

JEAN M. SHEPARD DIRECTOR

SUSAN BOWER

ACTING DEPUTY DIRECTOR

**BEHAVIORAL HEALTH SERVICES** 

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March 2007

Deputy Director, Systems of Care California Department of Mental Health 1600 9<sup>th</sup> Street, Room 130 Sacramento, CA 95814

Dear Deputy Director:

The County of San Diego and Health and Human Services Agency (HHSA) Mental Health Services (SDMHS) submits the following request to amend our existing Community Services and Support (CSS) Performance Contract of the Mental Health Services Act (MHSA). This amendment takes the form of adding new programs to our CSS Plan (New), expanding existing CSS services (Expand), and changing the amount of "one-time funding" (OT).

## Implementation of our CSS Plan

Services have begun in over 85% of CSS programs, with additional programs slated to begin shortly. New MHSA services were offered to clients as early as Quarter 4 of FY 05-06, while other services will not be in place until early FY 07-08. An unprecedented thirty-six competitive procurements were offered to the community. Despite the extensive stakeholder process, multiple competitive procurements were offered on more than one occasion without receiving bids or without receiving competitive proposals, resulting in delayed implementation and unspent CSS funds. In the case of each delayed program, stakeholder input was sought to improve the Request for Proposal and to expedite service delivery.

### **Summary of MHSA Performance Contract Amendment / Funding Request**

We are requesting an amendment to our existing CSS contract to include funding for the following:

- 1) Additional one-time funds of \$8,565,024 for a revised total of \$19,062,974 in one-time expenditures which is equal to the maximum allowed for one-time expenditures (75% of our original CSS estimate of \$25,417,300). A portion of these funds (\$1,414,725) are requested in FY 06-07 and the remainder of (\$7,150,299) in FY 07-08. These funds are being requested from our FY 05-06 unapproved CSS planning estimate in accordance with DMH Information Notice No.: 06-15 and DMH Letter No.: 06-03.
- 2) For FY 07-08, additional funds of \$10,774,200 for a revised total of \$36,191,500 (which is equivalent to our revised CSS planning estimate for FY 07-08) to expand our existing CSS programs and services and add two new programs: Patient

- Advocacy for Board and Care Facilities (A-10) and Psychiatric emergency Response Teams (PERT, ALL-5).
- 3) Additionally, we would like to reassign a portion of our unspent funds from FY 05-06 to three new pilot programs which would be implemented in FY 07-08. These funds total \$816,500 and are for the following new programs: Chaldean Outpatient Services (A-9), Interpreter Services (ALL-4), and Legal Aid Services (TAOA-1).

## **Executive Summary of CSS Enhancement and Expansion Plan**

Abbreviations for programs refer to the original MHSA-CSS Plan submitted to DMH as amended in the enclosed cross-walk document.

Work Plan #	Program Name	New to Plan	One-Time Funding	CSS Services
CY-1	School/Home Based Services			\$1,000,000
CY-1	School Based Services, Training		\$76,747	
CY-3	Cultural and Language Specific Outpatient			\$300,000
CY-4.2	Mobile Psychiatric Emergency Response / North County Walk In Assessment - Children			\$600,000
CY-5.1	Medication Support for Wards and Dependents			\$400,000
CY-5.3	Homeless and Runaway Mental Health Services			\$500,000
CY-6	Early Childhood Mental Health Services			\$130,000
CY-7	Wraparound Services		\$6,000	\$300,000
CY-8	Placement Stabilization Services		+ - /	\$200,000
				. ,
TAY-1	Integrated Services and Supported Housing			\$704,645
TAY-3	Dual Diagnosis Residential Treatment Program			\$200,000
				<b>*</b> 22/222
TAOA-1	Legal Aid Services	New		\$55,000
TAOA-2	North County Walk-In Assessment Center		\$25,000	\$330,000
TAOA-3	Housing Trust Fund		\$3,049,200	\$565,798
			<del>+</del>	<del>*************************************</del>
A-1	Homeless Integrated Services and Supported Housing			\$1,445,361
A-2	Justice Integrated Services and Supported Housing			\$510,448
A-3	Client-Operated Peer Support Services		\$25,000	\$120,000
A-5	Clubhouse Enhance and Expand with Employment		,	\$50,000
A-6	Supported Employment Services			\$100,000
A-9	Chaldean East Outpatient Services	New	\$23,077	\$200,000
A-10	Patient Advocacy for Board & Cares	New	. ,	\$48,000
	, and the second			
OA-1	High Utilizer Integrated Services & Supported Housing			\$695,548
OA-2	Mobile Outreach at Home & Community		\$100,000	\$239,070
ALL-4	Interpreter Services	New		\$455,000
ALL-5	Psychiatric Emergency Response Team (PERT)	New		\$885,000
ALL-6	Mental Health & Primary Care Services Integration			\$45,000
OT-1	System-Wide Education, training & Technical Enhancements		\$5,215,000	
OT-2	System-Wide Outreach One-Time Funding		\$45,000	
AS	MHSA Administration			\$1,511,830
TOTALS			\$8,565,024	\$11,590,700

## Community / Stakeholder Review Process

These recommendations for Enhancement and Expansion of our MHSA-CSS Plan were presented at numerous public forums, at which community representatives from public, private, family/client, education, housing, and public safety attended. After incorporating input from these community forums, the CSS Enhancement and Expansion Plan was made available for public review and comment for a 30 day period (pursuant to Welfare and Institutions Code §5848(a), via presentation at our Mental Health Board, posting in public buildings, posting electronically on our community access web site, and via e-mail distribution to Council and Board participants.

Submitted by,

ALFREDO AGUIRRE, LCSW

Deputy Director

Mental Health Services County of San Diego

## LISTING OF SAN DIEGO COUNTY'S MHSA WORK PLANS

Number	Program Name	Funding	Target Age
CY-1	School and Home Based Services	OE	Children
CY-2.1	Family and Youth Information/Education	SD	Children
C 1 2.1	Program	SD .	Cimaren
CY-2.2	Family/Youth Peer Support Services	FSP	Children
CY-3	Cultural/Language Specific Outpatient	FSP	Children
CY-4.1	Mental Health and Primary Care Services	OE	Children
	Integration (now ALL-6)	OL	Cimaren
CY-4.2	Mobile Psychiatric Emergency	SD	Children
	Response/Children's Walk-In Assessment		
	Center, North County (formerly ALL-3)		
CY-5.1	Medication Support For Dependents and Wards	SD	Children
CY-5.2	Outpatient Court Schools and Outreach	OE	Children
CY-5.3	Homeless and Runaways	FSP	Children
CY-6	Early Childhood Mental Health Services	SD	Children (0-5)
CY-7	Wraparound Services	FSP	Children
CY-8	Placement Stabilization Services	SD	Children
TAY-1	Integrated Services and Supported Housing	FSP	Transition
			Aged Youth
			(TAY)
TAY-2	Clubhouse and Peer Support Services	SD	TAY
TAY-3	Dual Diagnosis Residential Treatment Program	FSP	TAY
TAY-4	Enhanced Outpatient Mental Health Services	SD	TAY
A-1	Homeless Integrated Services and Supported	FSP	Adult
	Housing		
A-2	Justice Integrated Srvs. and Supported Housing	FSP	Adult
A-3	Client-Operated Peer Support Services	SD	Adult
A-4	Family Education Services	SD	Adult
A-5	Clubhouse Enhance and Expand with	SD	Adult
	Employment		
A-6	Supported Employment Services	SD	Adult
A-7	Mental Health Services and Primary Care	OE	Adult
	Services Integration (now ALL-6)		
A-8	Enhanced Outpatient Mental Health Services	SD	Adult
A-9	Chaldean Outpatient Services	SD	Adult
A-10	Patient Advocacy for Board and Care Facilities	SD	Adult
OA-1	High Utilizer Integrated Services and Supported	FSP	Older Adult
	Housing		
OA-2	Mobile Outreach at Home and Community	SD	Older Adult
OA-3	Mental Health Services and Primary Care	OE	Older Adult
	Services Integration (now ALL-6)		
ALL-1	Services for Deaf and Hard of Hearing	OE	All Ages-
			(Children,
			TAY, Adult,

			and Older Adults)
ALL-2	Services for Victims of Trauma and Torture	OE	All Ages
ALL-3	North County Walk-in Assessment Center (now	SD	All Ages
	CY-4.2 and TAOA-2)		
ALL-4	Interpreter Services	SD	All Ages
ALL-5	Psychiatric Emergency Response Team	SD	All Ages
ALL-6	Mental Health & Primary Care (formerly 4.1,	SD	All Ages
	A-7, OA-3		
OTO-1	System-Wide Community Education, Training	SD	All Ages
	and Technical Enhancements		
OTO-2	System-Wide Outreach One Time Funding	OE	All Ages
TAOA-1	Legal Aid Services	<b>SD</b>	TAY, A, OA
TAOA-2	North County Walk-in Assessment Center	SD	TAY, A, OA
	(formerly ALL-3)		
TAOA-3	Housing Trust Fund	<b>FSP</b>	TAY, A, OA

FSP- Full Service Partnership OE- Outreach and Engagement SD- System Development

	Exhibit 2: COMMUNITY SE	RVICES AND	SUPF	PORTS (C	SS)	) PROGRA	M W	ORKPLAN L	ISTING						
	Fiscal Year :	2005-2006													
County:	San Diego	ТОТ	TAL FU	NDS REQU	JEST	TED BY FUND	) TYP	E	FUNDS REQUESTED BY AGE GROUP						
#	Program Work Plan Name	Full Service System Outreach & Partnerships Development Engagement						tal Request	Children, You Families (C'		Transition Age Youth (TAY)		Adult (A)	C	older Adult (OA)
CY-1	School/Home Based Services, Uninsured		`		\$	40,000	\$	40,000	\$ 40.	000					,
CY-5.2	Outpatient Court Schools & Outreach				\$	15,000	\$	15,000	\$ 15.	000					
	SUB-TOTAL FY (05-06) SERVICES (04/01/06-06/30/06) (A)	\$ -	\$	-	\$	55,000	\$	55,000	\$ 55,	000	\$ -	\$	-	\$	-
CY-1-SU	School/Home Based Services, Uninsured				\$	230,769	\$	230,769	\$ 230,	769					,
CY-5.2-SU	Outpatient Court Schools & Outreach				\$	41,539	\$	41,539	\$ 41,	539					
CY-5.2-OT	Functional Family Therapy				\$	130,000	\$	130,000	\$ 130,	000					
A-5-SU	Clubhouse Enhance and Expand with Employment		\$	136,096			\$	136,096				\$	136,096		
A-5-OT	Clubhouse Enhancement Training		\$	48,895			\$	48,895				\$	48,895		
ALL-6-SU	Mental Health & Primary Care (formerly CY 4.1, A-7, OA-3)				\$	206,538	\$	206,538	\$ 73,	269		\$	80,769	\$	52,500
ALL-6-OT	Promotora Training (formerly OA-3)				\$	20,000	\$	20,000						\$	20,000
ALL-6-OT	Provider Primary Care Physician Training (formerly OA-3)				\$	7,500	\$	7,500						\$	7,500
ALL-6-OT	Impact Dulce Training (formerly OA-3)				\$	34,700	\$	34,700						\$	34,700
ALL-6-OT	Transportation - Vans (formerly OA-3)				\$	30,000	\$	30,000						\$	30,000
OT-1	System-Wide Education, Training, & Technical Enhancements		\$	536,262			\$	536,262	\$ 177,	127	\$ 94,972	\$	208,123	\$	56,039
OT-2	System-Wide Outreach One-Time Funding				\$	100,000	\$	100,000	\$ 33,	030	\$ 17,710	\$	38,810	\$	10,450
	SUB-TOTAL FY(05-06) START UP / ONE-TIME FUNDS (B)	\$ -	\$	721,253	\$	801,046	\$	1,522,299	\$ 685,	734	\$ 112,682	\$	512,693	\$	211,189
	OUR TOTAL EVOS ON OFFINIONS START UR COME TIME (C. A. D.	•		704 050	*	050.040		4 577 000	¢ 740	70.4	<b>†</b> 440.000		540,000	•	044.400
	SUB-TOTAL FY(05-06) SERVICES, START UP / ONE-TIME (C=A+B)	<b>a</b> -	\$	721,253	\$	856,046	\$	1,577,299	\$ 740,	734	\$ 112,682	\$	512,693	\$	211,189
	MHSA Administration (D)	\$ -	\$	108,188	\$	128,407	\$	236,595	\$ 111,	110	\$ 16,902	\$	76,905	\$	31,678
TOT	AL FY(05-06) SERVICES, START UP / ONE-TIME & ADMIN (E=C+D)	¢	\$	829,441	\$	984,453	e	1,813,894	¢ 054	844	\$ 129,584	e	589,598	¢	242,867
101	% Percent		à	029,441	Ф	304,433	Ф	100.00%		96%	7.14%	_	32.50%	φ	13.39%

