II. Programs to be Developed or Expanded

On the following pages, each of the 12 programs proposed by San Joaquin County is presented as requested by the Department of Mental Health.

- Exhibit 4 introduces each proposed program's Work Plan Summary
- Narrative responses to questions 2-13 describe each proposed program in more detail
- By fiscal year:
  - Exhibit 5a provides the CSS Budget Worksheet and CSS Budget Narrative
  - Exhibit 5b provides the CSS Staffing Detail Worksheet.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Child & Youth Full Service Partnership
Program Work Plan #: FSP-1		Estimated Start Date: July 1, 2006
Description of Program: Describe how this program will help advance the goals of the Mental Health Services Act	San Joaquin County Behavioral Health Services (SJCBHS), Probation and Human Services Agency (HSA) have worked together in partnership for many years in the service of children/youth and their families. The addition of this Full Service Partnership (FSP) program will add significantly to the service of children and youth in San Joaquin County. The Child & Youth program will serve 60 new children/youth (most common range ages 3-17) in HSA's Intake and Assessment Unit and the Immediate Response Team, and youth in the Juvenile Justice System who are on probation formally or informally. Both crisis response and community based mental health services will be included, with the availability to respond 24 hours a day, seven days a week. All the targeted children and youth have a diagnosis of a serious emotional disturbance and are in the child welfare foster care system formally or informally, or the juvenile justice system formally or informally. Because focus has been on the seriously emotionally disturbed children/youth in the placement units of Child Protective Services and Probation, this population has typically been untouched. Engaging these families through community-based services at the front end of the system will	

	increase the potential for resiliency and success. As the phrase *"whatever it takes"* has been coined through the Wraparound model and children's system of care philosophy, it is not yet antiquated, and is the essential key to successfully serving children/youth and their families. The goal in this Full Service Partnership is to decrease the need for out-of-home placement at the children's shelter, in juvenile hall, and in foster family and group care, reducing institutionalization as children and youth become resilient.
Priority Population: *Describe the situational characteristics of the priority population*	The Juvenile Justice and Child Welfare children and youth points of entry are unique to each system. Risk factors for both populations are significant. The Intake and Assessment Program is the *front door* to the Foster Care System. Screening and risk assessments, twenty-four hours a day, seven days a week, are responded to from reports of abuse, neglect, or exploitation. As a part of HSA's Child Welfare System Improvement Plan, HSA works to provide crisis intervention, pre-placement prevention services, and emergency removal of children via law enforcement in order to protect the safety of children at risk. Five units make up the Intake and Assessment Program. During the year 2005, eight thousand seventy-five (8,075) family referrals, of which many are duplicates, were made to the Child Welfare Bureau. And of those, seven hundred eighty-seven (787) new individual CPS Dependency petitions were filed with the San Joaquin County Juvenile Court. Probation's March 2005 San Joaquin County Delinquency Prevention Plan reports that 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. In 2003, San Joaquin County's juvenile arrest rate of 7,985 per 100,000 juveniles was the highest overall rate 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 & 14 year olds, 716 by 10 to 12 year olds, and under 10 year olds are 138. These figures provide an overall sense of the characteristics of this target population, recognizing that most of these youth are 13 years old or older, and almost 7 in 10 are male. While many youth are released due to an impacted Juvenile Hall of 179 beds, others are held as Wards of the Court (W&I Code 602) with hopes of preventing the reoccurrence of crimes through graduated sanctions (punishment options). Upon release, overloaded probation officers are unable to provide the quality level of aftercare

	needed to ensure crime prevention. 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 on and two times the poverty level, meaning they are still eligible to receive some forms of public assistance. More 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. The teen birth rate per 1,000 females is 1 for 10-14 year olds and 60.7 for 15-19 year olds. The President's New Freedom Commission on Mental Health defined Resiliency as "a focus of care…personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope." Interagency collaboration then means that entering Behavioral Health Services through the HSA or Juvenile Justice door is "ok", and the "no wrong door" philosophy allows integrated cross-agency service planning to begin. Services must be coordinated, not duplicated, and must improve continuity of care while maximizing resources. Through Child Welfare's efforts in implementing the Community Response path in "Differential Response," HSA is providing early intervention and prevention services which naturally result in identifying many mental health service needs for those who are unserved and underserved. In the Self Assessment Report to the State Department of Social Services in June of 2004, HSA reported that the highest percentage of children in foster care is among Hispanic/Latino and White children, which mirrors the County's total child population. Thirty-four percent (34%) of the Hispanic/Latino children who had a referral to Child Protective Services had a substantiated referral. However, there are a higher percentage of African American children in foster care as compared to other ethnic groups. African American children comprise 7.29% of the County's child/youth population, but 22.7% of the County's foster care population. In 2004, thirty-one (31%) of African American children referred to CPS had substantiated referrals. And these substantiated referrals (31%) reflect about 2% (2.3%) of the total African American child population. When looking at race/ethnicity, African American (17.9%) and Hispanic/Latino (17.8%) children have the highest percentage of recurrence of maltreatment.

