

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: Southeast Asian Recovery Services (SEARS)						
Program Work Plan #:	FSP-4	Estimated Start Date: July 1, 2006						
Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i>	This program will provide Full Service Partnerships to the target population (primarily Southeast Asian) to address the myriad of psychosocial barriers to ongoing wellness. The primary ethnic minorities comprising this population are Cambodian, Vietnamese, Lao, and Hmong. The program will provide a continuum and matrix of recovery-oriented services delivered in a client centered, culturally and linguistically competent manner. Cultural competence of all staff with the utilization of bicultural service provision staff will be an important aspect of this program. Outreach and community education will be done in collaboration with community-based organizations serving Southeast Asians and representing the Cambodian, Vietnamese, Lao, and Hmong communities. Effective, culturally competent services with the goal of respecting their native culture will be the goal of psychosocial interventions. Evidence-based practices with dual diagnosis service availability will be an integral part of the program.							
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Transitional age youth, adults and older adults with a serious mental illness and functional impairment, with particular focus on individuals of Southeast Asian descent. Many of the target population are monolingual in their native language and bi-cultural with the associated difficulties in interfacing with the mainstream culture. Traditional psychosocial interventions need to be modified to be culturally congruent with this target population. The language barrier that each of these four populations experience is a critical issue that will be addressed in the provision of services and in reaching out to these individuals in the community.							
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)		Fund Type			Age Group			
		FSP	Sy s De v	O E	CY	TA Y	A	OA
Multi-disciplinary teams, including clinical, clerical, case management, medical,		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

nursing, consumer and family member positions							
Individually-based, consumer and family-driven, values-driven, evidence based clinical and case management services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full Service Partnerships with 60 individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated substance abuse and mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Collaborative relationships with community-based organizations serving Southeast Asians including joint service planning and service provision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assistance with transportation, including education regarding use of community transportation resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skills development curriculum, including social, daily living, pre-vocational and vocational tracts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally and linguistically appropriate community education, consumer outreach program in collaboration with Southeast Asian community- based organizations reaching 300 individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally and linguistically appropriate services and environments for service delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery focused rehabilitation groups and services with a focus on evidence-based effective, efficacious, and promising practices for ethnic populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Involvement with Behavioral Health Services/Community-Based Organization consortium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ongoing gathering of outcome data with the goal of monitoring program effectiveness and identifying directions for program development and developing emerging practices for this population	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
First 90 Days Model program to provide culturally competent personal navigators to any new consumer entering services provided by the Transcultural Clinic, in order to help the consumer learn how to effectively engage and access services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

The proposed Southeast Asian Recovery Services (SEARS) program will be attached to our existing Transcultural Clinic, which currently provides therapy, rehabilitation, case management, and medication services to Southeast Asian consumers. The proposal includes Full Service Partnerships to 60 consumers in addition to the development of an extensive recovery continuum to serve all the individuals seen at the clinic and at contracted sites in the community. Program participants will include transition age youth, adult, and older adult Southeast Asian (Cambodian, Vietnamese, Lao, and Hmong) consumers. Services will be provided by a combination of County staff providing core services along with collaborating and contracting with existing community-based organizations integrated into the community already serving the Cambodian, Vietnamese, Lao, and Hmong communities to provide case management and other supportive services. These community-based organizations are known and trusted by the Southeast Asian community. Contracts with these agencies will identify services appropriate to be provided by their staff. In addition, staff will be hired by these agencies that represent the ethnicity and culture of the consumers that they serve. This may be one way in which linguistically and culturally competent (and ethnically representative of the community) professional staff may be supported in their development. These individuals will then be resources for this system and this community. Service and program planning meetings including community-based organization staff and San Joaquin County Behavioral Health Services (SJCBS) staff will be held on at least a weekly basis to maintain communication within the collaboration as well as to make sure that service planning is responsive to individual participant's needs. This will also insure that staff providing after hours response will be conversant with participants' individual plans.