SU-Start Up costs for 6 weeks

OT = One-Time CSS funding

Amendment

### Exhibit 2: COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM WORKPLAN LISTING

Fiscal Year: 2006-2007 SERVICES

	Fiscal Year :	Fiscal Year: 2006-2007 SERVICES TOTAL FUNDS REQUESTED BY FUND TYPE																				
County:	San Diego		TOT	AL F	UNDS REQU	JEST	ED BY FUND	TYI	TYPE FUNDS REQUESTED BY AGE GROUP													
#	Program Work Plan Name		II Service rtnerships	De	System evelopment		Outreach & ngagement	т	otal Request	Children, Youth, Families (CY)		ransition Age Youth (TAY)		Adult (A)	Ole	der Adult (OA)						
CY-1	School/Home Based Services, Uninsured					\$	2,000,000	\$	2,000,000	\$ 2,000,000												
CY-2.1	Family and Youth Information / Education Program			\$	150,000			\$	150,000	\$ 150,000												
CY-2.2	Family/Youth Peer Support Services	\$	350,000					\$	350,000	\$ 350,000												
CY-3	Cultural/Language Specific Outpatient	\$	400,000					\$	400,000	\$ 400,000												
CY-4.2	Mobile Psychiatric Emergency Response / Walk-in Assessment Center (formerly ALL-3: Children)			\$	395,234			\$	395,234	\$ 395,234												
CY-5.1	Medication Support for Wards & Dependents			\$	540,000			\$	540,000	\$ 540,000						-						
CY-5.2	Outpatient Court Schools & Outreach					\$	360,000	\$	360,000	\$ 360,000						-						
CY-5.3	Homeless/Runaway	\$	307,673					\$	307,673	\$ 307,673												
CY-6	Early Childhood Mental Health Services			\$	300,000			\$	300,000	\$ 300,000												
CY-7	Wraparound Services	\$	1,650,000					\$	1,650,000	\$ 1,650,000												
CY-8	Placement Stabilization Services			\$	150,000			\$	150,000	\$ 150,000					·							
	CHILDREN, YOUTH, FAMILIES (CY) SUB-TOTAL	\$	2,707,673	\$	1,535,234	\$	2,360,000	\$	6,602,907	\$ 6,602,907	\$	-	\$	-	\$							
TAY-1	Integrated Services & Supported Housing	\$	1,500,785	Ė	,,	Ė	,,	\$	1,500,785	,,	\$	1,500,785	Ė		·							
TAY-2	Clubhouse / Peer Support Services	_	1,000,100	\$	350,000			\$	350,000		\$	350,000			$\overline{}$							
TAY-3	DDx Residential Treatment Program	\$	769,000	Ψ	000,000			\$	769,000		\$	769,000										
TAY-4	Enhanced Outpatient Mental Health Services	*		\$	1,109,840			\$	1,109,840		\$	1,109,840										
17(1)	TRANSITION AGE YOUTH (TAY) SUB-TOTAL	\$	2,269,785	\$	1,459,840	\$	-	\$	3,729,625	\$ -	\$	3,729,625	\$	-	\$							
A-1	Homeless Integrated Services and Supported Housing	\$	3,368,000					\$	3,368,000				\$	3,368,000								
A-2	Justice Integrated Services and Supported Housing	\$	1,200,000					\$	1,200,000				\$	1,200,000	·							
A-3	Client Operated Peer Support Services			\$	420,000			\$	420,000				\$	420,000								
A-4	Family Education Services			\$	70,000			\$	70,000				\$	70,000		-						
A-5	Clubhouse Enhance and Expand with Employment			\$	1,179,502			\$	1,179,502				\$	1,179,502	·							
A-6	Supported Employment Services			\$	350,000			\$	350,000				\$	350,000		-						
A-8	Enhanced Outpatient Mental Health Services			\$	1,000,000			\$	1,000,000				\$	1,000,000	·							
	ADULT (A) SUB-TOTAL	\$	4,568,000	\$	3,019,502	\$	-	\$	7,587,502	\$ -	\$		\$	7,587,502	\$							
OA-1	High Utilizer Integrated Services & Supported Housing	\$	900,000					\$	900,000						\$	900,00						
OA-2	Mobile Outreach at Home & Community			\$	805,471			\$	805,471						\$	805,47						
	OLDER ADULT (OA) SUB-TOTAL	\$	900,000	\$	805,471	\$	-	\$	1,705,471	\$ -	\$	-	\$	-	\$	1,705,47						
TAOA-2	North County Walk-in Center (formerly ALL-3: TAY,A,OA)			\$	297,295			\$	297,295		\$	78,619	\$	172,286	\$	46,39						
	TAY, ADULT, OLDER ADULT (TAOA) SUB-TOTAL	\$	-	\$	297,295	\$	-	\$	297,295	\$ -	\$	78,619	\$	172,286	\$	46,39						
ALL-1	Services for Deaf & Hard of Hearing					\$	194,600	\$	194,600	\$ 48,650	\$	48,650	\$	48,650	\$	48,65						
ALL-2	Services for Victims of Trauma and Torture					\$	194,600	\$	194,600	\$ 48,650	\$	48,650	\$	48,650	\$	48,65						
ALL-6	Mental Health & Primary Care (formerly CY 4.1, A-7, OA-3)					\$	1,790,000	\$	1,790,000	\$ 635,000			\$	700,000	\$	455,00						
	ALL AGE GROUPS SUB-TOTAL	\$	-	\$	-	\$	2,179,200	\$	2,179,200	\$ 732,300	\$	97,300	\$	797,300	\$	552,30						
	SUB-TOTAL FY (06-07) CSS SERVICES (A)	¢	10.445.458	\$	7,117,342	ę	4.539,200	ę	22.102.000	\$ 7.335,207	ę	3.905.544	\$	8,557,088	ę	2,304,16						
	555-1517E11 (85-81) 555 SERVICES (A)	<u> </u>	10,770,730	<u> </u>	7,117,542	<u> </u>	4,555,200	<u> </u>	22,102,000	Ψ 1,000,201	<u> </u>	0,300,344	<u> </u>	0,007,000	Ť	2,304,10						
	MHSA-Administration (B)	\$	1,566,819	\$	1,067,601	\$	680,880	\$	3,315,300	\$ 1,100,281	\$	585,832	\$	1,283,563	\$	345,62						
	TOTAL FY (06-07) CSS SERVICES AND ADMIN (C=A+B))	\$	12,012,277	\$	8,184,943	\$	5,220,080	\$	25,417,300	\$ 8,435,488	\$	4,491,376	\$	9,840,651	\$	2,649,78						
Amendme	ent %Percent								100.00%	33.19%		17.67%		38.72%		10.43						

## Exhibit 2: COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM WORKPLAN LISTING

Fiscal Year: 2006-2007 ONE-TIME FUNDS

County:	San Diego		тот	AL FUNDS REQU	JESTED BY FUND	) TY	PE		FUNDS REQUEST	ED BY AGE GROUP	
#	Program Work Plan Name	Full Service Partnership	-	System Development	Outreach & Engagement	Т	otal Request	Children, Youth, Families (CY)	Transition Age Youth (TAY)	Adult (A)	Older Adult (OA)
CY-2.1-SU	Family and Youth Information / Education Program			\$ 17,308		\$	17,308	\$ 17,308			
CY-2.1-OT	Wraparound Training			\$ 4,500		\$	4,500	\$ 4,500			
CY-2.2-SU	Family/Youth Peer Support Services	\$ 40,3	885			\$	40,385	\$ 40,385			
CY-3-SU	Cultural/Language Specific Outpatient	\$ 46,	54			\$	46,154	\$ 46,154			
CY-4.2-SU	Mobile Psychiatric Emergency Response / Walk-in Assessment Center (formerly ALL-3: Children)			\$ 45,604		\$	45,604	\$ 45,604			
CY-5.1-SU	Medication Support for Wards & Dependents			\$ 62,308		\$	62,308	\$ 62,308			
CY-5.3-SU	Homeless/Runaway	\$ 35,5	01			\$	35,501	\$ 35,501			
CY-6-SU	Early Childhood Mental Health Services			\$ 34,615		\$	34,615	\$ 34,615			
CY-6-OT	Incredible Years Training			\$ 112,038		\$	112,038	\$ 112,038			
CY-7-SU	Wraparound Services	\$ 190,3	885			\$	190,385	\$ 190,385			
CY-7-OT	Wraparound Training	\$ 20,5	00			\$	20,500	\$ 20,500			
CY-8-SU	Placement Stabilization Services			\$ 17,308		\$	17,308	\$ 17,308			
TAY-1-SU	Integrated Services & Supported Housing	\$ 173,				\$	173,168		\$ 173,168		
TAY-1-OT	Continuum of Housing Options	\$ 1,320,0				\$	1,320,000		\$ 1,320,000		
TAY-1-OT	ACT Technical Assistance, PSR Training	\$ 27,5	00			\$	27,500		\$ 27,500		
TAY-2-SU	Clubhouse / Peer Support Services			\$ 40,385		\$	40,385		\$ 40,385		
TAY-2-OT	Enhanced Clubhouse Training			\$ 22,105		\$	22,105		\$ 22,105		
TAY-3-SU	DDx Residential Treatment Program	\$ 138,7	'31			\$	138,731		\$ 138,731		
TAY-3-OT	DDx Residential Treatment Program	\$ 9,0	000			\$	9,000		\$ 9,000		
TAY-4-SU	Enhanced Outpatient Mental Health Services			\$ 128,058		\$	128,058		\$ 128,058		
TAY-4-OT	Enhanced Outpatient Mental Health Services			\$ 4,000		\$	4,000		\$ 4,000		
					<b>1</b>				·	1.	
A-1-SU	Homeless Integrated Services and Supported Housing	\$ 388,6				\$	388,615			\$ 388,615	
A-1-OT	ACT Technical Assistance, PSR Training	\$ 55,0				\$	55,000			\$ 55,000	
A-1-OT	Continuum of Housing Options	\$ 2,640,0				\$	2,640,000			\$ 2,640,000	
A-2-SU	Justice Integrated Services and Supported Housing	\$ 138,4				\$	138,462			\$ 138,462	
A-2-OT	ACT Technical Assistance, PSR Training	\$ 27,5				\$	27,500			\$ 27,500	
A-2-OT	Continuum of Housing Options	\$ 1,320,0	000			\$	1,320,000			\$ 1,320,000	
A-3-SU	Client Operated Peer Support Services			\$ 83,078		\$	83,078			\$ 83,078	
A-3-OT	Client Operated Technical Assistance Training			\$ 24,000		\$	24,000			\$ 24,000	
A-4-SU	Family Education Services			\$ 8,077		\$	8,077			\$ 8,077	
A-6-SU	Supported Employment Services			\$ 40,385		\$	40,385			\$ 40,385	
A-6-OT	Supported Employment Technical Assistance Training			\$ 10,000		\$	10,000			\$ 10,000	
A-8-SU	Enhanced Outpatient Mental Health Services			\$ 115,385		\$	115,385			\$ 115,385	
A-8-OT	Enhanced Outpatient Training			\$ 22,500		\$	22,500			\$ 22,500	

#### Exhibit 2: COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM WORKPLAN LISTING Fiscal Year : 2006-2007 ONE-TIME FUNDS TOTAL FUNDS REQUESTED BY FUND TYPE FUNDS REQUESTED BY AGE GROUP San Diego County: **Full Service** System Outreach & Children, Youth, Transition Age Adult Older Adult **Total Request Program Work Plan Name Partnerships** Development Engagement Families (CY) Youth (TAY) (A) (OA) OA-1-SU High Utilizer Integrated Services & Supported Housing 103.846 103.846 103.846 OA-1-OT Continuum of Housing Options 1,095,600 1,095,600 \$ 1,095,600 OA-1-OT Geriatric Assessment Outcome Base Treatment Plan 100,000 100,000 \$ 100,000 OA-1-OT ACT Team Training and Bartel Pilot 31,500 31.500 31.500 \$ OA-1-OT Transportation - Vans 30.000 30.000 \$ 30.000 OA-2-SU Mobile Outreach at Home & Community 92,939 92,939 \$ 92,939 OA-2-OT Geriatric Certificate Training 30,000 30,000 \$ 30,000 OA-2-OT Senior Peer and Family/Caregiver Support Training 20.000 20.000 20.000 OA-2-OT Transportation - Vans 30.000 30.000 30.000 1,414,725 1,414,725 467,283 \$ 250,548 \$ 549,055 \$ 147,839 System-Wide Education, Training, & Technical Enhancements TAOA-2-SU North County Walk-in Center (formerly ALL-3: TAY,A,OA) 34,303 34,303 9,071 \$ 19,879 \$ 5.353 ALL-1-SU Services for Deaf & Hard of Hearing 22,454 5,614 \$ 22,454 5,614 \$ 5,614 \$ 5,614 ALL-2-SU Services for Victims of Trauma and Torture 22,454 22,454 5.614 \$ 5.614 \$ 5.614 \$ 5.614 7,931,847 \$ SUB-TOTAL FY(06-07) START UP / ONE-TIME FUNDS (A) \$ 44,908 \$ 10,390,376 \$ 1,105,116 \$ 2,133,793 \$ 5,453,163 \$ 2,413,621 \$ 1.698.304 MHSA-Administration (B) \$ TOTAL FY(06-07) START UP / ONE-TIME & ADMIN (C=A+B) \$ 7,931,847 \$ 2,413,621 \$ 44,908 10,390,376 1,105,116 \$ 2,133,793 \$ 5,453,163 \$ 1,698,304 % Percen 100.00% 10.64% 20.54% 52.48% 16.34%

SU-Start Up costs for 6 weeks OT = One-Time CSS funding

Amendment

	Exhibit 2: COMMUNITY	SERVICES AN	D SUPPORTS (	(CSS) PROGRA	M WORKPLAN	LISTING						
	Fiscal Year :	2007-2008	ONE-TIME FU	JNDS								
County:	San Diego	TOT	AL FUNDS REQU	JESTED BY FUND	TYPE	PE FUNDS REQUESTED BY AGE GROUP						
#	Program Work Plan Name	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families (CY)	Transition Age Youth (TAY)	Adult (A)	Older Adult (OA)			
CY-1-OT	School/Home Based Services, Incredible Years Training			\$ 76,747	\$ 76,747	\$ 76,747						
CY-7-OT	Wraparound Training	\$ 6,000			\$ 6,000	\$ 6,000						
TAOA-3-OT	Continuum of Housing Options Trust Fund <sup>1</sup>	\$ 3,049,200			\$ 3,049,200		Trust Fund 1	Trust Fund 1	Trust Fund 1			
			T	<u> </u>					<u> </u>			
A-3-OT	Client Operated Technical Assistance Training		\$ 25,000		\$ 25,000			\$ 25,000				
A-9-SU	Chaldean Outpatient Services		\$ 23,077		\$ 23,077			\$ 23,077				
	To the own of Table		400.000									
OA-2-OT	Geriatric Certificate Training		\$ 100,000		\$ 100,000				\$ 100,000			
OT-1	System-Wide Education, Training, & Technical Enhancements		\$ 3,800,275		\$ 3,800,275	\$ 1,255,231	\$ 673,029	\$ 1,474,886	\$ 397,129			
OT-2	System-Wide Outreach One-Time Funding			\$ 45,000	\$ 45,000	\$ 14,864	\$ 7,970	\$ 17,465	\$ 4,700			
		<u> </u>										
TAOA-2-SU	North County Walk-in Center (formerly ALL-3: TAY,A,OA)		\$ 25,000		\$ 25,000		\$ 6,611	\$ 14,488	\$ 3,90			
	SUB-TOTAL FY(06-07) START UP / ONE-TIME FUNDS (A)	\$ 3,055,200	\$ 3,973,352	\$ 121,747	\$ 7,150,299	\$ 1,352,842	\$ 687,610	\$ 1,554,915	\$ 505,733			
							•					
	MHSA-Administration (B)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$			
	TOTAL FY(06-07) START UP / ONE-TIME & ADMIN (C=A+B)	\$ 3,055,200	\$ 3,973,352	\$ 121,747	\$ 7,150,299	\$ 1,352,842	\$ 687,610	\$ 1,554,915	\$ 505,73			
		ş 3,055,200	φ 3,973,35Z	φ 121,747								
	% Percent				57.36%	18.92%	9.62%	21.75%	7.07			

SU-Start Up costs for 6 weeks

OT = One-Time CSS funding

### Amendment

1 Continuum of Housing Options Trust Fund (TAOA-3-OT) Funds of \$3,049,200 not distributed by age group at this time; as that will be determined on an as needed basis.