	Concomitant underserved and unserved mental health percentages of the same populations reflect mental health's disproportionate services. Nearly 36% of the county's population (230,468), is estimated to have incomes at or below 200% of the poverty line. As reported earlier in this document, half of the county's low-income children (45,208) are Hispanic/Latino. And prevalence data indicates that the number of children/youth in the county with incomes below 200% of the poverty line may be expected to have a SED or SMI, by race/ ethnicity. Nearly half of the low-income children/youth 0-18 in the county who likely need public mental health services are Hispanic, 18% are White, and another 18% are Asian, 9% are African American, 5 % are Multiracial, and 1 % are Native American. Mental Health's services to youth in the Juvenile Justice System are not found to be representative of the county's ethnic demographics either. Latinos and Asian, Pacific Islanders, and Native American youth, are underserved, while African Americans are over represented in our juvenile justice mental health programs, reflecting an imbalance in our system. These children/youth and their families are in desperate need of mental health services, and may not have been identified in the past as needing an assessment for service eligibility. Others may not have responded to traditional mental health services. Absent intervention, children and youth are at high risk of becoming Dependents and Wards of the court, the next step towards out of home placement.

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
Child and Family Teams (CFT)—family, child/youth, family/child/youth selected supportive individuals and peers from the family's community, Faith Community, Mental Health, Child Welfare, Juvenile Probation, Schools, etc.	☒	☒	☒	☒	☒	☐	☐
Cultural and gender sensitive services in the community	☒	☐	☐	☒	☒	☐	☐
Community Based Services partnerships with programs serving this population	☒	☒	☒	☒	☒	☐	☐
24 hour daily, 7 days a week availability	☒	☐	☐	☒	☒	☐	☐
Faith-based collaboration	☒	☒	☒	☒	☒	☐	☐
Parent-to-parent peer support	☒	☐	☐	☒	☒	☐	☐

Youth-to-youth peer support	☒	☐	☐	☒	☒	☐	☐
Psycho-educational training for child/youth and family	☒	☐	☐	☒	☒	☐	☐
"Whatever it takes" philosophy and non-traditional mental health services	☒	☐	☐	☒	☒	☐	☐
Evidence based clinical services	☒	☐	☐	☒	☒	☐	☐
Strength based, family focused empowerment	☒	☐	☐	☒	☒	☐	☐
Reduction of recidivism	☒	☐	☐	☒	☒	☐	☐
Provide education on Recovery Model, Wellness, and Resiliency.	☒	☐	☐	☒	☒	☐	☐
Emphasis on serving Latino (unserved) and African American (under/inappropriately served) juveniles and their families.	☒	☐	☐	☒	☒	☐	☐

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

This program develops a Full Service Partnership for 60 Seriously Emotionally Disturbed (SED) children/youth and their families entering the Child Welfare/Foster Care system through the Human Services Agency (HSA) Intake and Assessment Unit and the Immediate Response Team; or entering the Juvenile Justice System, on probation formally or informally. This *front door* response will begin to address unserved and underserved SED children/youth entering the system.

When issues of SED are indicated, Behavioral Health Services will partner with Child Protective Services' (CPS) Intake and Assessment Program as they screen and assess for risk on reports of abuse, neglect, or exploitation, thus beginning the outreach and engagement process at the earliest chance possible. Likewise, services to the Juvenile Justice SED youth awaiting discharge from Juvenile Hall, will address discharge planning and delivery of services at home and in the community to prevent re-entry, avoiding out-of-home placement.

To address the SED of the child/youth and family needs and instill resilience, this Full Service Partnership is committed to a *"'whatever it takes"* philosophy of service. This includes case management, with linkage and referral to appropriate community-based services concomitant to culture and sexual/gender preferences, as well as traditional individual and family therapy, psychiatric medical support, psycho-educational support, and 24 hours a day, seven days a week crisis intervention and support availability.