Service delivery staff will be members of "integrated service teams" which will share the caseload. These integrated service teams will function within an Assertive Community Treatment model with some services provided at community sites (e.g. community-based organizations, homes) whenever deemed appropriate by the team. While each team member may have primary responsibility for certain consumers, the team will know all the consumers so that any team member is knowledgeable of all the consumers and that a team member with specialized expertise (i.e. transportation, physical health) can be available to serve any consumer. The SEARS Integrated Service Team will provide 24/7 availability with after hours staff being employed by the community-based organizations via Mental Health Services Act contracts. Staff providing the after hours services will be Integrated Service Team members who participate in staff meetings and have current information about involved consumers. These 24/7 response staff will be bilingual and bicultural individuals

from each of the four cultures- Cambodian, Vietnamese, Lao, and Hmong. They will also be available to provide after hours services for individuals being treated in other Full Service Partnerships. Staff providing after hours services will be employed by and linked to the contracted community-based organizations.

The proposed program will include a continuum of recovery services specific to the population served. Such services will include: social and daily living skills development, pre-vocational and vocational training, and “acculturation skills” development. Services will be available 24 hours a day, 7 days a week through members of the Integrated Service Team. The program will also continue to offer medication management, case management, and psychotherapy as appropriate to a specific client’s needs. Some of the case management and assistance with linkage to community resources may be provided by staff from the community-based organizations. Consumer employees will be hired by the community-based organizations. The co-location of staff from the Transcultural Clinic and the community-based organizations will also be a tool to foster ongoing collaboration and integration of programs. Service planning will be done in multi-agency, multi-disciplinary teams, which can include involvement by consumers and family members. Services to address substance abuse difficulties will be integrated into all aspects of the program, with the overall clinical perspective being one of identifying and addressing co-occurring disorders.

The proposed program will utilize the First 90 Days Model approach with any consumer being intensively served with “*whatever it takes*” immediately upon their entry into the SJCBS system. Individuals entering the system will have a “navigator” with whom they relate and are familiar. This staff member will assist them in their movement into and through the system. The service teams will address each consumer’s psychiatric, psychosocial, medical, financial, transportation, spiritual and other needs in a culturally appropriate manner at the inception of treatment with the goal of both stabilizing the individual’s presenting crises as well as establishing a comfortable, trusting relationship with each consumer. Additionally, this process will be an assessment phase in which individuals in need of involvement in a Full Service Partnership will be identified. At that time, these individuals will be given the opportunity to negotiate a Full Service Partnership service plan. Consumers not in need or desirous of this level of involvement will be given the opportunity to be involved in other ongoing services. The First 90 Days Model approach is a system development strategy that will enable 120 consumers per year to more effectively access and utilize services provided by the Transcultural Clinic.

The curriculum for consumers identified to be served in Full Service Partnerships, as well as all others seen in the program, will include a matrix of interventions and training/education experiences. Consumers will be exposed to more “clinically” focused groups such as symptom management, relapse prevention, medication education, social skills training and stress management as well as a more expansive “wellness” focused curriculum. The “wellness”

curriculum will include physical health maintenance, leisure skills, relationship skills, communication, parenting, nutrition, and general life management as well as other areas identified by the consumers and staff involved in the program. Aspects of the curriculum that are “less clinical” in focus (e.g. spirituality, leisure, nutrition, parenting) will be more effectively provided through community-based organization staff. The program will have supportive interventions aimed at both the younger, more acculturated consumers, as well as the older population, more rooted in their native culture. Transition age youth would be provided services within the SEARS program, but could also be linked to services in other SJCBS transition age youth programs, as they were comfortable. In such situations, interpreting from the SEARS program could be utilized, as necessary. In the SEARS program, the specific interventions utilized would consider strategies found to be effective, efficacious, or promising with these ethnic populations. Also, outcome data on all practices may be used to identify other practices that are successful with this target population. This will be a very significant aspect of the program as there are relatively few identified evidence-based practices for this population.