	Exhibit 2: COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAM WORKPLAN LISTING														
County:	Fiscal Year: 2007-2008 PILOT PROGRAMS  County: San Diego TOTAL FUNDS REQUESTED BY FUND TYPE FUNDS REQUESTED BY AGE GROUP														
#	# Program Work Plan Name Full Service Partnerships Development Engagement Total Request Children, Youth, Families (CY) Transition Age Youth (TAY) (A) (OA)														
A-9	Chaldean Outpatient Services		\$ 200,000		\$ 200,000		\$ 52,860	\$ 115,920	\$ 31,220						
ALL-4	Interpretator Services		\$ 455,000		\$ 455,000	\$ 151,015	\$ 80,353	\$ 176,176	\$ 47,457						
TAOA-1	Legal Aid Services		\$ 55,000		\$ 55,000		\$ 14,537	\$ 31,878	\$ 8,586						
	SUB-TOTAL (A)	\$ -	\$ 710,000	\$ -	\$ 710,000	\$ 151,015	\$ 147,750	\$ 323,974	\$ 87,262						
						=									
	MHSA-Administration (B)	\$ -	\$ 106,500	\$ -	\$ 106,500	\$ 22,652	\$ 22,162	\$ 48,596	\$ 13,090						
				-	-	-	-	-	-						
	TOTAL FY (07-08) CSS SERVICES AND ADMIN (C=A+B)	\$ -	\$ 816,500	\$ -	\$ 816,500	\$ 173,667	\$ 169,912	\$ 372,570	\$ 100,352						
	% Percent 100.00% 21.27% 20.81% 45.63% 12.29%														

	Exhibit 2: COMMUNITY	SERVICES	AND	SUPPORTS	(CSS) PROG	RAI	M WORKPLAN	LISTING				
County:	Fiscal Year : San Diego	2007-200		L FUNDS REQU	JESTED BY FUN	ND T	YPE	Ī	FUNDS REQUEST	ED BY AGE GROU	<u> </u>	
#	Program Work Plan Name	Full Servic	е	System Development	Outreach & Engagement	T	Total Request	Children, Youth, Families (CY)	Transition Age Youth (TAY)	Adult (A)	_	Older Adult (OA)
CY-1	School/Home Based Services, Uninsured		_		\$ 3,000,000	0 \$	3,000,000	\$ 3,000,000		(-)		()
CY-2.1	Family and Youth Information / Education Program		,	150,000		\$	150,000	\$ 150,000				
CY-2.2	Family/Youth Peer Support Services	\$ 350,0	000			\$	350,000	\$ 350,000				
CY-3	Cultural/Language Specific Outpatient	\$ 700,0	00			\$	700,000	\$ 700,000				
CY-4.2	Mobile Psychiatric Emergency Response-Walk-in Clinic		0,	995,234		\$	995,234	\$ 995,234				
CY-5.1	Medication Support for Wards & Dependents		0,	940,000		\$	940,000	\$ 940,000				
CY-5.2	Outpatient Court Schools & Outreach				\$ 360,000	0 \$	360,000	\$ 360,000				
CY-5.3	Homeless/Runaway	\$ 807,6	73			\$	807,673	\$ 807,673				
CY-6	Early Childhood Mental Health Services		0,	430,000		\$	430,000	\$ 430,000				
CY-7	Wraparound Services	\$ 1,950,0	00			\$	1,950,000	\$ 1,950,000				
CY-8	Placement Stabilization Services		0,	350,000		\$	350,000	\$ 350,000				
	CHILDREN, YOUTH, FAMILIES (CY) SUB-TOTAL	\$ 3,807,6	73	2,865,234	\$ 3,360,000	0 \$	10,032,907	\$ 10,032,907	\$ -	\$ -	\$	
TAY-1	Integrated Services & Supported Housing	\$ 2,205,4	30			\$	2,205,430		\$ 2,205,430			
TAY-2	Clubhouse / Peer Support Services		,	350,000		\$	350,000		\$ 350,000			
TAY-3	DDx Residential Treatment Program	\$ 969,0	000			\$	969,000		\$ 969,000			
TAY-4	Enhanced Outpatient Mental Health Services		Ç	1,109,840		\$	1,109,840		\$ 1,109,840			
	TRANSITION AGE YOUTH (TAY) SUB-TOTAL	\$ 3,174,4	30 5	1,459,840	\$	- \$	4,634,270	\$ -	\$ 4,634,270	\$ -	\$	
A-1	Homeless Integrated Services and Supported Housing	\$ 4,813,3	61			\$	4,813,361			\$ 4,813,361		
A-2	Justice Integrated Services and Supported Housing	\$ 1,710,4	48			\$	1,710,448			\$ 1,710,448	:	
A-3	Client Operated Peer Support Services			540,000		\$	540,000			\$ 540,000	)	
A-4	Family Education Services		(	70,000		\$	70,000			\$ 70,000	)	
A-5	Clubhouse Enhance and Expand with Employment		(	1,229,502		\$	1,229,502			\$ 1,229,502	!	
A-6	Supported Employment Services		,	450,000		\$	450,000			\$ 450,000	)	
A-8	Enhanced Outpatient Mental Health Services		5	1,000,000		\$	1,000,000			\$ 1,000,000	)	
A-10	Patient Advocacy for Board and Care Facilities		Ş	48,000		\$	48,000			\$ 48,000	)	
	ADULT (A) SUB-TOTAL	\$ 6,523,8	09 5	3,337,502	\$	- \$	9,861,311	\$ -	\$ -	\$ 9,861,311	\$	
OA-1	High Utilizer Integrated Services & Supported Housing	\$ 1,595,5	48			\$	1,595,548				\$	1,595,548
OA-2	Mobile Outreach at Home & Community			1,044,541		\$	1,044,541				\$	1,044,54
	OLDER ADULT (OA) SUB-TOTAL	\$ 1,595,5	48 9	1,044,541	\$	- \$	2,640,089	s -	\$ -	s -	\$	2,640,089
TAOA -2	North County Walk-in Assessment Center	, , , , , ,	9	627,295	,	\$	627,295	,	\$ 165,887	\$ 363,525		97,88
TAOA-3	Ongoing Housing Trust Fund <sup>1</sup>	\$ 565,7	98			\$	565,798		Trust Fund <sup>1</sup>	Trust Fund <sup>1</sup>		Trust Fund <sup>1</sup>
	TAY, ADULT, OLDER ADULT (TAOA) SUB-TOTAL	\$ 565,7	_	627,295	\$	- \$	1,193,093	\$ -	\$ 165,887		_	97,88
ALL-1	Services for Deaf & Hard of Hearing	, 500,1			\$ 194,600	0 \$		\$ 48,650				48,650
ALL-2	Services for Victims of Trauma and Torture		=		\$ 194,600		194,600	\$ 48,650				48,650
ALL-6	Mental Health & Primary Care (formerly CY 4.1, A-7, OA-3)		$\dashv$		\$ 1,835,000		1,835,000	\$ 655,000		\$ 725,000		455,000
ALL-5	Psychiatric Emergency Response Teams		9	885,000		\$	885,000	\$ 97,350	\$ 79,650			177,000
	ALL AGE GROUPS SUB-TOTAL	\$	- (	885,000	\$ 2,224,200	0 \$	3,109,200	\$ 849,650	\$ 176,950	\$ 1,353,300	\$	729,30
	SUB-TOTAL FY (07-08) CSS SERVICES (A)	\$ 15,667,2	58 5	10,219,412	\$ 5,584,20	0 \$	31,470,870	\$ 10,882,557	\$ 4,977,107	\$ 11,578,135	\$	3,467,27
	(5. 5.)		_					, ,				
	MHSA-Administration (B)	\$ 2,350,0	88	1,532,912	\$ 837,630	0 \$	4,720,630	\$ 1,717,253	\$ 746,566	\$ 1,736,720	\$	520,09
	TOTAL FY (07-08) CSS SERVICES AND ADMIN (C=A+B)	\$ 18,017,3	46	11,752,324	\$ 6,421,83	0 \$	36,191,500	\$ 12,599,810	\$ 5,723,673	\$ 13,314,855	\$	3,987,36
	% Percent					Г	100.00%	35.37%	16.07%	37.37%	6	11.19
Amendment						T		Ì				

<sup>1</sup> Ongoing Housing Trust Fund (TAOA-3) Funds of \$565,798 not distributed by age group at this time; as that will be determined on an as needed basis.

	Fiscal Year : 2005-06, 2006-07, 2007-08 SUMMARY														
County:	San Diego		TOT	TAL F	UNDS REQUES	STED BY FUND TY	PE			<b>FUNDS REQUESTE</b>	D BY AGE GROUP1				
FY	FISCAL YEAR SUMMARY		Full Service Partnerships	De	System evelopment	Outreach & Engagement	1	Total Request	Children, Youth, Families (CY)	Transition Age Youth (TAY)	Adult (A)	Older Adult (OA)			
2005-06	CSS SERVICES (04/01/06-06/30/06)	\$	-			\$ 55,000	\$	55,000	\$ 55,000	\$ -					
2005-06	START UP / ONE-TIME FUNDS	\$	-	\$	721,253	\$ 801,046	\$	1,522,299	\$ 685,734	\$ 112,682	\$ 512,693	\$ 211,18			
2005-06	MHSA ADMINISTRATION			\$	108,188	\$ 128,407	\$	236,595	\$ 111,110	\$ 16,902	\$ 76,905	\$ 31,67			
2005-06	TOTAL REQUEST	\$	-	\$	829,441	\$ 984,453	\$	1,813,894	\$ 851,844	\$ 129,584	\$ 589,598	\$ 242,86			
2006-07	CSS SERVICES	\$	10,445,458	\$	7,117,342	\$ 4,539,200	\$	22,102,000	\$ 7,335,207	\$ 3,905,544	\$ 8,557,088	\$ 2,304,16			
2006-07	START UP / ONE-TIME FUNDS	\$	7,931,847	\$	2,413,621	\$ 44,908	\$	10,390,376	\$ 1,105,116	\$ 2,133,793	\$ 5,453,163	\$ 1,698,30			
2006-07	MHSA ADMINISTRATION	\$	1,566,819	\$	1,067,601	\$ 680,880	\$	3,315,300	\$ 1,100,281	\$ 585,832	\$ 1,283,563	\$ 345,62			
2006-07	TOTAL REQUEST	\$	19,944,124	\$	10,598,564	\$ 5,264,988	\$	35,807,676	\$ 9,540,604	\$ 6,625,169	\$ 15,293,814	\$ 4,348,08			
2007-08	CSS SERVICES	\$	15,667,258	\$	10,929,412	\$ 5,584,200	\$	32,180,870	\$ 11,033,572	\$ 5,124,856	\$ 11,902,109	\$ 3,554,53			
2007-08	START UP / ONE-TIME FUNDS	\$	3,055,200	\$	3,973,352	\$ 121,747	\$	7,150,299	\$ 1,352,842	\$ 687,610	\$ 1,554,915	\$ 505,73			
2007-08	MHSA ADMINISTRATION	\$	2,350,088	\$	1,639,412	\$ 837,630	\$	4,827,130	\$ 1,739,905	\$ 768,728	\$ 1,785,316	\$ 533,18			
2007-08	TOTAL REQUEST	\$	21,072,546	\$	16,542,176	\$ 6,543,577	\$	44,158,299	\$ 14,126,318	\$ 6,581,194	\$ 15,242,341	\$ 4,593,44			

FY	FISCAL YEAR SUMMARY BY FUNDING	Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families (CY)	Transition Age Youth (TAY)	Adult (A)	Older Adult (OA)
2005-06	CSS SERVICES (04/01/06-06/30/06)	\$ -		\$ 55,000	\$ 55,000	\$ 55,000	\$ -		
2006-07	CSS SERVICES	\$ 10,445,458	\$ 7,117,342	\$ 4,539,200	\$ 22,102,000	\$ 7,335,207	\$ 3,905,544	\$ 8,557,088	\$ 2,304,161
2007-08	CSS SERVICES	\$ 15,667,258	\$ 10,929,412	\$ 5,584,200	\$ 32,180,870	\$ 11,033,572	\$ 5,124,856	\$ 11,902,109	\$ 3,554,534
3 YEAR	SUB-TOTAL CSS SERVICES (A)	\$ 26,112,716	\$ 18,046,754	\$ 10,178,400	\$ 54,337,870	\$ 18,423,779	\$ 9,030,400	\$ 20,459,198	\$ 5,858,695
2005-06	START UP / ONE-TIME FUNDS	\$ -	\$ 721,253	\$ 801,046	\$ 1,522,299	\$ 685,734	\$ 112,682	\$ 512,693	\$ 211,189
2006-07	START UP / ONE-TIME FUNDS	\$ 7,931,847	\$ 2,413,621	\$ 44,908	\$ 10,390,376	\$ 1,105,116	\$ 2,133,793	\$ 5,453,163	\$ 1,698,304
2007-08	START UP / ONE-TIME FUNDS	\$ 3,055,200	\$ 3,973,352	\$ 121,747	\$ 7,150,299	\$ 1,352,842	\$ 687,610	\$ 1,554,915	\$ 505,733
3 YEAR	SUB-TOTAL START UP / ONE-TIME FUNDS (B)	\$ 10,987,047	\$ 7,108,226	\$ 967,701	\$ 19,062,974	\$ 3,143,692	\$ 2,934,085	\$ 7,520,772	\$ 2,415,226
3 YEAR	TOTAL CSS SERVICES / ONE-TIME (C=A+B)	\$ 37,099,763	\$ 25,154,980	\$ 11,146,101	\$ 73,400,844	\$ 21,567,470	\$ 11,964,485	\$ 27,979,969	\$ 8,273,921
2005-06	MHSA ADMINISTRATION	\$ -	\$ 108,188	\$ 128,407	\$ 236,595	\$ 111,110	\$ 16,902	\$ 76,905	\$ 31,678
2006-07	MHSA ADMINISTRATION	\$ 1,566,819	\$ 1,067,601	\$ 680,880	\$ 3,315,300	\$ 1,100,281	\$ 585,832	\$ 1,283,563	\$ 345,624
2007-08	MHSA ADMINISTRATION	\$ 2,350,088	\$ 1,639,412	\$ 837,630	\$ 4,827,130	\$ 1,739,905	\$ 768,728	\$ 1,785,316	\$ 533,181
3 YEAR	TOTAL MHSA ADMINISTRATION (D=15% of (C)	\$ 3,916,907	\$ 2,815,201	\$ 1,646,917	\$ 8,379,025	\$ 2,951,296	\$ 1,371,462	\$ 3,145,784	\$ 910,483
3 YEAR	TOTAL REQUEST (E=C+D)	\$ 41,016,670	\$ 27,970,181	\$ 12,793,018	\$ 81,779,869	\$ 24,518,766	\$ 13,335,947	\$ 31,125,753	\$ 9,184,404
	% Percent	50.15%	34.20%	15.64%	100.00%	29.98%	16.31%	38.06%	11.23%

#### Amendment

<sup>1</sup> Ongoing Housing Trust Fund (TAOA-3) Funds of \$565,798 and Continuum of Housing Options Trust Fund (TAOA-3-OT) of \$3,049,200 not distributed by age group at this time; as it will be determined on an as needed basis.