These two populations are difficult to engage in the process of recovery while in urgent need. As described earlier, due to the prevalence of African American and Hispanic children/youth in the system, it is intended that the Behavioral Health Services team include African American and Hispanic clinical staff. At the same time, linking and referring the families to community- based services of like cultures will ensure culturally sensitive community involvement, and will participate in the 24/7 response. Our experience with Interagency Enrollee-Based Program (IEBP) includes the importance of the faith-based community, a significant part of these particular cultures that will be engaged as well.

Our intent to help, engage, and participate with the family must be clear; we are not there to accuse, excuse, blame, or break up the family. Our highest success with engagement in Children's System of Care (CSOC), the IEPB, and Wraparound programs was the work of our Parent Partners; peer-to-peer mentors whose SED child/youth have been through the system. Their effectiveness with parents and families laid the foundation for both readiness of family empowerment to take the lead in their growth and change, as well as

openness during services in the office and community. Additional support will come through a youth advocate, who has gone through the system, found success, and can impart that success on their fellow peer. This is key to successful resiliency, and can decrease recidivism of the youth.

To that end, children/youth and their families will select members for their Child and Family Team (CFT), modeled after the Wraparound program. Along with the agency staff described above that are formally involved with the family, the family will select informal supports such as a neighbor, extended family member, teacher, pastor or friend. These members round out the CFT. A Service and Supports Plan (SSP) designed by the child/youth and family will be strength-based and individualized, and will include the services they feel they need from both mental health and their community in order to be successful.

The wellness and recovery focus will be introduced through, and aided by, the Child and Family Team -- a complement to the Child Welfare Improvement and Juvenile Justice Delinquency Prevention Plan. Commonalities include safe and stable housing, employment to ensure independence, empowerment to provide appropriate care for the child/youth ensuring physical and emotional health, staying out of trouble, attending school, and success as a family unit. Possible areas of need are substance abuse services, educational support, parental skill building, access to appropriate leisure activities, vocational skill-building, and appropriate housing for those over 18 years. A "*whatever it takes"* philosophy and *out-of-the-box* thinking will help move the family into the recovery mode and increase the resilience in the child/youth. Meanwhile, resilience for the child/youth lies in enabling the ability to rebound from trauma, while instilling a sense of hope and confidence.

Measuring the success of the child/youth and his/her family is very important at San Joaquin County Behavioral Health Services. Experience has been gained in data collection through CSOC Grant and the IEBP mentioned earlier, as well as in two adult programs: AB 2034 and the Mentally Ill Offender Crime Reduction (MIOCR) Grant. Performance Outcome measure tools that have been used are the Parent Satisfaction Survey, Child and Adolescent Functional Assessment Scale (CAFAS) – Hodges, Bickman & Kurtz, 1991), Youth Self Report (YSR) – (Achenbach, 1991), and the Client Satisfaction Quest (CSQ-8) – (Attkinson & Larsen, 1990). School attendance, recidivism with law enforcement, re-hospitalization, and participation with mental health services will be monitored, in addition to implementing the state selected instruments.

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

Utilization of local housing resources and the homeless shelter for families will continue through both the Children's System of Care and Adult System of Care. We are pleased to partner with the Homeless Teen Shelter operated by Center

for Positive Alternatives (CPPA), which includes mental health resources for the youth as well. The Housing Coordinator Services described in the Adult System of Care proposal includes provision for this population.

Vocational training and employment encourages responsibility, accountability, and is a key factor in the resilience of teens, thus playing a strong role in this program. Collaboration with Cal Works families will continue, and other employment service resources will be accessed.

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

The average cost for each Full Service Partnership participant is $8,824 for Full Service Partnership Funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is $12,606.

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 and resilience is key in this Full Service Partnership. As stated earlier, these mirror the mandates of HSA and are consistent with the Child Welfare Improvement Plan and Probation's March 2005 San Joaquin County Delinquency Prevention Plan. Through the integrated service partnership, common goals of stable housing, employment towards independence, restorative justice and diversion programming, all hold true in building child/youth/family strengths.

Young people with SED who have also had experiences with the Juvenile Justice system typically mask hopelessness with bravado, and exhibit poor impulse control and judgment, impacting their decisions and choices. Peer relationships often *happen upon them,* rather than operating under a self-selection process. Families are often near the "burn out" point with their son/daughter's behaviors and lack the capacity to continue to retain hope. Families in the Child Welfare system frequently lack the tools to parent, are often unemployed, are reactive rather than proactive, feel hopeless, and see no way out.

