional program for each student. Student academic transcripts will be gathered and combined so that each student, parent(s)/guardian(s), and teacher will have an understanding of which classes are needed by the student for the goal of high school graduation. The ILP will also include a focus on extended activities.

    Students will be expected to participate in quests, which are activities designed to challenge the students both physically and mentally and to prepare them to work cooperatively in the spirit of one. Quests will be offered once a month and appeal to a wide range of student interests. Participation in at least one quest will be required for graduation.

    All students who plan to graduate must complete a "Graduation by Exhibition," a requirement of the program which is a demonstration of each student's readiness to graduate. Graduation by Exhibition (GBE) is a presentation of evidence supporting fulfillment of seven criteria which were developed by program staff and encompass the areas of concept of one**,** knowledge, community contribution, work, personal awareness, communication and personal celebration. It is a culminating activity before a panel of staff, students and community members. Once students have completed all credit requirements and a GBE, they qualify for a high school diploma.

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

This program is a Rate Classification Level (RCL) 12 Residential Treatment Program, with housing, education, and mental health and substance abuse treatment on grounds. Preparation for re-entry into the community for this kind of program is standard for RCL 12's, with the functional process of *"discharge planning at intake,"* as a way of life. This includes prep for vocation and employment. A job and a place to live are what nearly all transitional age youth seek.

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

This is not a Full Service Partnership program.

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

Treatment is based upon the concept that substance abuse in adolescents is a family disease that is four-fold—physical, mental, emotional, and spiritual, and that recovery is an ongoing process, not an event, which requires family intervention. Co-occurring mental health disorders are viewed as both a function of and a determinate of dysfunction. Therefore, there is a need for a holistic program to address the four-fold problem. The program is viewed as a beginning point in this process and the start of recovery.

Recovery involves a complete renewal of the person and the family, rather than simply changing a bad habit or ameliorating psychiatric symptoms. A requirement in recovery involves providing a program environment in which the alcoholic or drug dependent adolescent can experience an orderly, goal-directed pattern of living and begin to make sense out of his/her world. This is then transferred to their family and home environment. With this base, resiliency capacity is increased and risk factors are decreased and youths can re-enter the community as contributing members.

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

This is not an expansion, but one-time start-up.

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

Linkage and referral to community-based organizations of like ethnic backgrounds will be key for the provision of support while in placement and for aftercare upon discharge. It is the optimal goal of the program that peer leaders will emerge with the interest and ability to remain connected to the program as peer support and mentors for future residents, both formally and informally. Parent/family members will also be encouraged to play a similar role in hope of developing a full network of support for future families.

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

The design of this much-needed residential treatment program is representative of our long-term collaboration with Substance Abuse Services, Juvenile Probation, Courts, County Office of Education, and HSA, filling a huge gap in our system as we address judgment and impulse control problems, and decrease substance abuse. Our current Behavioral Health and Juvenile Justice partnership services include:

- Brief crisis intervention and psychiatric medication monitoring of minors while detained in Juvenile Hall. Participation through HSA in the Supportive Therapeutic Options Program (STOP) allows funding for a portion of the limited Juvenile Hall services.
- Clinicians are co-located at Probation in the Juvenile Division, providing clinical community-based services locally, as well as case management of the mental health services provided to SED probationers in RCL 12-14 group home placements.
- Victor Treatment Corporation's Family Intervention and Community Support (FICS) - Juvenile Justice Assessment and Treatment (J-JAT) two-year-old program serves EPSDT/Medi-Cal beneficiaries on formal or informal probation, including status offenders and provides mental health services in the home and community.
- The Crossroads Juvenile Justice Partnership was birthed through a State Board of Corrections Grant partnership lead by Probation, was later funded through the Shiff-Cardinas Bill, and is now supported by Juvenile Justice Crime Prevention Act funds. It includes Probation, Behavioral Health, and Substance Abuse Services and provides prevention services to at risk youth on the cusp of the Juvenile Justice System.

Children's System of Care partners have collaborated in many other areas for children, youth, and their families. This is reflected in the Community Partnership for Families (CPF), which consists of multiple public agencies, private non-profit community based agencies including those serving specific cultural communities,

school districts and SELPA's, community colleges, the faith community and organizations, for-profit organizations, and grassroots community members and families all working together, with a focus on five neighborhood centers to provide services. This program includes an Integrated Service Model with the use of Family Success Teams.