EXHIBIT 4: COMMUN	ITY SERVICES AND SUPPO	ORTS WORK PLAN									
County: San Diego	Fiscal Year: 2007-2008	Program Work Plan Name:	Chald	ean O	utpat	ient Se	rvice	S			
Program Work Plan: A-	9	Estimated Start Date: July	1, 200	7							
	of the program: tal health services, training fo Diego County's East Region		s and e	educat	tion fo	or Midd	le Ea	stern	popu	ılatic	n
Services for adults/olde populations are include	age and situational character adults from the Middle East d: Chaldeans from Iraq and Nude, post-traumatic stress distential health illness.	ern population with serious r Muslims from other Middle Ea	mental astern	health countr	need ies, w	ds. Šei ⁄ho are	vices suffe	to the	from	men	_
			10	d) Fun	d Typ		1	ld) A	ge Gr	oup	
this program. 1d) Identi	tegies for which you will be refication of the funding types to populations to be served for in a program.	hat will be used and the	FSP	Sys Dev	OE	ОТО	CY	TA Y	Α	O A	A L L
1c) Provide individua	al, group counseling for SMI			$\boxtimes$					$\boxtimes$	$\boxtimes$	
✓ Provide outreach health programs	n to this population who typica	ally do not access mental									
services ✓ Provide training a Eastern population.	on to Middle Eastern commun and education to mental heal ons and the manifestations of	th professional on Middle f mental disorders in this									
	and bicultural Middle-Easter conduct services.	n mental health									

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

SDMHS will contract with a community based organization. The program will serve Adult/Older Adults with SMI diagnosis in the San Diego County Middle eastern population. The purpose of the program is to provide services to a population who have been unable to access our mental health programs due to cultural or language barriers. The goal would be to decrease stigma around mental health services in this population while providing culturally competent mental health services to increase well being and symptom management in clients. The services would include Individual and group counseling, with the goal to improve access and decreased crisis utilization for this population. The services will be provided in a culturally competent site, with culturally competent staff utilizing culturally appropriate practices.

The provider will collaborate and partner with current contracted mental health services in East Region, East County Mental Health clinic, Children's Welfare Services, MITE, Chaldean Catholic Church in El Cajon, Survivors of Torture & Trauma, law enforcement and Middle Eastern providers of physical (2) & mental health services (1) in private practice in our County. The program will serve minimum of 100 clients per year. The clients will be referred from County & contracted mental health providers, Children's Welfare Services, law enforcement, churches in region and the community at large. Other community collaborations will be the Crisis program in El Cajon, Halycon, hospitals and community groups who could help provide support to this community. The provider may refer and link clients to other MH providers, social services, Section 8, SSI, vocational, educational and housing providers as needed. The program \will be located in East Region where the majority of the population is residing; may co locate with East Region contracted provider or physical health care provider. The staffing shall be a minimum of 1 licensed mental health worker and 1 peer staff, who both are bilingual and at a minimum speak Arabic and other Middle Eastern languages.

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

This program will not be providing housing, although staff are to be competent to assist clients in accessing benefits, SSI, housing, Board and Cares or shelters in region, as well as working knowledge of church programs for assistance, Section 8 housing, and job options or other employment assistance and support.

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

This program is not a Full Service Partnership.

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.

This program will advance the values of recovery and resiliency by ensuring that appropriate linguistically and culturally competent services are integrated in the delivery of care for clients who are Middle-Eastern and who are other wise not receiving appropriate care. This program will not only consider the stabilization of symptoms and illness management, but will also provide holistic services to the client that will include assistance with housing, employment, education, health services, social services and self-sufficiency.

This program will also decrease mental health stigma in the community and provide education to other professionals on Middle Eastern populations. The program staff will include a licensed mental health worker who is culturally competent and bilingual and one peer staff member who is a member of the population and familiar with mental health services.

The staff of the program will also provide trainings and education to current providers on Middle Eastern populations and provide education to the Middle Eastern community on mental health services, how to access services and when to seek services. To meet these goals, the contract will require 100 clients to be served and a minimum of 3 community trainings per year.

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

This a new program that will compliment current East Region mental health services.

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

The program will have a paid peer position. The program shall recruit clients or family members who would be willing to participate in education component to lessen stigma. The program shall link with the current East Corner Clubhouse for those clients who might chose to participate in activities there. A Program Advisory Group (PAG) will be established to ensure client and family program oversight participation.

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

The provider will collaborate with the Chaldean Social Club and the East Corner Clubhouse. In addition, to existing mental health and physical health clinics in region, and those in other regions when appropriate,

collaborations and partnerships shall be established to develop linkages that would serve this population. The provider will link to existing community meetings that may include law enforcement (monthly Round Table), MITE (substance abuse), public health and residential programs to provide linkages, education and services to Middle Easterns. Additionally the program would link with Employment Services contractor for County, Job Options and ROP to access information for referrals.

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.

San Diego County has several requirements for cultural competence, currently including one general cultural competency training on the Middle Eastern culture and this contractor will augment that training with a more specific in depth training.

The County monitors ethnicity, cultural or language requirements for Contractors by requiring reporting in a Monthly Status Report format of staffing along with trainings taken. Bi-lingual staff shall be a requirement for this program, and contractor shall report how they will verify the competence of staff in the Arabic and Farsi languages that are primarily spoken by this population. Requirements shall include a site that is welcoming to the Middle Eastern culture and outreach to this community through the religious and social organizations that have been developed in the East Region of our County shall occur on a regular basis.

This program shall develop materials in the appropriate languages to educate the community on mental health issues and provide all our County materials in Arabic, one of our newer threshold languages.

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

The County of San Diego currently has a training on gender differences and the gay, lesbian, transsexual community. This contractor would be required to participate in trainings on gender sensitivity and consider the social, cultural impact on the middle eastern population.

Many gender issues arise in the Middle Eastern population that is a male dominate culture and this creates many struggles as Middle Eastern women and girls become acculturated and begin to resist the dominance of the males in their family/community.

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

Services will be provided only within the county.

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 section was completed in Section IV of the CSS Addendum previously submitted.

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

Contract to be providing services by July 1, 2007

EXHIBIT 4: COMMUN	ITY SERVICES AND SUPPO	ORTS WORK PLAN									
County: San Diego	Fiscal Year: 2007-08	Program Work Plan Name:	me: Patient Advocacy for Board & Care Facilities								
Program Work Plan: A	À-10	Estimated Start Date: July	1, 200	7							
in licensed Board and C require daily support to evicted or threatened we they don't know they has Board & Care owners, residents and staff with	Care facilities augmented with live in the community and avoith eviction or denied rights between that they managers, staff and residents information regarding rights vocate visits to Board & Care	will provide augmented advo n mental health services. The roid institutionalization. At time by poorly trained facility staff. or are powerless. Services will se to facilitate access and asset and responsibilities of both per homes to speak with clients	nese cl nes, th Clier Il includi istance parties	ients hese clints ofte de the e with pand re	nave a ients en fail follov proble levar	a menta may be to repo wing: fo em solv at comr	al hea e inap ort ab ormino ving; i munity	alth dopropouse to liais provide the liais provi	iagno riately pecau sons v ding purce:	osis a y use with es;	and
will serve mental health and Adults. These clie	n clients in the following age on the need ongoing, daily supp	ristics of the priority population groups who are living in board ort and supervision with active meals, medication dispensing	d and o	care fa f daily	cilitie Iiving	s: Tra to live	nsitio succ	nal A essfu	ge Yoully in	outh, the	
			1	d) Fun	ıd Ty	ре	•	1d) A	ge Gr	roup	
this program. 1d) Identi	Itegies for which you will be rification of the funding types to be served for a program.	that will be used and the	FSP	Sys Dev	O E	ОТО	C Y	TA Y	А	O A	A L L
	ion to Board & Home operato ince with problem situations	ors about client rights and									
	g support and advocacy to B implaints/problems with their			Х				Х	Х		
✓ Investigate, as resituations in Board	necessary, reported or obserted and Care facilities and, if valental Health Administration.	ved potential problem		Х				Х	Х		

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

This is an expansion/augmentation of an existing program with USD Patient Advocacy Program, which is contracted to provide patient advocacy services for mental health clients in LPS designated hospitals, IMDs, Crisis Residential and short term transitional settings, and certain licensed board and care homes for adults with a mental health diagnosis. The advocates handle patient's rights complaints for this client population as well as grievances and appeals regarding inpatient and short term crisis residential settings. The USD Patient Advocacy Program staff consists of four designated Title 9 advocates, a staff attorney and the Director. The USD Patient Advocacy Program has been serving the needs of this population for thirty years by providing representation at Certification Review Hearings, Roger S. Hearings, minors rights advisements, handling patient rights complaints and Medi-Cal Grievances and Appeals. Population growth, budgetary constraints, and the statutory timelines governing the scheduling of hearings necessitate that the program focus on inpatient issues. As a result, the amount of outreach to Board & Care facilities has been minimal.

The target population for the expanded services to eleven Board and Care facilities providing augmented mental health services are Transition Aged Youth and Adults. Often clients living in these facilities are afraid to complain about their living situations because they fear reprisal or eviction from their home. This program advances the goals of the MHSA by providing support to mental health clients and assisting them in building empowerment to increase their ability to live in the community and avoid institutionalization. The program will offer the following services: advocacy, education, negotiation, and on-site facility monitoring. An ongoing presence in the Board and Care facilities will encourage familiarity and trust between the clients and the advocate. Clients will then feel more secure in addressing their concerns regarding their living situation with the advocate. The services of the advocate will help empower clients, assist in preserving client safety, and help maintain community placements. The expanded services will fund a half-time position and office support to allow routine, in- person visits to Board and Care facilities, phone and in-person assistance. Program staff expects to partner with contracted and County Mental Health Case Management Services, Peer to Peer Support Program, Clubhouses, the PERT Teams, and local law enforcement in their efforts to support clients in the community.

In addition to liaison activities for Board and Care owners, staff, and residents, this program, employing a half-time advocate, expects to provide direct advocacy services to approximately 50 clients each fiscal year. Services will be provided at eleven Board and Care facilities augmented with mental health services, Monday through Friday for 18.75 hours/week, with specific program hours yet to be determined. Clients will be linked, as appropriate, to clubhouses, peer-to-peer support, Community Care Licensing, Legal Aid, and other needed services; the advocate will also work with case management services for these clients. Services will be performed at the aforementioned

eleven augmented Board and Care facilities and through phone support and advisement. Limited on-call staff will be available for emergencies only. It is expected that this program will begin in July 2007 with the half-time advocate and the ¼ time office support person in place close to that time.

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

This program is targeted to serve persons who have already secured housing in a licensed Board and Care facility. If a client is facing eviction, and does not want to move, the advocate will first work with the client and the facility staff in negotiating a resolution that would avoid eviction. If negotiation is not an option or is unsuccessful, the advocate will ensure that the facility follows proper procedure. The advocate will ensure that all parties with authority regarding the client's placement, such as case management and representative payees are notified. If necessary, the client will be referred to 211 to access this county's listing of available beds in licensed Board and Care homes and other relevant referral sources.

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.

Not applicable, since this program is a System Development Initiative, not a Full Service Partnership

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 focus of this program, Board and Care resident safety and helping -to avoid eviction or institutionalization, is in keeping with the recovery goals for a segment of the population who are dealing with chronic and disabling mental health problems. The Advocate will work toward ensuring that clients are aware of their rights and secure in pursuing resolution of problems. Though his/her liaison with and education of Board and Care operators, staff and clients, and ongoing visits to Board and Care facilities, the advocate will model and reinforce the concepts of effective problem solving, thereby assisting clients on their path to recovery. The advocate's availability and presence will also enable him/her to monitor conditions at the Board and Care homes, recognizing and addressing potential problems before they develop into safety and placement threatening issues.

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

This program is an expansion of the USD Patient Advocacy Program. Because of funding constraints, the USD Patient Advocacy Program was necessarily limited to focusing on inpatient issues, statutorily required certification hearings and Roger S. hearings, minors' rights advisements, Title 9 complaints and inpatient grievances and appeals. With MHSA funding, the USD Patient Advocacy Program will begin the expansion of its services to provide further assistance to residents of augmented mental health services Board and Care homes through ongoing routine visits to facilities. This will allow for establishment of working relationships with facility staff and management, creation of opportunities for clients to informally discuss problems with the Advocate, and routine monitoring of conditions. It is estimated that 50 additional client problems will be revealed and resolved through these contacts.