These are all major risk factors for families. Addressing unemployment, substance abuse, mental health problems, family/community violence, and physical health issues will lay the foundation of recovery. Peer Parents and TAY mentors will provide a role in supporting the family connection. Families in various stages of recovery will support and encourage each other. And juveniles

and their families will be taught ways to effectively manage their SED symptoms, creating a sense of control over their illness.

This program includes a strengths-based action planning process that creates individualized services and support for families with complex needs through the CFT's. CFT's are comprised of family members and formal and informal helpers who pay careful attention together to provide these services. Formal helpers are the agency workers from private and public entities who are formally involved in the child/youth and family's life. Informal helpers include extended family members, neighbors, peers, etc. Positive mentors and support systems are also sought through elders and peers in the community, the local church, etc. Our goal is to create better outcomes for young people and their families in a way that assures that families are at the center of the decision-making process and that they have a voice and choice in the services provided, they can rebound from trauma, and a sense of hope and confidence is instilled.

The CFT's meet weekly or biweekly and are responsible for the identification and inventory of family strengths, for conducting a comprehensive culturally relevant life domain needs analysis, and for designing a measurable individualized SSP that can provide monitoring and accountability. Life domains that the family can focus on may include, but are not limited to: mental health, physical health, public and family safety, finance, housing, education, independent living skills, competency development, socialization, leisure time, spirituality, transportation, legal issues, restitution, family relationships, behaviors, etc. When real, achievable goals are set; families can measure their success and celebrate!

Most importantly, the child/youth and family are in the lead. This leadership increases family bonds and provides structure and independence, planting the seed of hope, a major component of resiliency. And though graduated sanctions (punishment options) are a natural consequence of the Juvenile Justice System, resiliency is set in motion.

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.

Peer support is key to the success of the family, child and youth's resiliency. Part of this program will include contracts with culturally sensitive community-

based organizations that will hire family members and SED transitional age youth who have been through either the Juvenile Justice or Foster Care system. The success of these team members was born out of Behavioral Health Services experience with CSOC and SB 163 Wraparound.

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.

This new *front door* service at HSA will address a population that has been absent from are current concentration of services. Collaboration with HSA currently includes services for foster children and youth who are already W&I Code 300 Dependents, the *back door* of Child Protective Services.

- Clinicians housed in HSA's Placement Unit provide community-based Outpatient Services for SED children/youth in or *at risk of* placement.
- Clinician and Child Psychiatrist provide Outpatient Services for SED children/youth at Mary Graham Children's Shelter.
- Victor Treatment Corporation's Family Intervention and Community Support (FICS) - Foster Care Assessment and Treatment (FCAT) staff provide EPSDT Outpatient Services and Screening of all foster children going into placement On-Site; and EPSDT Community Based Outpatient Services within County.

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.

Through Special Multidisciplinary Assessment and Referral Team (SMART), Mental Health, HSA, Probation, Education, Parents, Substance Abuse Services, Public Health, placement agencies, teen homeless shelter, and the Wraparound Program collaborate to approve RCL 13/14 Certifications, review out-of-state placements, and ensure that every possible resource is explored and utilized to keep at risk children/youth safe, at home or in the community if possible, while 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.

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.

Community Partnership for Families (CPF) 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 co-locating services. This program includes an Integrated Service Model, with the use of Family Success Teams.

Child Welfare's Improvement Plan is a Community Plan and was integrated with CPF. Countywide efforts were put forth to work with HSA and are still going forward to this day. Participants include those described above, as well as foster parents and family members. A Differential Response Pilot Program at a CPF Center has provided the necessary link of *needs with services* almost immediately, in an effort to decrease the "falling through the cracks," and increase the outcomes and resiliency of the child/youth and families. It will serve as one of the referral resources for this Full Service Partnership.

These interagency partnerships will be improved through this new Full Service Partnership, closing one of the gaps and decreasing the risks for SED children and youth.

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 Self-development And Residential Association Inc. (APSARA)
- Laotian community—Lao Khmu Association
- Hmong community—Lao Family Community
- Native American community—Native Directions
- Homeless population—Mental Health Outreach Workers with local network of 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—Black Awareness Community Outreach Project (BACOP)

Each 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 child/youth and family in the community upon discharge as they *are their community*.

Contracts will be developed with various community-based organizations that will follow what has been coined as the "BACOP model." Under this model, two tiers are designed for transitioning consumers through the system. Tier I is the 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 since the Child Welfare and Juvenile Justice systems are complicated and large. Training on the BACOP model will be provided to ensure fidelity and success modified appropriately to the community's cultural differences and uniqueness.