In surveys and other interactions, individuals from this population have identified transportation as a major barrier to accessing services. The proposed program would include strategies and resources to address this particular barrier. The intention is to develop a continuum of strategies that range from providing this resource directly to education and training about resources and strategies that promote self-sufficiency in this area. Agency and staff (SJCBS or contract) transporting consumers to appointments and services might be an initial step in the continuum, with some funding for utilization of other resources (public transportation, friends) as another step in the continuum. Staff (some of them consumers) could facilitate the teaching of the knowledge and skills for consumers to access transportation independently. Additionally, consumer employees and SEARS case management staff will link consumers to transportation assistance in the proposed Wellness Center. Consumer employees will provide both interpreting and linkage services, as necessary.

An additional aspect of this program would be a Community Outreach and Education program. The goals of this program would be to: educate the Southeast Asian community about mental illness and available treatment, to destigmatize mental illness and treatment, and to identify individuals in need in the community. In order to effectively implement this strategy, intensive collaboration between San Joaquin County Behavioral Health Services and Southeast Asian community-based organizations will be necessary. The translation of the concept of mental illness and its treatment into Southeast Asian culture will be a challenging task. These cultures do not have verbiage to describe these concepts and it will require some collaborative work to conceptually and linguistically define these phenomena. Contracting with Southeast Asian community-based organizations to “team up” with SJCBS to travel into the areas of the communities where these groups live will be critical to the successful implementation of this program aspect. Consumer employees will be

instrumental in the carrying out of this aspect of the program. Such employees will be knowledgeable of the four communities and their cultures and are much more likely to be trusted by community members. It is expected that these consumer employees and community-based organization staff will facilitate access to these communities' "gatekeepers". Presentations and written materials that are culturally and linguistically appropriate will be developed in collaboration with the community-based organizations. It is expected that 300 individuals will be specifically reached with this program aspect.

In order to insure consistency of vision and philosophy it will be important to provide members of the integrated service teams with training experiences to foster the ongoing development of Recovery philosophy and practices. Such trainings will be most valuable if they are provided to all the members of a team so as to foster a holistic perspective of service delivery.

In order to continually evaluate effectiveness and to identify directions for program growth and development, an outcome and satisfaction component will need to be an integral part of this program. The utilization of instruments to collect "pre" and "post" data about involvement in the program will be an integral part of the program. In addition, measures adopted by DMH for statewide use will be used for reporting performance outcomes. This agency has gained experience in data collection through our CSOC grant, the IEBP program and in the AB 2034 Program and Mentally Ill Offender Crime Reduction Grant.

Consumers might be employed to facilitate the passing out and completion of surveys and other self report tools. Clinical staff would be responsible for the gathering of data about progress towards identified (mutually between service staff and consumers) recovery goals and clinical outcomes. On a regular basis this data would be evaluated and discussed by program staff (SJCBS and contractors) collaborators, and consumers with the goals of determining effectiveness and directions for program development. The results of this outcome data-evaluating the effectiveness of program interventions with this target population- will be used to begin to identify promising and effective interventions with the Southeast Asian population.

At the community level, a consortium of interested individuals and groups would be involved in tracking program performance and identifying needs for this target population. The consortium could be composed of SEARS staff, SJCBS staff, contracting agency staff, community-based organizations, and interested individuals and groups. This consortium would meet on a regular basis and have access to program and outcome data, as well as information generated from other areas in the community.

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

The proposed program will incorporate the employment of consumers, some pre-vocational educational activities, and a linkage to and collaboration with vocational rehabilitation resources in the community.