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

At this time, the opportunity to involve clients or family members is limited by the fact that this is only a small expansion program with a ½ FTE Advocate and ¼ FTE Administrative Assistant. However the program expects to develop a strong, mutually beneficial working relationship with Client Operated Peer-to-Peer Support Services (Program A-3) to increase empowerment of residents.

The program will also be able to rely on the experience of clients and family members currently employed by the USD Patient Advocacy Program, and existing favorable relationships that the USD Patient Advocacy Program has built over the last thirty years with individual clients and family members, as well as client and family groups throughout the community.

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.

Helping Board and Care residents to live in a safe and supportive environment is vital to reducing hospitalizations and law enforcement, detention and transport for psychiatric treatment, or other law enforcement interventions. The Advocate will work closely with the Board and Care managers and staff, providing education and training to help insure stable resident housing. The Advocate will also work closely with clients' case managers when necessary, providing an "early warning" about-client concerns which could

escalate into situations that ultimately endanger the client's housing; Conversely, Case Management will have the assistance of the Advocate in resolving clients' rights issues. It is expected that this Advocate will also work with the Peer to Peer Support Services by accepting any complaints, grievances or appeals brought by Peer to Peer to the Advocate's attention, ensuring investigation and resolution, or appropriate referral. The Advocate will also work with the clubhouses and the Peer to Peer Program to help clients in need of connection to community services. The USD Patient Advocacy Program and PERT have a history of working together to ensure that clients are treated with respect and dignity. The expanded service is expected to continue in this tradition.

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.

Cultural competence and understanding of differences, including gender and sexual orientation, are required expectations of our current providers; are integrated into our current service delivery system; and will be expected of this program. Service providers will possess cultural awareness, knowledge and skills necessary to provide culturally competent services. Every direct service staff person of every mental health program in San Diego County is required to complete a minimum of 4 hours of Cultural Competency training annually. Under the System-wide Training and Education Plan, providers will be trained to assess individual cultural competency and plan training accordingly. Interpreter services will continue to be available through the County's interpreter services contracts for clients needing such services.

In turn, the Advocate will assess the cultural competency needs of Board and Care staff as part of their interactions within the scope of services contemplated by this program. As with any recruitment for advocacy staff, the USD Patient Advocacy Program will state their preference for hiring a bilingual person to serve as the part-time Advocate. The Advocate also has access to County-provided free interpreter services for clients.

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

Cultural competence and understanding of differences, including sexual orientation and gender, are required expectations of all current mental health program providers and are integrated in our current service delivery system. These expectations also extend to this program expansion. Staff trainings that address cultural sensitivity or sensitivity to gender differences, as part of the cultural competence training, will be provided by

County Mental Health as part of System-wide Training and Education. Contract language will include the following:

"Contractor shall comply with the requirements of the MHSA CCS System-wide Education and Training Plan (SWETP) pertaining to Cultural Competence and the Behavioral Health Initiative when finalized and provided to Contractor by the County."

"Contractor shall cooperate with the Training Contractor to implement requirements."

"The goals of the System-wide Education and Training Plan will be to facilitate provider cultural competency (awareness, knowledge, and skills) in relation to diverse populations."

"The latter grouping will encompass-but not be limited to—gender based groups (women, men), older adults, disability culture (including persons who are deaf and hard of hearing, those with physical disabilities, blind or sight impaired persons, client recovery cultures—both mental health and substance abuse), and gay, lesbian, bi-sexual, and trans-gendered persons who have a serious mental illness."

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

This section was completed; no further explanation needed.

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 section was completed; no further explanation needed.

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

Board of Supervisors Approval—December 2005

The current contract will be augmented effective July 1, 2007 with services expected to start by August 1, 2007.

EXHIBIT 4: COMMUN	ITY SERVICES AND SUPPO	ORTS WORK PLAN									
County: San Diego	Fiscal Year: 2007-2008	Program Work Plan Name:	Legal	Aid S	ervice	es					
Program Work Plan: TA	OA-1	Estimated Start Date: 07/ 01/2007									
1a) A brief description of 1.0 FTE consumer SSI not currently served by eligible adults prior to the disability application eligibility criteria.	bhouse trained provid	e Dired d cons e furth	ctors umer er rep	at two a advoc oresent	additi ates ( tation	onal comp as n	Clubh lete f eede	nous or	es		
1b) Identification of the consumer SSI Advocate North Inland Regions of health disorders; approximate applications in pro-	se Dire dvocac ntal hea	ector a cy serv alth dis	t two vices sorde	Clubho to eligi rs from	ouses ble a said	in th dults regio	e Ea with r ons w	ist ar ment ho	tal		
			1	d) Fun	ıd Typ	ре	•	ld) A	ge Gr	oup	
1c) Identification of strategies for which you will be requesting MHSA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.			FSP	Sys Dev	OE	ОТО	C Y	TA Y	Α	O A	A L L
1c) Train consumer application process	advocate staff/ Clubhouse di and documents	rector on Social Security		$\boxtimes$							
application issue ✓ Update and train	consultation to trained cons s Clubhouse consumer advoc al Security application proces	ate staff/ Clubhouse									
	enefit applications submitted ates for completeness and a										
✓ Transmit accept	able applications to the Social ants directly in further action	al Security Administration									

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

This is an expansion of an existing program with the Legal Aid Society of San Diego, Inc. (LASSD) who has provided SSI Advocacy services through a contract with San Diego County for many years. The current contract provides training and consultation to consumer SSI Advocate staff of four Clubhouses across three (of six) County regions: Central, South and North Coastal. This expansion would provide training and consultation of advocates in two additional regions: East and North Inland. LASSD directly employs SSI advocates to serve referred General Relief (GR) recipients through the Social Services part of their County contract. However, the Mental Health portion of the contract is arranged so that, while consumer SSI Advocates are employed by the Clubhouses, their training is provided by LASSD and their benefits application work is also reviewed by LASSD. The target population of the trained consumer Clubhouse SSI Advocates is individuals who are non-GR recipients so as not to conflict with the terms of the LASSD contract with Social Services.

This program advances the goals of the MHSA by providing training to consumers to increase their ability to assist other consumers and provide a role model of recovery to the assisted consumers.

The program will primarily serve adult consumers in their employed role as responsible and accurate SSI advocates assisting other adult consumers through the benefit application process. The purpose will be to inform and educate Clubhouse consumer advocates about the Social Security initial application process including all required forms, documentation, signatures and timelines. By expanding this service to two additional regions through the Clubhouses, many more potentially eligible applicants will be able to benefit from this service. The program goals will be to provide standardized benefits application training to Clubhouse consumer advocates enabling them to conduct independent interviews with eligible adults for the purpose of obtaining all required information and signatures to prepare a complete, thorough and accurate application for Social Security benefits. LASSD will schedule an initial training on the benefits process with identified Clubhouse consumer staff; consult as needed with the trained Clubhouse consumer advocates (daily in some instances); review all applications the advocates complete for accuracy; transmit acceptable applications to the SSA; represent applicants directly in further actions related to benefit denials under specific eligibility criteria. The services will promote confidence and expertise in benefit application skills demonstrated by the trained Clubhouse consumer advocates when they assist eligible adult consumers in the application process.

The services will be provided face-to-face at the offices of LASSD or in the Clubhouses, by direct telephone contact or by email. At the beginning of the initial training series, each Clubhouse consumer staff will receive a training binder with samples of all required application documents; written instructions and a recommended checklist. The training will incorporate a review of the binder contents and recommendations of best practices developed by LASSD over its many years successfully assisting clients to be granted benefits. LASSD partners with all County and contracted Adult Mental Health treatment providers to obtain copies of medical records

containing evidence that supports the individuals claim for disability benefits. It is estimated that about 6 consumer staff may benefit from this program (in the event of shared positions or staff turnover); and approximately 50 clients whose applications are acceptable for transmission to the SSA.

The clients will be those whose applications were completed by the trained Clubhouse consumer advocates and forwarded to LASSD for review and further transmission to the SSA. This program will not have contact with clients for referral purposes except in the event their initial application is denied and LASSD, after review of eligibility criteria determines to represent their case at a hearing or appeal level. The training will be provided at the offices of LASSD in central San Diego and/or at the East or North Inland Clubhouses.

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

This program will not be providing any housing or employment services or making referrals.

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

This info was provided for all applicable FSP workplans and does not need any further explanation.

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 intention of the services is to provide a secure, predictable monthly income and health benefits for eligible individuals with a mental disorder. Once that is achieved, the individual will have more choices of physical and mental health treatment, such as access to Fee for Service and other MediCal providers, and more housing options. The individual may then focus more effort toward recovery from their mental health disorder rather than focusing all their energies on day-to-day subsistence. This is a SSI Advocacy training and consultation for the consumer advocates; and review and representation services for the submitted applications for the purpose of securing financial and associated medical benefits. Contract requirements will include application support for a minimum of 50 unduplicated individuals per Clubhouse program. Program will be monitored for number of applications transmitted to Social Security Administration (SSA); denied and granted. Of those granted, the % granted at the initial application stage will be no less than 40%. Reconsideration applications will be tracked similarly.

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

This is an expansion of an existing program. Currently, three of six regions in San Diego County have SSI Advocacy services in four Clubhouse programs. They are MHS/Mariposa Clubhouse in the North Coastal

Region; CRF/Casa del Sol Clubhouse in the South Region; The Meeting Place, Inc. Clubhouse in the Central Region; and the CRF/ECS/Friend-to-Friend Clubhouse in the Central Region (serving homeless individuals). Three regions remain unserved: North Central; North Inland and East. This program will provide training and ongoing consultation and review of SSI applications generated by new SSI Advocates in the North Inland and East Regions where they are critically needed. SSI Advocacy training services to be provided have been fully described in above sections. A minimum of an additional 100 unduplicated clients are estimated to learn about the application process and begin their applications; approximately 50 of those will continue through completion of the process and become granted annually by this expansion.

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

Clients and/or family members hired into consumer positions will be paid. This program will provide training to consumer advocates in the client run Clubhouses identified above.

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.

Collaborations will be as described above in <u>2h:</u> "LASSD partners with all County and contracted Adult Mental Health treatment providers to obtain copies of medical records containing evidence that supports the individuals claim for disability benefits."

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.

Every staff of every Mental Health program in San Diego County is required to complete a minimum of 4 hours of Cultural Competency training annually. Under the System wide Training and Education Plan, providers will be trained to assess individual cultural competency and to plan training accordingly. Interpreter services will also be available through the County's interpreter services contracts.

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.

Staff trainings that address cultural sensitivity or sensitivity to gender differences as part of the cultural competence training will be provided by the respective contracted provider or the County as part of the Systemwide Training and Education Plan. The contract shall include these sections:

"Contractor shall comply with the requirements of the MHSA CCS System-wide Education and Training Plan (SWETP) pertaining to Cultural Competence and the Behavioral health Initiative when finalized and provided to Contractor by the County."

"Contractor shall cooperate with the Training Contractor to implement requirements."

"The goals of this System-wide Education and Training Plan will be to facilitate provider cultural competency (awareness, knowledge, and skills) in relation to diverse populations. "

"This latter grouping will encompass – but not be limited to – gender based groups (women, men), older adults, disability culture (including persons who are deaf and hard of hearing, those with physical disabilities, blind or sight impaired persons, client recovery cultures – both mental health and substance abuse), and gay, lesbian, bi-sexual, and trans-gendered persons who have a serious mental illness. "

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

This section was completed; no further explanation needed.

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 section was completed; no further explanation needed.

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

Board of Supervisors Approval – December 2005

The current contract will be augmented effective July 1, 2007 with services expected to start August 15, 2007.

EXHIBIT 4: COMMUN	ITY SERVICES AND SUPP	ORTS WORK PLAN										
County: San Diego	Fiscal Year: 2007-2008	Program Work Plan Name: Interpreter Services										
Program Work Plan: Al	L-4	Estimated Start Date: July 1, 2007										
1a) A brief description of Provide additional intervarious cultures speaking languages for San Diegof increase in the immig	nd Aral ups, ot	oic Ian ur Cou	guag inty c	es whice ontinue	ch are	e the repor	thres	hold				
Children and Transition underserved and have substance abuse. Situs monolingual speaking, their native language.	Age Youth (TAY), parents of serious mental illness or seri ational characteristics include adults who are monolingual	eristics of the priority population of children and TAY, adults an ious emotional disturbances are children or TAY who are bill or not proficient in the English of bilingual mental health proficient in the lacth profice in the lact	nd olde and ma ingual, n langu	r adult ay have howe lage, c	s who e a co ver, the	o are u o-occui he pare ults who	nser\ rring ( ent or o pref	ed and disord care for the disorder to the dis	der of taker spea	is k in	ıtal	
				d) Fun	ıd Typ	эе	•	1d) A	ge G	roup		
this program. 1d) Identi	oulations to be served for ea	hat will be used and the age	FSP	Sys Dev	O E	ОТО	C Y	TA Y	А	O A	A L L	
programs	rease interpreter services for ility of MH services for client ility											
✓ Increase the ab members or care ✓ Expand and prov health services p ✓ Provide interpret appropriate use	ility of mental health professing etakers who are not English solide qualified additional interprograms and MHSA programs er training services to mentation of interpreters in mental hea	speaking. preter services to mental ns. Il health providers to ensure										

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

The County of San Diego will contract with a community based organization that offers interpreter services in multi-languages. The program will serve all ages, any mental health client, family member or caretaker of a mental health client. The program will provide language services for clients/families who might otherwise not be able to be served due to language barriers. The program will provide interpreter services for clients in the mental health system whose services are provided by a clinician, case manager, psychiatrist or other staff person at a mental health program. These services will promote quality services for clients who may not access services or continue services due to the language barrier. These funds will advance the goals of MHSA by ensuring timely access to mental health care, thereby narrowing health care disparities gap for individuals of diverse multi-lingual communities. The provider of this service shall collaborate and partner with all our mental health service providers, requesting these services will be centralized with interpreter's assigned to go out to a site where they are requested. Primarily available M-F (8-5) and some after hours services can be arranged at a higher rate. When it is identified on the Service Authorization Form that it is an urgent need situation services can be provided within 4 hours.