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 children and youth in this program. An emphasis on the employment of like culturally based staff will continue. The TAY Consensus Work Group 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."

San Joaquin County Behavioral Health Services has a Cultural Competency Plan that ensures that staff and programs meet the state standards for cultural competence. It is described in other sections of this plan.

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 and County Administration. Mandatory trainings on cultural sensitivity including GLBT are standard for all San Joaquin County Employees. This population was formally represented during our planning process through the AIDS Foundation.

As stated above, a part of this Full Service Partnership and San Joaquin County's MHSA Plan includes outreach and engagement, case management, and after care, through contracts with culturally sensitive community-based organizations, which includes support to the GLBT population.

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

Reunification and family preservation are key to Child Welfare and Juvenile Probation. This Full Service Partnership Program will seek to keep children and youth in San Joaquin County and avoid placement out of county whenever possible. Those children and youth currently placed in foster homes and low-level RCL Group Homes out-of-county, appropriate for earlier discharge, will be given serious consideration to be evaluated for transition through this program.

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

This does not apply to the Child & Youth Full Service Partnership.

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 & 4:

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

Month 5:

- Service Begins

14) Exhibit 5: Budget and Staffing Detail Worksheets

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

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

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

Program Workplan # FSP-1 | Date: 3/6/06

Program Workplan Name Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 1

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

Existing Client Capacity of Program/Service: | 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
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpreter Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures		$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known	$0			$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)				$0
d. Other Revenue				$0
e. Total New Revenue		$0	$0	$0
3. Total Revenues		$0	$0	$0
C. One-Time CSS Funding Expenditures	**$32,400**			**$32,400**
D. Total Funding Requirements	**$32,400**	**$0**	**$0**	**$32,400**
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-1 | Date: 3/6/06

Program Workplan Name Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding 1. Full Service Partnership | Months of Operation 12

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

Existing Client Capacity of Program/Service: 0 | Prepared by: 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
	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
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

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

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

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

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

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$17,000	$17,000
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$10,000	$10,000
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$27,000	$27,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$291,791			$291,791
c. Employee Benefits	$129,809			$129,809
d. Total Personnel Expenditures	$421,600	$0	$0	$421,600
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	$24,734			$24,734
f. Medication and Medical Supports	$7,000			$7,000
g. Other Operating Expenses (provide description in budget narrative)	$28,000			$28,000
h. Total Operating Expenditures	$69,734	$0	$0	$69,734
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	$238,000			$238,000
6. Total Proposed Program Budget	**$729,334**	**$0**	**$27,000**	**$756,334**
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)	$189,084			$189,084
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$179,629			$179,629
d. Other Revenue				$0
e. Total New Revenue	$368,713	$0	$0	$368,713
3. Total Revenues	$368,713	$0	$0	$368,713
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$360,621**	**$0**	**$27,000**	**$387,621**
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-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 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
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			1.00	$67,664	$67,664
Mental Health Clinician III			1.00	$61,381	$61,381
Mental Health Clinician II			2.00	$54,060	$108,120
Nurse-Registered			0.50	$63,418	$31,709
Sr. Office Assistant			0.75	$30,556	$22,917
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialist		2.00	2.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	15.25		$291,791
C. Total Program Positions		4.00	15.25		$291,791

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
Child & Youth Full Service Partnership Program Work Plan

County:	**San Joaquin**	**Fiscal Year:**	**2006-07**
Workplan #	**FSP-1**	**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 (10 Clients)		$ 17,000
iii. Employment and Education Supports		
1. Employment-$500 per client for the year (20 Clients)		$ 10,000
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 27,000**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures		
1. Chief Mental Health Clinician-(1 FTE @ $67,664)	$67,664	
2. Mental Health Clinician III-(1 FTE @ $61,381)	61,381	
3. Mental Health Clinician II-(2 FTE @ $54,060)	108,120	
4. Nurse-(.5 FTE @ $63,418)	31,709	
5. Senior Office Assistant-(.75 FTE @ $30,556)	22,917	$291,791
iii. Employee Benefits		
1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees		$129,809
iv. Total Personnel Expenditures		**$421,600**
c. Operating Expenditures		
i. Travel and Transportation		
1. Staff mileage reimbursements and county motor pool costs based on past history		$ 5,000
ii. General Office Expenditures		
1. Office supplies, printing, small equipment		$ 5,000
iii. Rent, Utilities and Equipment		
1. New space rent and utilities, and copier lease based on past history		$ 24,734
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 7,000
v. Other operating Expenses		
1. Communication and data line charges	$ 8,000	
2. Client incentives	20,000	$ 28,000
vi. Total Operating Expenditures		$ 69,734
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing		**$238,000**

e. Total Proposed Program Budget		**$756,334**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)	$189,084	
ii. State General Funds –EPSDT	179,629	
iii. Total New Revenue		**$368,713**
b. Total Revenues		**$368,713**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$387,621**