Consumers employed within the program itself might perform a variety of functions, ranging from maintenance/housekeeping, to assisting with the provision of program activities. In view of the fact that Limited English Proficiency is a major barrier for this population, bilingual consumers could be employed as tutors, to assist monolingual consumers with acquiring some English “survival skills”, i.e. how to negotiate the public transportation system, how to interact with medical staff. The goal would be to provide some very basic skills, not duplicating literacy and ESL resources already existing in the community. These consumer staff, however, might be liaisons to these community programs. Consumer employees might also assist with the conducting of some rehabilitation groups. These consumer employees might assist with activities that the consumer target group might utilize and potentially translate into volunteer or paid services. Some of these activities are babysitting, stitchery, and housekeeping/janitorial services. The local Family Resource and Referral program might fund some of these consumers becoming babysitters; the stitchery might be sold at local craft sales and the housekeeping and janitorial services are a felt need at the TCC as SJCBS services in this area are dramatically limited.

SEARS program participants needing housing and employment services can also choose to be linked to services in other adult and transition age youth programs, specifically the Housing Empowerment Services and Recovery Employment Services programs. Again, SEARS consumer employees and case management staff will provide linkage and interpreting services. SEARS staff would also be involved in an ongoing basis in service planning meetings regarding SEARS consumers with staff from these programs. Services from these programs would be integrated with services provided by SEARS staff.

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

The average cost for each Full Service Partnership participant is \$9,651 for Full Service Partnership Funds. The average cost for each participant adding Outreach and Engagement and System Development funds is \$13,787.

**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.**

The proposed program will embrace the philosophy of recovery as a “wellness” continuum. It will be a program expectation that consumers will have symptom stabilization as the starting point of their recovery rather than the single goal of treatment. The concepts of Hope and Empowerment will be ongoing training issues and will become a part of the fabric of the program. Consumer employees will be role models for the goal of attaining employment and meaningful life activity. The rehabilitation curriculum will address the principles of recovery in formal and informal ways. The integration of a pre-vocational and vocational component of the program will be a concrete manifestation of the belief that recovery extends beyond symptom remission and psychiatric stabilization.

One of the important functions of consumer employees will be to be aware of support and vocational resources in the community. They will be intimately involved in linking program participants to other resources, both within SJCBS and in the community. They will provide interpreting services for participants as they are involved in these other services. These consumer employees will serve as liaisons to the community at large, identifying opportunities for consumers to be involved in the community.

**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, not an expansion of 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.**

Consumers and family members will comprise an integral part of the program. Consumer employees will assist in the facilitation of some group and individual program activities, and will provide some program activities themselves. They will serve as consultants to other team members both in the areas of consumer culture in general and in the area of the specific Southeast Asian culture values, beliefs, and needs. Family members will also be an active part of the service delivery process, being involved in meetings with the Integrated Services Team. The expectation is to partner with family members to be supports for the

consumers, but also to offer support to these family members, as they need and request it. In relation to this, one goal is to move consumers in this program towards involvement with existing support systems, such as the SJCBS Power and Support Team which is a consumer group focusing on empowerment and advocacy.

**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.**

Collaboration strategies will be implemented at both the community and program level. At the community level, the SEARS program will be an active participant in the Southeast Asian Behavioral Health Services/Community-Based Organization consortium. This will be a helpful vehicle for the ongoing development and evolution of collaboration with other stakeholders.

At the program level, there will be daily collaboration with identified Community-Based Organizations; both those with whom contracts have been developed, but also with others that deal with the identified population. These others (those not contracted with) may often be part of collaborative planning on behalf of individuals in the target population. The collaboration with contracted Community-Based Organizations will be an integral part of the Full Service Partnership's in which they participate. Additionally, the co-location of staff at TCC and at the CBOs will be a very concrete way of insuring collaboration. As a result of the contracts with CBOs, other parts of the community are much more likely to "come to the table" to participate in needs assessment and planning.

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

The program will maintain cultural and linguistic competence by continuing to insure that service staff is representative of the cultures and consumers served. Staffing at the current clinic includes both interpreters and clinical staff from the identified target cultures and speaking the languages of the target population.

The implementation of contracts with Southeast Asian community-based organizations will assure that culture and language are appropriate to the target population. In addition to consultation regarding the various cultures, these

agencies will have staff that is part of the program's Full Service Partnership's. These community-based organization service staff are members of these ethnic communities and have the experience and expertise to assist in the evolution of the program to become increasingly culturally congruent. This will include the decorating of buildings with artwork and furnishings that are familiar to this population as well as education of other staff in interpersonal approaches that are culturally competent.