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

There are no housing or employment services being provided by this program.

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

This program is not a Full Service Partnership.

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 program will advance the goals of recovery by providing the ability to provide quality mental health services in the client's own language to ensure recovery is supported for our clients in a timely manner. In addition, staff and interpreter training will ensure consistent and appropriate use of interpreters in the care of mental health clients.

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

The current program has been able to provide approximately 6191 services to children, TAY, adult and older adults at a cost of \$495,281.77 (05-06 statistics used) and we anticipate that an additional 5,688 services will be provided with the additional \$910,000 funds over 2 years (\$455,000). These new monies will help cover the need for translation services with our new programs funded by MHSA and our increasing need for these with unserved and underserved populations.

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

Clients and/or families will not provide any interpreter services.

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.

Providers will be required to participate in training on how to use interpreter services. Interpreters will be required to participate in mental health services training to ensure working knowledge of the mental health system.

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.

All interpreters will be proficient in English and the language they are interpreting. We anticipate that by providing bilingual mental health care, it will contribute to improve access to mental health care and assist clients in staying in treatment, therefore improving retention rates for monolingual or limited English clients.

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.

Interpreter services by definition are verbatim and are a direct translation from the client. Services are independent of sexual orientation, gender or age.

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

This program is for in-county residents. Out-of-county residents who are from San Diego will be provided interpreter services upon request.

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 section was completed in Section IV of the CSS Addendum previously submitted.

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

Board of Supervisors Approval – December 13, 2005 Provide services by July 1, 2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN												
County: San Diego	Fiscal Year: 2007-2008	Program Work Plan Name: (PERT)	e: Psychiatric Emergency Response Teams									
Program Work Plan: AL	L-5	Estimated Start Date: 07/01/07										
1a) A brief description of the program: The program will provide outreach to indireferred to law enforcement by law enforcement, or by other agencies or individual cannot approach or access the individual for reasons related to safety.												
1b) Identification of the age and situational characteristics of the priority population of serve clients of all ages; however we will have a team that specializes Children (PERT, TAY), and a team that specializes in Older Adults (PERT Sr). Situational but all will be in mental health crisis and have come to the attention of law enforcements.				Jr.) a t cteristi	eam	that wil	ll spe	cializ	e in T	ΑY	d,	
			10	d) Fun	d Typ	ре	,	ld) A	ge Gr	oup		
1c) Identification of strategies for which you will be requesting MHSA funds for this program. 1d) Identification of the finding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.			FSP	Sys Dev	O E	ОТО	C	TA Y	Α	O A	A L L	
1c)					$\boxtimes$						$\boxtimes$	
law enforcement ✓ Provide a compre ✓ Provide appropri ✓ Provide crisis inte	ehensive mental health asse	ssment										

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

The Psychiatric Emergency Response Team (PERT) contributes to the well-being of individuals with mental illness by actively assisting individuals in crisis that come to the attention of law enforcement to access appropriate services and to optimize safe and efficient outcomes through on-scene assessment, crisis intervention, and referral. This is done by pairing a licensed mental health professional with a specially trained PERT law enforcement officer. The clinician and officer work together as partners and ride together for an entire shift out in the field and as such are able to respond to mental health emergencies as either first responders or are able to

relieve non-PERT law enforcement officers when they arrive at a scene when they were not the first responders. Once on-scene, the PERT clinician provides a comprehensive mental health assessment and the appropriate referrals or disposition for the client are made. Hours of operation will be 06:00 – 24:00 seven days a week. The clinicians would be stationed at the sub stations where there are currently no PERT clinicians.

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

  There are no housing or employment services provided by this program. Referrals will be made as needed.
- 4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

This info was provided for all applicable FSP work plans and does not need any further explanation.

- 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.
  - To prevent injury or death to persons with mental illness that comes into contact with law enforcement officers and to improve safety for law enforcement officers as well.
  - To prevent unnecessary hospitalizations or incarcerations of mentally ill citizens by intervening with appropriate referrals, interventions and dispositions to the least restrictive level of care that is appropriate.
  - Provide emergency mental health services and crisis intervention services to those individuals that come into contact with law enforcement or referred to PERT by other agencies.
  - Provide a coordinated and comprehensive system-wide approach to emergency mental health services.
- 6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.
  - PERT would expand into the following locations: Sheriff's Substations in Fallbrook, Poway, and 4-S ranch, Imperial Beach, San Marcos and Coronado Police Departments. PERT is currently attached to all 8 San Diego Police Department substations, San Diego Sheriff Substations in Vista, Santee, Lemon grove, and Encinitas and with Oceanside, Carlsbad, El Cajon, La Mesa, Chula Vista, and National City Police Departments hours of operation are 0600- 2400 seven days a week. The program will have PERT Jr. and PERT Sr. programs for TAY and Older Adults.
- 7) Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.

Not applicable

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.

Not applicable

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.

Cultural sensitivity training is provided as part of the annual cultural competence training. In addition, cultural sensitivity training and gender difference training will be provided during PERT training days and the PERT academy. Additionally, we hold much training at the police academy for new PERT officers which is certified through POST (law enforcement accreditation). We also give numerous presentations throughout the County on PERT, law enforcement, and mental illness.

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.

Staff trainings that address cultural sensitivity or sensitivity to gender differences as part of the cultural competence training will be provided by the respective contracted provider or the County as part of the Systemwide Training and Education Plan. The contract shall include these sections:

"Contractor shall comply with the requirements of the MHSA CCS System-wide Education and Training Plan (SWETP) pertaining to Cultural Competence and the Behavioral health Initiative when finalized and provided to Contractor by the County."

"Contractor shall cooperate with the Training Contractor to implement requirements."

"The goals of this System-wide Education and Training Plan will be to facilitate provider cultural competency (awareness, knowledge, and skills) in relation to diverse populations. "

"This latter grouping will encompass – but not be limited to – gender based groups (women, men), older adults, disability culture (including persons who are deaf and hard of hearing, those with physical disabilities, blind or sight impaired persons, client recovery cultures – both mental health and substance abuse), and gay, lesbian, bi-sexual,

and trans-gendered persons who have a serious mental illness. "

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

All services will be provided for clients residing in the county.

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 section was completed; no further explanation needed.

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

Start date: July 1, 2007

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	CY-1		Date:	3/1/07
Program Workplan Name:	School / Home Based Services, Uninsured		Page:	1 of 3
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	4,299	New Program/Service or Expansion:	Expansion
	Existing Client Capacity of Program/Service: _	3,694	Prepared by:	Michelle Petersor
Client	Capacity of Program/Service Expanded through MHSA: _	605	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures		Agonolea	Tiorideia	
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene			\$1,078	\$1,078
b. Travel and Transportation			\$12,436	\$1,078 \$12,436
c. Housing			\$12,430	\$12,430
i. Master Leases			\$0	\$0
ii. Subsidies			\$0	\$0
iii. Vouchers			\$0	\$0
iv. Other Housing			\$0	\$0 \$0
d. Employment and Education Supports			\$0	\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)			\$8,000	\$8,000
f. Total Support Expenditures	\$0	\$0	\$21,514	\$21,514
2. Personnel Expenditures	Ψ	ΨΟ	Ψ21,014	Ψ21,014
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$7,207,703	\$7,207,703
b. New Additional Personnel Expenditures (from Staffing Detail)			ψ,,20,,100	\$0
c. Employee Benefits			\$1,890,928	\$1,890,928
d. Total Personnel Expenditures	\$0	\$0	\$9,098,631	\$9,098,631
3. Operating Expenditures	<b>*</b>	40	φοισσοίσοι	\$0,000,001
a. Professional Services			\$952,702	\$952,702
b. Translation and Interpreter Services			\$0	\$0
c. Travel and Transportation			\$105,345	\$105,345
d. General Office Expenditures			\$170,239	\$170,239
e. Rent, Utilities and Equipment			\$732,795	*****
f. Medication and Medical Supports			\$3,425	\$3,425
g. Other Operating Expenses (provide description in budget narrative)			\$182,882	\$182,882
h. Total Operating Expenditures	\$0	\$0	\$2,147,386	\$2,147,386
4. Program Management		·		
a. Existing Program Management			\$1,407,122	\$1,407,122
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$1,407,122	\$1,407,122
5. Estimated Total Expenditures when service provider is not known	\$3,000,000			\$3,000,000
6. Total Proposed Program Budget	\$3,000,000	\$0	\$12,674,654	\$15,674,654
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			\$7,621	<u>\$7,621</u>
h. Total Existing Revenues	\$0	\$0	\$7,621	\$7,621
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$7,621	\$7,621
C. One-Time CSS Funding Expenditures	\$76,747			\$76,747
D. Total Funding Requirements	\$3,076,747	\$0	\$12,667,033	\$15,743,780
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #	CY-1		Date:	3/1/07
Program Workplan Name	School / Home Based Services, Uninsured		Page:	2 of 3
Type of Funding_	3. Outreach and Engagement		Months of Operation_	12
Propos	ed Total Client Capacity of Program/Service:	4,299	New Program/Service or Expansion_	Expansion
	Existing Client Capacity of Program/Service:	3,694	Prepared by:	Michelle Peterson
Client Capacity of	Program/Service Expanded through MHSA:	605	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
Program Director/Coordinator	Management/Supervisor		19.70	\$61,352	\$1,208,759
Assistant Director-Bilingual	Provides Mental Health Services		0.85	\$41,600	\$35,360
Clinical Coordinator-LCSW	Provides Supervision/ MH Services		2.12	\$53,683	\$113,808
Mental Health Case Manager	Provides Mental Health Services		7.44	\$37,177	\$276,601
Mental Health Clinician	Provides Mental Health Services		36.03	\$36,665	\$1,321,164
Therapist	Provides Mental Health Services		53.66	\$42,559	\$2,283,911
Rehab Specialist	Provides Rehabilitation Support		7.25	\$40,770	\$295,720
Psychiatric Social Worker	Provides Psychiatric Support / Data Entry		19.30	\$42,814	\$826,301
Clinical Psychologist	Supervision / Provides Mental Health Services		0.25	\$66,400	\$16,600
Psychiatrist	Provides Medication Consultation & Support		0.55	\$169,236	\$93,080
Nurse	Provides Med Support and Monitoring		0.09	\$47,672	\$4,291
Behavioral Specialist	Provides Clinical Support		1.00	\$31,118	\$31,118
Quality Assurance	Provides Quality Assurance / Billing		2.07	\$25,049	\$51,852
Office Manager	Clerical Office Management		7.77	\$30,835	\$239,585
Administrative Assistant	Clerical Support		8.61	\$28,415	\$244,739
Billing Clerk	Billing Support		6.37	\$25,873	\$164,814
	Total Current Existing Positions	0.00	173.08		\$7,207,703
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		8.00		\$0
Mental Health Clinician, Licensed-Bilingual	Provides Mental Health Services		7.50		\$0
Mental Health Clinician, Lic Eligible-Bilingua	Provides Mental Health Services		1.50		\$0
	Provides Mental Health Services		1.00		\$0
	Provides Clerical Support		4.25		\$0
'''	Provides Medication Support and Monitoring		40 hrs/wk		40 hrs/wk
, , , , , , , , , , , , , , , , , , , ,	3				\$0
Please note the psychiatrist may be hired as a sta	l aff position or as a consultant which would be listed und	er professional service	s operating expenditures.		\$0
The contractors are currently in the process of pro	eparing their own staffing proposal and those budget ha	ve yet to be approved.	This is our best estimate	at this time of the staffi	ng.
					\$0
Case Management Clinician	Provides Case Management/Rehabilitative Svcs	0.00	20.00		\$0
Mental Health Clinician, Licensed-Bilingual	Provides Mental Health Services (Incredible Year	rs)	1.00		\$0
Mental Health Clinician, Lic Eligible-Bilingual	Provides Mental Health Services (Incredible Year	rs)	1.50		\$0
Clerical & Other Support Staff	Provides Clerical Support (Incredible Years)		0.50		\$0
Psychiatrist (may be a consultant)	Provides Medication Support and Monitoring (IY)		6 hrs/week		\$0
	,				\$0
	Total New Additional Positions	0.00	45.25		\$0
C. Total Program Positions		0.00	218.33		\$7,207,703

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.