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

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

Program Workplan #: FSP-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program | Page 1 of 1

Type of Funding: 1. Full Service Partnership | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 60 | New Program/Service or Expansion: New

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

Client Capacity of Program/Service Expanded through MHSA: 60 | Telephone Number: 209 468-9815

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases			$17,850	$17,850
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports			$10,500	$10,500
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$28,350	$28,350
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$306,380			$306,380
c. Employee Benefits	$143,999			$143,999
d. Total Personnel Expenditures	$450,379	$0	$0	$450,379
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	$25,234			$25,234
f. Medication and Medical Supports	$16,300			$16,300
g. Other Operating Expenses (provide description in budget narrative)	$28,500			$28,500
h. Total Operating Expenditures	$81,734	$0	$0	$81,734
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	$249,900			$249,900
6. Total Proposed Program Budget	**$782,013**	**$0**	**$28,350**	**$810,363**
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)	$202,591			$202,591
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds (EPSDT)	$192,461			$192,461
d. Other Revenue				$0
e. Total New Revenue	$395,052	$0	$0	$395,052
3. Total Revenues	$395,052	$0	$0	$395,052
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$386,961**	**$0**	**$28,350**	**$415,311**
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-1 | Date: 3/6/06

Program Workplan Name: Child & Youth Full Service Partnership Program |

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
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Chief Mental Health Clinician			1.00	$71,047	$71,047
Mental Health Clinician III			1.00	$64,450	$64,450
Mental Health Clinician II			2.00	$56,763	$113,526
Nurse-Registered			0.50	$66,589	$33,294
Sr. Office Assistant			0.75	$32,084	$24,063
					$0
CBO-Case Managers			4.00		$0
CBO-Management			1.00		$0
CBO-Recovery Coach/Specialist		2.00	2.00		$0
CBO-Outreach Worker		2.00	2.00		$0
CBO-Clerical			1.00		$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	15.25		$306,380
C. Total Program Positions		4.00	15.25		$306,380

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
Child & Youth Full Service Partnership Workplan

County:	**San Joaquin**	**Fiscal Year:**	**2007-08**
Workplan #	**FSP-1**	**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 (10 Clients)		$ 17,850
iii. Employment and Education Supports		
1. Employment-$525 per client for the year (20 Clients)		$ 10,500
iv. Other Support Expenditures		
v. Total Support Expenditures		**$ 28,350**
b. Personnel Expenditures		
i. Current Existing Personnel Expenditures		
ii. New Additional Personnel Expenditures (Includes a 5% COLA)		
1. Chief Mental Health Clinician-(1 FTE @ $71,047)	$71,047	
2. Mental Health Clinician III-(1 FTE @ $64,450)	64,450	
3. Mental Health Clinician II-(2 FTE @ $56,763)	113,526	
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	$306,380
iii. Employee Benefits		
1. Benefits calculated at 47% for employees		$143,999
iv. Total Personnel Expenditures		**$450,379**
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		
1. New space rent and utilities, and copier Based on past history with a 1% COLA increase		$ 25,234
iv. Medication and Medical Supports		
1. Estimated Prescription Drug Costs		$ 16,300
v. Other operating Expenses		
1. Communication and data line charges	$ 8,500	
2. Client Incentives	20,000	$ 28,500
vi. Total Operating Expenditures		**$ 81,734**
d. Estimated Total Expenditures when service provider is not known		
i. Community Based Organization Contracts based on staffing with a 5% COLA increase		**$249,900**

e. Total Proposed Program Budget		**$810,363**
2. Revenues		
a. New Revenues		
i. Medi-Cal (FFP only)	$202,591	
ii. State General Funds –EPSDT	192,461	
iii. Total New Revenue		**$395,052**
b. Total Revenues		**$395,052**
3. One-Time CSS Funding Expenditures		
4. Total Funding Requirements		**$415,311**