In addition, the integration of culture into the service planning process will be an expectation. This will include the acknowledgement and planning for the challenges confronting individuals who are monolingual for their native language. The utilization of consumers who live in these cultures as members of the Integrated Services Team will help provide consultation and advocacy for cultural perspectives.

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

All integrated service team staff will be expected to be sensitive to gender and sexual orientation issues. Such issues will be an integral part of service planning decisions and staff assignment. Trainings will be a part of refining such sensitivity and helping staff develop plans which respond appropriately to these issues.

It will be critical that gender and sexual orientation be considered within a Southeast Asian context. Gay, lesbian, bisexual, and transgender individuals experience stigma in a different way than the mainstream population.

Individuals who identify sexual orientation as a life situation may continue to receive services within the SEARS program or be linked to other SJCBHS services that are appropriate. Again, interpreting and linkage services will be provided by consumer employees and SEARS case management staff.

In addition, there are gender-related issues such as domestic violence which can be partly addressed by community resources, such as the Women's Center with interpreting and linkage being provided by SEARS staff.

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

Southeast Asian individuals residing out of the county to be served by the SEARS program will include those placed by SJCBS in some form of residential placement (e.g. IMD's, board and care). Such individuals will be linked to culturally and linguistically appropriate services by SEARS staff. Case management for these consumers will be provided by SEARS staff. The goal for these consumers will be to transition them back to San Joaquin County residence and SJCBS services.

Southeast Asian consumers moving out of the County and requiring ongoing services will be referred and linked to culturally and linguistically appropriate services in their new county of residence.

**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 SEARS Program.

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

The timeline begins with approval by DMH:

Month 1 & 2:

- Begin Staff Recruitment and Interview
- Develop and Enact Contracts with Southeast Asian CBOs
- Continue Consortium Meetings
- Begin Collaborative Meetings with CBO Staff
- Lease Additional Office Space, Order Supplies
- Begin Integrated Service Team Meetings
- Begin Development of SEARS Program Policies and Procedures

Month 3:

- Begin Screening of Consumers for Full Service Partnerships
- Begin Implementation of the First 90 Days Model
- Fifteen Consumers Enrolled in Full Service Partnerships

Month 4:

- Program Policies and Procedures Completed

- Performance Outcome Measures Chosen

Month 5:

- 30 consumers Enrolled in Full Service Partnerships
- 45 consumers Enrolled in Full Service Partnerships

Month 6:

- 60 Consumers Enrolled
- First Analysis of Outcomes Measures

#### **14) Exhibit 5: Budget and Staffing Detail Worksheets**

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

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

County(ies): San Joaquin

Fiscal Year: 2005-06

Program Workplan # FSP-4

Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services

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Type of Funding 1. Full Service Partnership

Months of Operation 12

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

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (209)468-8778

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
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
<b>2. Personnel Expenditures</b>				
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
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$35,925			\$35,925
<b>6. Total Proposed Program Budget</b>	\$35,925	\$0	\$0	\$35,925
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
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
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$0			\$0
<b>D. Total Funding Requirements</b>	\$35,925	\$0	\$0	\$35,925
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				100.0%

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

County(ies): San Joaquin

Fiscal Year: 2005-06

Program Workplan # FSP-4

Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services

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Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: (209)468-8778

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

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

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

County(ies): San Joaquin

Fiscal Year: 2006-07

Program Workplan # FSP-4

Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services

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Type of Funding 1. Full Service Partnership

Months of Operation 12

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

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 Telephone Number: (209)468-8778