County(ies): San Diego Fiscal Year: 2007-08 Page: 3 of 3
Program Workplan #: CY-1 Date: 3/1/07

Program Workplan Name: School / Home Based Services, Uninsured

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: Expansion

Line #	Amount	Description / Justification
A.1.e	\$ 8,000	Other Support Expenditures includes Behavior Incentive Awards
A.3.g	\$ 182,882	Other Operating Expenses includes professional liability insurance (\$66,902), other insurance (\$37,196), staff development and training (\$64,836), tax & license fees (\$3,539), dues and subscriptions (\$6,040) and interest expense (\$4,369).
A.5	\$ 3,000,000	Please note this program will be expanding 39 existing programs via contract amendments and the providers are currently in the process of preparing their budgets. Therefore, the estimated total expenditures (when service providers' budgets have not yet been approved) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 65-75% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funds are being added to this program: \$1,000,000 for Case Manager salaries/benefits/costs for 20 Case Managers to work with families and schools througout the County. Case Management is an enhancement to the current school based clinical services.
A.6	\$ 15,674,654	Total Proposed Program Budget is the sum of the Estimated Total Expenditures (\$3,398,374) which will be a contract augmentation to the existing (39) Community Mental Health Contract Provider Program Budget of (\$12,674,654). Please note the existing budget, staffing and client capacity provided came from the consolidation of 39 Community Mental Health program budgets.
B.1.g	\$ 7,621	Existing Other Revenue includes (patient fees and in kind contractor contributions.
B.3	\$ 7,621	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.g).
C.	\$ 76,747	\$76,747 for Incredible Years training.
D	\$ 15,743,780	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	CY-3		Date:	3/1/07
Program Workplan Name:	Cultural and Language Specific Outpatient		Page:	1 of 3
Type of Funding: _	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	91	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Client	Capacity of Program/Service Expanded through MHSA:	91	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				Ų0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)				\$0 <u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	90	φυ	Ψ0	Ψ0
				\$0
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$821,400			\$821,400
6. Total Proposed Program Budget	\$821,400	\$0	\$0	\$821,400
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$66,770			\$66,770
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$54,630			\$54,630
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$121,400	\$0	\$0	\$121,400
3. Total Revenues	\$121,400	\$0	\$0	\$121,400
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$700,000	\$0	\$0	\$700,000
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

FY 07-08	Fiscal Year:		San Diego	County(ies):
3/1/07	Date:		CY-3	Program Workplan #
2 of 3	Page:	İ	Cultural and Language Specific Outpatient	Program Workplan Name
12	Months of Operation _		1. Full Service Partnership	Type of Funding_
New	New Program/Service or Expansion _	91	Total Client Capacity of Program/Service:	Proposed
Michelle Petersor	Prepared by: _	0	isting Client Capacity of Program/Service:	Exi
(619) 563-2715	Telephone Number:	91	ogram/Service Expanded through MHSA:	Client Capacity of Pr

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
A. Current Existing Positions					
3					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed-Bilingual	Manages Program and Provides MH Services		1.00		\$0
Mental Health Clinician, Lic Elig Bilingual	Provides Mental Health Services		2.50		\$0
M H Clinician, Paraprofessional -Bilingual	Rehabilitation and Recovery Support	1.00	2.00		\$0
Clerical & Other Support Staff-Bilingual	Provides Clerical Support		1.00		\$0
Psychiatrist	Psychatric consultation and may provide med support/monitoring		~6 hours/wk		\$0
	taff position or as a consultant which would be listed	under professional se	•		\$0
Contractor shall propose the specific staffin	g for this program to best meet the program go	als and objectives.	Staffing may include		
proposed program design	case managers, outreach and rehabilitation wor	kers and support st	arr according to the		\$0
					\$0
Behavioral Specialist/Case Manager	Provide Behavioral Modification Interventions	0.00	1.00		\$0
Mental Health Clinician, Lic Elig Bilingual	Provides Mental Health Services	0.00	1.00		\$0
Clerical & Other Support Staff-Bilingual	Provides Clerical Support	0.00	0.30		\$0
Registered Nurse (RN)	Provides Medication Support	0.00	0.10		\$0
					\$0
					\$0
					\$0
	Total New Additional D. W.				<u>\$0</u>
	Total New Additional Positions	1.00	8.90		\$0
C. Total Program Positions		1.00	8.90		\$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.

County(ies): San Diego Fiscal Year: 2007-08

Program Workplan #: CY-3 Date: 03/01/07

Program Workplan Name: Cultural and Language Specific Outpatient

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$821,400	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for intensive outpatient services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funds of \$300,000 are being added to this program: \$270,000 for salaries, benefits, and operating costs to hire clinical and Behavioral Specialists/Case Management staff and \$30,000 for additional flexible funds to meet Full Service Partnership (FSP) requirements. This will provide additional clinical staff to serve the Latino and Asian-Pacific Islander target population of children, youth, and family. Additional staff will be clinicians and/or behavioral specialists for rehabilitative services to serve more children and youth.
B.2.a	\$66,770	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$54,630	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$121,400	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$121,400	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
D	\$700,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one- time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:_	CY- 4.2		Date:	3/1/07
Program Workplan Name: ii	atric Emergency Response/North County Walk In Assess	ment Center	Page:	1 of 3
Type of Funding: _	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	332	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Client	Capacity of Program/Service Expanded through MHSA:	332	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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 \$0
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)	\$0	\$0	60	<u>\$0</u> \$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		_		<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$1,105,800			\$1,105,800
6. Total Proposed Program Budget	\$1,105,800	\$0	\$0	\$1,105,800
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				Ψ
g. Other Revenue				\$0
_	\$0	\$0	0.0	
h. Total Existing Revenues	Φ0	\$0	\$0	\$0
2. New Revenues	***			***
a. Medi-Cal (FFP only)	\$60,811			\$60,811
b. Medicare/Patient Fees/Patient Insurance	0.0 ===			\$0
c. State General Funds	\$49,755			\$49,755
d. Other Revenue				\$0
e. Total New Revenue	\$110,566	\$0		\$110,566
3. Total Revenues	\$110,566	\$0	\$0	\$110,566
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$995,234	\$0	\$0	\$995,234
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

FY 07-08	Fiscal Year:		San Diego	County(ies):
3/1/07	Date:		CY- 4.2	Program Workplan #
2 of 3	Nalk In Assessme Page:	/North County	Mobile Psychiatric Emergency Response	Program Workplan Name N
12	Months of Operation_		2. System Development	Type of Funding
New	New Program/Service or Expansion _	332	al Client Capacity of Program/Service:	Proposed Tota
Michelle Peterson	Prepared by:	0	g Client Capacity of Program/Service:	Existing
(619) 563-271	Telephone Number:	332	am/Service Expanded through MHSA:	Client Capacity of Progra

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Comment Eviation Positions	0.00	0.00		<u>\$0</u> \$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Coordinator	Provides Mental Health Services		1.00		\$0
Clerical & Other Support Staff	Provides Clerical Support		1.00		\$0
Case Managers	Provides Case Management Activities		0.20		
Social Worker	Provides Mental Health Services		1.50		\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
	Total New Additional Positions	0.00	3.70		<u>\$0</u> \$0
	Total New Additional Fusitions				
C. Total Program Positions		0.00	3.70		\$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.

County(ies): San Diego Fiscal Year: 2007-08 Page: 6 of 6

Program Workplan #: CY- 4.2 Date: 02/28/06

Program Workplan Name: Mobile Psychiatric Emergency Response/North County Walk In Assessment Center

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$1,105,800	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funding of \$600,000 is to provide telepsychiatry services between North County and the Emergency Screening Unit (ESU) and to augment psychotropic medication costs.
B.2.a	\$60,811	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$49,755	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$110,566	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$110,566	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
D	\$995,234	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego			Fiscal Year:	2007-08
Program Workplan #:	CY-5.1			Date:	3/1/07
Program Workplan Name:	Medication Support for Wards and Dependents			Page:	1 of 3
Type of Funding:	2. System Development		N	12	
	Proposed Total Client Capacity of Program/Service:	116	New Program/Service or Expansion:		New
	Existing Client Capacity of Program/Service:	0	_	Prepared by:	Michelle Peterson
Client Capacity of Program/Service Expanded through MHSA:		116		Telephone Number:	(619) 563-2715
		County Mental Health	Other Governmental	Community Mental Health Contract	Total

Client Capacity of Program/Service Expanded through MHSA:	116		Telephone Number:	(013) 303 27 13
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	
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	
3. Operating Expenditures		<u>*</u> :		
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				Ψ.
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	Ψ	<del></del>	Ψ0	
a. Existing Program Management				\$0
b. New Program Management	:			<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
Estimated Total Expenditures when service provider is not known	\$980,000		<b>4</b> 0	\$980,000
6. Total Proposed Program Budget	\$980,000	\$0	\$0	\$980,000
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				φυ
				the contract of the contract o
g. Other Revenue	r <sub>o</sub>	<b>\$</b> 0	r <sub>0</sub>	\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues	#22.000			<b>\$22,000</b>
a. Medi-Cal (FFP only)	\$22,000			\$22,000
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$18,000			\$18,000
d. Other Revenue		-		\$0
e. Total New Revenue	\$40,000	\$0	\$0	i i
3. Total Revenues	\$40,000	\$0	\$0	
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$940,000	\$0	\$0	\$940,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

	County(ies):	San Diego		Fiscal Year: _	FY 07-08
	Program Workplan #:	CY-5.1		Date:	3/1/07
Pro	ogram Workplan Name:	Medication Support for Wards and Deper	ndents	Page:	2 of 3
	Type of Funding:	System Development		Months of Operation:	12
	Proposed T	otal Client Capacity of Program/Service:	116	New Program/Service or Expansion:	New
	Exis	ting Client Capacity of Program/Service:	0	Prepared by: I	Michelle Peterson
	Client Capacity of Pro	gram/Service Expanded through MHSA:	116	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$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					
Psychiatrist	Provides Medication Support		1.00		\$0
Psychiatric Nurse	Provides Medication Support and Monitoring		1.00		\$0
Licensed Clinical Social Worker	Provides Case Management Activities		3.00		\$0
Clerical & Other Support Staff	Provides Clerical Support		1.00		\$0
Eligibility Technician	Provides Medi-Cal Screening and Eligibility		1.00		\$0
	this workplan. However, the contractor shall prop	ose the specific staffin		st meet the program g	'
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	0.00	7.00		\$0
C. Total Program Positions		0.00	7.00		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: CY-5.1 Date: 3/1/07

Program Workplan Name: Medication Support for Wards and Dependents

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	Intensive Case Management
A.5	\$980,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budge times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 200 Additional funding of \$400,000 will meet the anticipated medication costs and psychiatric treatment hours.
B.2.a	\$22,000	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible
B.2.c	\$18,000	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible
B.2.e	\$40,000	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$40,000	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.l
D	\$940,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	CY-5.3		Date:	3/1/07
Program Workplan Name: _	Homeless and Runaway Mental Health Services		Page:	1 of 3
Type of Funding: _	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	86	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client	Capacity of Program/Service Expanded through MHSA:	86	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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 \$0
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)				\$0 \$0
f. Total Support Expenditures  f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	φυ	φυ	φυ	φυ
				60
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits		•	•	<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$839,700			\$839,700
6. Total Proposed Program Budget	\$839,700	\$0	\$0	\$839,700
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	
2. New Revenues				, ,
a. Medi-Cal (FFP only)	\$17,615			\$17,615
b. Medicare/Patient Fees/Patient Insurance	\$17,010			\$0
c. State General Funds	\$14,412			\$14,412
d. Other Revenue	ψ:π,412			\$14,412
e. Total New Revenue	\$22.00 <b>7</b>	\$0	\$0	
	\$32,027 \$32,027	\$0 \$0	\$0 \$0	
3. Total Revenues	\$32,027	20	20	
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$807,673	\$0	\$0	\$807,673
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

County(ies):	San Diego		Fiscal Year: _	FY 07-08
Program Workplan #	CY-5.3		Date:	3/1/07
Program Workplan Name I	Homeless and Runaway Mental Health Serv	<u>vices</u>	Page:	2 of 3
Type of Funding	Full Service Partnership		Months of Operation	12
Propose	d Total Client Capacity of Program/Service:	86	New Program/Service or Expansion	New
E	xisting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Canacity of F	Program/Service Expanded through MHSA:	86	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Comment Entirelland Bestitions	0.00	0.00		<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed	Manages Program and Staff		1.00		\$0
MH Clinician, Licensed Eligible-Bilingual	Provides Mental Health Services		1.00		\$0
Mental Health Clinician, Licensed Eligible	Provides Mental Health Services		1.00		\$0
Clerical & Other Support Staff	Provides Clerical Support		0.50		\$0
Psychiatrist	Psychiatric consultation and may provide medication monitoring & support.		8 hrs/week		\$0
TBD: Please note the psychiatrist may be hire	ed as a staff position or as a consultant which would be	listed under professiona	al services operating expendi	tures.	
	fing for this program to best meet the program go				
proposed program design	s, case managers, outreach and rehabilitation wo	orkers and support sta	in according to the		\$0
					\$0
					\$0
MH Clinician, Licensed - Bilingual	Provides Mental Health Services	0.00	2.00		\$0
MH Clinician, Paraprofessional-Bilingual	Outreach; Rehabiliation Services	0.00	2.25		\$0
Clerical & Other Support Staff	Provides Clerical Support		0.50		\$0
Psychiatrist	Psychiatric consultation and may provide		12 hrs/week		\$0
	medication monitoring & support.				\$0
					<u>\$0</u>
	Total New Additional Positions	0.00	8.25		\$0
C. Total Program Positions		0.00	8.25		\$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.

County(ies): San Diego Fiscal Year: 2007-08 Page: 3 of 3
Program Workplan #: CY-5.3 Date: 3/1/07

Program Workplan Name: Homeless and Runaway Mental Health Services

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$839,700	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for intensive outpatient services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. Within total expenditures, there are "flex funds" of \$17,200 to purchase personal goods and services for homeless individuals based upon individual client need. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funds of \$500,000 are being added to this program: \$450,000 for clinical and outreach/rehabilitiation staff to allow expansion to homeless youth countywide and \$50,000 in additional flexible funds to meet FSP requirements.
B.2.a	\$17,615	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$14,412	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$32,027	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$32,027	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
D	\$807,673	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies	):San Diego		Fiscal Year:	2007-08
Program Workplan #	CY-6		Date:	3/1/07
Program Workplan Name	Early Childhood Mental Health Services		Page:	1 of 3
Type of Funding	: 2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	70	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Clie	ent Capacity of Program/Service Expanded through MHSA:	70	Telephone Number:	(619) 563-2715

cion capacity of ringian contact and analysis in to	County Mental Health Department	Other Governmental	Community Mental Health Contract	Total
		Agencies	Providers	
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures	**	***		
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
· ·				φυ
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)		•		<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$460,000	\$0	ro.	\$460,000
6. Total Proposed Program Budget B. Revenues	\$460,000	\$0	\$0	\$460,000
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$16,500			\$16,500
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$13,500			\$13,500
d. Other Revenue				\$0
e. Total New Revenue	\$30,000	\$0	\$0	\$30,000
3. Total Revenues	\$30,000	\$0	\$0	\$30,000
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$430,000	\$0	\$0	\$430,000

Fiscal Year: FY 07-08	Fiscal Year:		San Diego	County(ies):
Date: 3/1/07	Date:		CY-6	Program Workplan #
Page: 2 of 3	Page:		Early Childhood Mental Health Services	Program Workplan Name
of Operation 12	Months of Operation		System Development	Type of Funding
or Expansion New	New Program/Service or Expansion	70	otal Client Capacity of Program/Service:	Proposed <sup>2</sup>
Prepared by: Michelle Peters	Prepared by:	0	sting Client Capacity of Program/Service:	Exi
one Number: (619) 563-27	Telephone Number:	70	ogram/Service Expanded through MHSA:	Client Capacity of Pro

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
A. Current Existing Positions					
_					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed-Bilingual	Provides Mental Health Services		1.00		\$0
Mental Health Clinician, License Eligible	Provides Mental Health Services		1.50		\$0
Clerical & Other Support Staff	Provides Clerical Support		0.50		\$0
Psychiatrist	Psychiatric consultation and medication monitoring/support if needed		~5-6 hrs/mo		\$0
	staff position or as a consultant which would be liste	•			
These staff positions are a likely profile for	this workplan. However, the contractor shall p	ropose the specific	staffing for this prog	ram to best meet the prog	ram goals.
					\$0
Program Coordinator - Licensed-Bilingual	Manages Program and Provides MH Services		0.50		\$0
Mental Health Clinician,License Eligible	Provides Mental Health Services	0.00	1.00		\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
	Total New Additional Positions	0.00	4.50		\$0 \$0
C. Total Program Positions		0.00	4.50		\$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.