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

All the SB 163 Wraparound Referrals are approved by SMART prior to acceptance into the program. A sub-committee of SMART functions as the cross operations team for the Wraparound program to oversee and authorize services, flexible funds, and program issues. The larger body receives quarterly reports.

Through Special Multidisciplinary Assessment and Referral Team (SMART), Mental Health, CPS, Probation, Education, parents, placement agencies, teen homeless shelter, and other public agencies collaborate to ensure that every possible resource is explored and utilized to keep at risk children/youth safe, at home if possible, in the community, emotionally and physically healthy, in school and out of trouble. Expansion of the SMART's monitoring and oversight may include quarterly reports from this Full Service Partnership to monitor the success of the program and also serve as a referral base.

This partnership is an offshoot of those just described, was designed over three years ago, is financially self-sustaining through the partnership with each other, and hindered only by lack of start-up funds and a site. With the advent of MHSA, the like-minded mantra, and County Office of Education securing a site, this program is ready and waiting.

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

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

- Vietnamese community—Vietnamese Voluntary Foundation Incorporated (VIVO)
- Cambodian community--Asian Pacific community—Asian Pacific Self-development And Residential Association Inc. (APSARA)

- Laotian community--Lao Khmu Association
- Hmong community--Lao Family Community
- Native American community—Native Directions
- Homeless population—Behavioral Health Outreach Workers and network of local shelter organizations
- Muslim/Middle Eastern community—represented by Community Partnership for Families
- Hispanic/Latino community—El Concilio
- Gay, Lesbian, Bisexual, Transgender (GLBT) community—AIDS Foundation
- African American community—Mary Magdelene Community Services and Black Awareness Community Outreach Project (BACOP)

Each group participated in our MHSA planning and worked to ensure that their communities participated in the stakeholder meetings and consensus building work groups. They are important stakeholders and will be key referral resources for the youth back into their family and community upon discharge, as they *are their community*. As described earlier, Contracts will be developed with various community-based organizations that will follow what has been coined as the "BACOP model."

As is evidenced by mental health demographics stated earlier, it is anticipated that the African American and Hispanic/Latino population will make up a considerable percentage of youth in this program. Emphasis will be made as to the employment of like culturally based staff. The TAY Consensus Workgroup consumers were specific in their appropriate request that staff not just speak their language, but that "the staff look like us and come from where we were."

And as stated in each of the program proposals, San Joaquin County Behavioral Health has a Cultural Competency Plan that directs the functioning of the organization, ensuring that staff and programs meet the state standards for cultural competence.

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

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

As stated above, a part of this FSP and San Joaquin County's MHSA Plan includes the support before, during and after care through the community-based

organizations specific to the consumer's culture, which includes the AIDS Foundation for this population.

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

All minors placed out-of-county who are identified as having co-occurring serious emotional disturbance and substance abuse problems will be re-evaluated for the possibility of transition back to the community for this program. Priority consideration will be given to those appropriate for that transition as to their success in their current placement, mental health service needs being met, substance abuse service needs being met, educational status towards junior high promotion and high school graduation, and family involvement and commitment.

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

Not applicable.

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

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

- RFP to select provider to operate program
- Selection of Provider

Month 3 – 8:

- Remodel Building
- Program Development
- Staff hired and Trained
- Equipment Purchased

Month 9 – 11:

- Community Care Licensing
- Rate Setting Review and Approval

Month 12:

- Program Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

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

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

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

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

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

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

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

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$500,000**			**$500,000**
D. Total Funding Requirements	**$500,000**	**$0**	**$0**	**$500,000**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

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

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

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program |

Type of Funding: 2. System Development | Months of Operation: 1

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

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

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

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

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

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

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

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

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

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

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$0**	**$0**	**$0**	**$0**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

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

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

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program |

Type of Funding: 2. System Development | Months of Operation: 1

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

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

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

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

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

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

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

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program | Page 1 of 1

Type of Funding: 2. System Development | Months of Operation: 1

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

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

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

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$0			$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$0**	**$0**	**$0**	**$0**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

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

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

Program Workplan #: SD-6 | Date: 3/6/06

Program Workplan Name: Co-Occurring Residential Treatment Program |

Type of Funding: 2. System Development | Months of Operation: 1

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

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

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

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

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.