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases			\$68,000	\$68,000
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$30,000	\$30,000
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$98,000	\$98,000
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$253,456			\$253,456
c. Employee Benefits	\$111,791			\$111,791
d. Total Personnel Expenditures	\$365,247	\$0	\$0	\$365,247
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,000			\$5,000
d. General Office Expenditures	\$5,000			\$5,000
e. Rent, Utilities and Equipment	\$21,400			\$21,400
f. Medication and Medical Supports	\$6,000			\$6,000
g. Other Operating Expenses (provide description in budget narrative)	\$2,580			\$2,580
h. Total Operating Expenditures	\$39,980	\$0	\$0	\$39,980
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$324,000			\$324,000
<b>6. Total Proposed Program Budget</b>	\$729,227	\$0	\$98,000	\$827,227
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
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
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$248,168			\$248,168
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$248,168	\$0	\$0	\$248,168
<b>3. Total Revenues</b>	\$248,168	\$0	\$0	\$248,168
<b>C. One-Time CSS Funding Expenditures</b>	\$0			\$0
<b>D. Total Funding Requirements</b>	\$481,059	\$0	\$98,000	\$579,059
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				100.0%



**EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative  
SEARS-Southeast Asian Recovery Services Full Service Partnership Work Plan**

**County: San Joaquin**  
**Workplan # FSP-4**

**Fiscal Year: 2006-07**  
**Date: 3/10/06**

**1. Expenditures**

**a. Client, Family Member and Caregiver Support Expenditures**

**i. Travel and Transportation**

**ii. Housing**

1. Housing-\$1,700 per client for the year (40 Clients) \$ 68,000

**iii. Employment and Education Supports**

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

**iv. Other Support Expenditures**

**v. Total Support Expenditures**

**\$ 98,000**

**b. Personnel Expenditures**

**i. Current Existing Personnel Expenditures**

**ii. New Additional Personnel Expenditures**

1. Chief Mental Health Clinician-(.5 FTE @ \$67,664) \$33,832

2. Mental Health Clinician III-(1 FTE @ \$61,381) 61,381

3. Psychiatrist-(.4 FTE @ \$147,1590) 58,864

4. Psychiatric Technician/MH Specialist II-(2 FTE @ \$38,231) 76,462

5. Senior Office Assistant-(.75 FTE @ \$30,556) 22,917 \$253,456

**iii. Employee Benefits**

1. Benefits calculated at 47% for Regular employees and 15% for  
Temporary employees \$111,791

**iv. Total Personnel Expenditures**

**\$365,247**

**c. Operating Expenditures**

**i. Travel and Transportation**

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

**ii. General Office Expenditures**

1. Office supplies, printing, small equipment \$ 5,000

**iii. Rent, Utilities and Equipment**

1. New space rent and utilities, and copier  
based on past history \$ 21,400

**iv. Medication and Medical Supports**

1. Estimated Prescription Drug Costs \$ 6,000

**v. Other operating Expenses**

1. Communication and data line charges \$ 2,580

**vi. Total Operating Expenditures**

\$ 39,980

**d. Estimated Total Expenditures when service provider is not known**

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

**e. Total Proposed Program Budget**

**\$827,227**

<b>2. Revenues</b>	
<b>a. New Revenues</b>	
i. Medi-Cal (FFP only)	\$248,168
ii. State General Funds –EPSDT	
iii. Total New Revenue	<u>\$248,168</u>
<b>b. Total Revenues</b>	<u>\$248,168</u>
<b>3. One-Time CSS Funding Expenditures</b>	
<b>4. Total Funding Requirements</b>	<u>\$579,059</u>

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

County(ies): San Joaquin

Fiscal Year: 2007-08

Program Workplan # FSP-4

Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 12

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

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60 Telephone Number: (209)468-8778

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases			\$71,400	\$71,400
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$31,500	\$31,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$102,900	\$102,900
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$266,129			\$266,129
c. Employee Benefits	\$125,080			\$125,080
d. Total Personnel Expenditures	\$391,209	\$0	\$0	\$391,209
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,000			\$5,000
d. General Office Expenditures	\$6,700			\$6,700
e. Rent, Utilities and Equipment	\$21,900			\$21,900
f. Medication and Medical Supports	\$15,300			\$15,300
g. Other Operating Expenses (provide description in budget narrative)	\$3,080			\$3,080
h. Total Operating Expenditures	\$51,980	\$0	\$0	\$51,980
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
	\$340,200			\$340,200
<b>6. Total Proposed Program Budget</b>				
	\$783,389	\$0	\$102,900	\$886,289
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
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
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$265,886			\$265,886
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$265,886	\$0	\$0	\$265,886
<b>3. Total Revenues</b>				
	\$265,886	\$0	\$0	\$265,886
<b>C. One-Time CSS Funding Expenditures</b>				
	\$0			\$0
<b>D. Total Funding Requirements</b>				
	\$517,503	\$0	\$102,900	\$620,403
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

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

County(ies): San Joaquin

Fiscal Year: 2007-08

Program Workplan # FSP-4

Date: 3/6/06

Program Workplan Name SEARS-Southeast Asian Recovery Services

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 60

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 60

Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0	
<b>B. New Additional Positions</b>	Chief Mental Health Clinician		0.50	\$71,047	\$35,524	
	Mental Health Clinician III		1.00	\$64,450	\$64,450	
	Psychiatrist		0.40	\$154,517	\$61,807	
	Psych Tech/MH Specialist II		2.00	\$40,143	\$80,285	
	Sr. Office Assistant	Clerical Support		0.75	\$32,084	\$24,063
	CBO-Case Managers			4.00		\$0
	CBO-Management			1.00		\$0
	CBO-Recovery Coach/Specialis		4.00	4.00		\$0
	CBO-Outreach Worker		2.00	2.00		\$0
	CBO-Clerical			1.00		\$0
						\$0
						\$0
		<b>Total New Additional Positions</b>	6.00	16.65		\$266,129
<b>C. Total Program Positions</b>		6.00	16.65		\$266,129	

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

**EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative  
SEARS-Southeast Asian Recovery Services Full Service Partnership Work Plan**

**County: San Joaquin**  
**Workplan # FSP-4**

**Fiscal Year: 2007-08**  
**Date: 3/10/06**

**1. Expenditures**

**a. Client, Family Member and Caregiver Support Expenditures**

**i. Travel and Transportation**

**ii. Housing**

1. Housing-\$1,785 per client for the year (40 Clients) \$ 71,400

**iii. Employment and Education Supports**

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

**iv. Other Support Expenditures**

**v. Total Support Expenditures**

**\$102,900**

**b. Personnel Expenditures**

**i. Current Existing Personnel Expenditures**

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

1. Chief Mental Health Clinician-(.5 FTE @ \$71,047) \$35,524  
 2. Mental Health Clinician III-(1 FTE @ \$64,450) 64,450  
 3. Psychiatrist-(.4 FTE @ \$154,517) 61,807  
 4. Psychiatric Technician/MH Specialist II-(2FTE @ \$40,143) 80,286  
 5. Senior Office Assistant-(.75 FTE @ \$32,084) 24,063 \$266,129

**iii. Employee Benefits**

1. Benefits calculated at 47% for employees \$125,080

**iv. Total Personnel Expenditures**

**\$391,209**

**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 \$ 21,900

**iv. Medication and Medical Supports**

1. Estimated Prescription Drug Costs based on history \$ 15,300

**v. Other operating Expenses**

1. Communication and data line charges \$ 3,080

**vi. Total Operating Expenditures**

**\$ 51,980**

**d. Estimated Total Expenditures when service provider is not known**

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

**e. Total Proposed Program Budget**

**\$886,289**

<b>2. Revenues</b>	
<b>a. New Revenues</b>	
i. Medi-Cal (FFP only)	\$265,886
ii. State General Funds –EPSDT	
iii. Total New Revenue	<u>\$265,886</u>
<b>b. Total Revenues</b>	<u>\$265,886</u>
<b>3. One-Time CSS Funding Expenditures</b>	
<b>4. Total Funding Requirements</b>	<u>\$620,403</u>