County(ies): San Diego Fiscal Year: 2007-08 Page: 3 of 3
Program Workplan #: CY-6 Date: 3/1/07

Program Workplan Name: Early Childhood Mental Health Services

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$460,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for intensive outpatient services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funds of \$130,000 are being added to this program: \$100,000 for additional staffing to expand services to additional SED preschool childen and families in the North Inland and North Coastal Regions of San Diego County and \$30,000 for ongoing training of staff in the Incredible Years model which provides intensive services in the classrooms and homes to young children who would otherwise be expelled from school.
B.2.a	\$16,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$13,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$30,000	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$30,000	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
D	\$430,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	CY-7		Date:	3/1/07
Program Workplan Name:	Wraparound Services		Page:	1 of 3
Type of Funding:	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	125	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client C	Capacity of Program/Service Expanded through MHSA:	125	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures		-		
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				φ0
i. Master Leases				\$0
ii. Subsidies				\$0 \$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management	***	***		**
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
S. Estimated Total Expenditures when service provider is not known	\$2,200,000	Ψ	Ψ	\$2,200,000
6. Total Proposed Program Budget	\$2,200,000	\$0	\$0	\$2,200,000
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				ΨΟ
				90
g. Other Revenue		#0	Φ0	\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$137,500			\$137,500
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$112,500			\$112,500
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$250,000	\$0	\$0	\$250,000
3. Total Revenues	\$250,000	\$0	\$0	\$250,000
C. One-Time CSS Funding Expenditures	\$6,000			\$6,000
D. Total Funding Requirements	\$1,956,000	\$0	\$0	\$1,956,000
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan # _	CY-7		Date:	3/1/07
Program Workplan Name_	Wraparound Services		Page:	2 of 3
Type of Funding	Full Service Partnership		Months of Operation	12
Proposed <sup>2</sup>	Total Client Capacity of Program/Service:	113	New Program/Service or Expansion	New
Exi	sting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of Pr	ogram/Service Expanded through MHSA:	113	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
<b>3</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed	Manages Program and Staff		1.00		\$0
Family Service Coordinator, Licensed	Provides Mental Health Services		2.00		\$0
Family Service Coordinator, Unlicensed	Provides Mental Health Services		6.00		\$0
Mental Health Clinician, Unlicensed BA	Provides Mental Health Services		3.00		\$0
Unlicensed Consumer / Family Member	Support Services as Family/Youth Partners	5.00	5.00		\$0
Clerical & Other Support Staff	Provides Clerical Support		2.00		\$0
	 ic staffing for this program to best meet the prog partners, case managers, outreach and rehabilite				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	5.00	19.00		<u>\$0</u> \$0
	Total New Additional Positions	5.00	19.00		\$0
C. Total Program Positions		5.00	19.00		\$0

 $<sup>\</sup>hbox{a/\ } {\sf Enter\ } {\sf the\ } {\sf number\ } {\sf of\ } {\sf FTE\ } {\sf positions\ } {\sf that\ } {\sf will\ } {\sf be\ } {\sf staffed\ } {\sf with\ } {\sf clients\ }, {\sf family\ } {\sf members\ } {\sf or\ } {\sf caregivers\ }.$ 

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

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: CY-7 Date: 3/1/07

Program Workplan Name: Wraparound Services

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$2,200,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The additional funding of \$300,000 will expand wraparound services to children ages 0-6 at risk for out of home placement and requiring specialized intervention.
B.2.a	\$137,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$112,500	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$250,000	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$250,000	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
С	\$6,000	The additional \$6,000 will fund a one-time training by Wraparound Milwaukee Program which specialized focus is on utilizing wraparound model for aggressive children in the home.
D	\$1,956,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

Please note: San Diego is a SB 163 County with 200 wraparound slots of which we are now serving 26. We are proposing to expand this valuable partnership with Child Welfare Services through this workplan and will be using the MHSA-CSS dollars in the first year of this program and hence have not included SB163 revenues as part of these program costs. If required, we will include social service revenues in our annual update for FY 06-07 and FY 07-08.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	CY-8		Date:	3/1/07
Program Workplan Name:	Placement Stabilization Services		Page:	1 of 3
Type of Funding:	System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	150	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Clie	ent Capacity of Program/Service Expanded through MHSA:_	150	Telephone Number:	(619) 563-2715

Existing Cheft Capacity of Frogram/Service.			r roparoa by:	MICHEIE FELEISO
Client Capacity of Program/Service Expanded through MHSA:	150		Telephone Number:	(619) 563-2715
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$
b. Travel and Transportation				9
c. Housing				
i. Master Leases				9
ii. Subsidies				9
iii. Vouchers				9
iv. Other Housing				9
d. Employment and Education Supports				5
e. Other Support Expenditures (provide description in budget narrative)				<u> </u>
f. Total Support Expenditures	\$0	\$0	\$0	
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				9
b. New Additional Personnel Expenditures (from Staffing Detail)				9
c. Employee Benefits				9
d. Total Personnel Expenditures	\$0	\$0	\$0	9
3. Operating Expenditures				
a. Professional Services				\$
b. Translation and Interpreter Services				
c. Travel and Transportation				:
d. General Office Expenditures				:
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				:
g. Other Operating Expenses (provide description in budget narrative)				<u>.</u>
h. Total Operating Expenditures	\$0	\$0	\$0	
4. Program Management		, , , , , , , , , , , , , , , , , , ,		
a. Existing Program Management				:
b. New Program Management				
c. Total Program Management		\$0	\$0	
5. Estimated Total Expenditures when service provider is not known	\$1,250,000			\$1,250,00
6. Total Proposed Program Budget	\$1,250,000	\$0	\$0	\$1,250,00
Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				:
b. Medicare/Patient Fees/Patient Insurance				:
c. Realignment				:
d. State General Funds				:
e. County Funds				:
f. Grants				
g. Other Revenue				
h. Total Existing Revenues	\$0	\$0	\$0	:
2. New Revenues				
a. Medi-Cal (FFP only)	\$495,000			\$495,00
b. Medicare/Patient Fees/Patient Insurance				:
c. State General Funds	\$405,000			\$405,00
d. Other Revenue				<u> </u>
e. Total New Revenue	\$900,000	\$0	\$0	\$900,0
3. Total Revenues	\$900,000	\$0	\$0	\$900,0
One Time CSS Funding Expenditures				,
One-Time CSS Funding Expenditures				
Total Funding Requirements	\$350,000	\$0	\$0	\$350,00

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #:	CY-8		Date:	3/1/07
Program Workplan Name:	Placement Stabilization Services		Page:	2 of 3
Type of Funding:	2. System Development		Months of Operation:	12
Proposed 7	Total Client Capacity of Program/Service:	150	New Program/Service or Expansion:	New
Exis	eting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of Pro	 	150	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed	Manages Program and Staff		1.00		\$0
Administrative Assistant	Provides Clerical Support		1.00		\$0
Clinical Supervisor, Licensed	Coordinates Services and Staff		1.00		\$0
Psychiatrist	Provides Medication Support and Monitoring		1.00		\$0
Billing Clerk	Provides Mental Health Services		1.00		\$0
Psychologist	Provides Mental Health Services		6.00		\$0
					\$0
	cific staffing for this program to best meet the p youth partners, case managers, outreach and r ign				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
	Total New Additional Positions	0.00	11.00		<u>\$0</u> \$0
	. otal from Additional Footions				
C. Total Program Positions		0.00	11.00		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: CY-8 Date: 3/1/07

Program Workplan Name: Placement Stabilization Services

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$1,250,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budge times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008. The additional \$200,000 will provide training to foster parents in evidence based practices direct toward salvaging the placement and stabilizing the behavior of at risk children using the Oregon Social Learning model
B.2.a	\$495,000	If applicable, new revenues were estimated for EPSDT Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible
B.2.c	\$405,000	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible
B.2.e	\$900,000	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$900,000	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h
D	\$350,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	TAY1		Date:	3/1/07
Program Workplan Name: _	Integrated Services and Supported Housing		Page:	1 of 3
Type of Funding: _	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	156	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client	Capacity of Program/Service Expanded through MHSA:	156	Telephone Number:	(619) 563-2715

Client Capacity of Program/Service Expanded through MHSA	.: <u>156</u>		elephone Number:	(619) 563-2715
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing	\$361,216			**
i. Master Leases	, , ,			\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$361,216	\$0	\$0	\$361,216
2. Personnel Expenditures	<b>7</b> 000,=10		7.0	¥001,=10
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures	<b>4</b> 0	ψ0	<b>\$</b>	<b>4</b> 0
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				ΨΟ
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0 \$0
h. Total Operating Expenses (provide description in budget nametive)	\$0	\$0	\$0	\$0 \$0
4. Program Management	ψ0	ΨΟ	ψ0	Ψ
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0 \$0
S. Estimated Total Expenditures when service provider is not known	\$2,215,429	40	<b>\$</b>	\$2,215,429
6. Total Proposed Program Budget	\$2,576,645	\$0	\$0	\$2,576,645
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				ΦΟ
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0 \$0
2. New Revenues	Φ0	Φ0	φ0	Φ0
	¢271 215			¢274 245
a. Medi-Cal (FFP only)	\$371,215			\$371,215
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	*****			\$0
e. Total New Revenue	\$371,215			\$371,215
3. Total Revenues	\$371,215	\$0	\$0	\$371,215
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$2,205,430	\$0	\$0	
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #	TAY1		Date:	3/1/07
Program Workplan Name	Integrated Services and Supported Housing		Page:	2 of 3
Type of Funding	Full Service Partnership		Months of Operation	12
Proposed	Total Client Capacity of Program/Service:	156	New Program/Service or Expansion	New
Ex	isting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of P	rogram/Service Expanded through MHSA:	156	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Team Leader (Licensed)	Manages Programs/Teams		2.00		\$0
Psychiatrist	Provides Medication Support and Treatment		1.00		\$0
Registered Nurse	Provides Medication Support and Counseling		2.00		\$0
Mental Health WorkerMaster's Level	Provides Mental Health Services		6.00		\$0
Mental Health WorkerBachelor's Level	Provides Mental Health Services		4.00		\$0
Employment Specialist	Education and Employment Support	2.00	2.00		\$0
Program Assistant	Provides Support Services		2.00		\$0
Substance Abuse Specialist	Substance Abuse Counseling		2.00		\$0
Probation Officer	Monitors probation		1.00		\$0
Peer Specialist	Rehabilitation and Recovery Support	2.00	2.00		\$0
*At least 33% of staff will be bilingual.					\$0
These staff positions are a likely profile for	r this workplan. However, the contractor shall pr	opose the specific s	taffing for this program to	best meet the pro	gram goals.
Please note the number of peer and emp	loyment specialists are required and will not be le	ess than 4 FTE's tota	al.		
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	4.00	24.00		\$0
C. Total Program Positions		4.00	24.00		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3
Program Workplan #: TAY--1 Date: 3/1/07

Program Workplan Name: Integrated Services and Supported Housing

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.1.c	\$361,216	Additional funds are needed to support on-going housing needs for TAY in San Diego County. \$1,600,000 of ongoing housing funds will be distributed proportionally to all the five FSP
		programs for additional master-leasing subsidies, leverage of other housing dollars, housing supports and other housing needs to sustain enrolled clients in the FSPs. \$361,216 will be allocated toward this program.
A.5	\$2,215,429	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The additional funding of \$312,000 will increase the cost per client from \$12,000 to \$14,000 per client and provide increased resources for clients. This will bring San Diego's cost per FSP closer to the cost for similar programs in other California counties. Additional funding of \$31,428 for 1.0 FTE probation officer to provide for higher than projected costs including salaries and benefits, overhead, vehicles, and computer costs.
B.2.a	\$371,215	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$2,205,430	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies	s): San Diego		Fiscal Year:	2007-08
Program Workplan	#: TAY-3		Date:	3/1/07
Program Workplan Name	e: DDx Residential Treatment Program		Page:	1 of 3
Type of Funding	g:1. Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	36	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Clie	ent Capacity of Program/Service Expanded through MHSA:	36	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	
2. Personnel Expenditures	ΨΟ	ΨΟ	ΨΟ	ΨΟ
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits		•		<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$1,226,250			\$1,226,250
6. Total Proposed Program Budget	\$1,226,250	\$0	\$0	\$1,226,250
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				1
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	
2. New Revenues	Ψ0	Ψ	Ψ	Ψ
a. Medi-Cal (FFP only)	\$242,250			\$242,250
b. Medicare/Patient Fees/Patient Insurance	\$15,000			\$15,000
c. State General Funds	\$15,000			
c. State General Funds d. Other Revenue				\$0
	0057.050	•	**	\$0 \$257.250
e. Total New Revenue	\$257,250			*
3. Total Revenues	\$257,250	\$0	\$0	
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$969,000	\$0	\$0	\$969,000
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #	TAY-3		Date:	3/1/07
Program Workplan Name	DDx Residential Treatment Program		Page:	2 of 3
Type of Funding	Full Service Partnership		Months of Operation	12
Propose	d Total Client Capacity of Program/Service:	36	New Program/Service or Expansion	New
E	existing Client Capacity of Program/Service:	0	Prepared by: I	Michelle Petersor
Client Canacity of I	Program/Service Expanded through MHSA:	36	Telephone Number	(610) 563-2715

B. New Additional Positions    B. New Additional Positions	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. New Additional Positions  Program Director, Licensed	A. Current Existing Positions	<u> </u>				
B. New Additional Positions  Program Director, Licensed	-					\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed						\$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed		 				\$0 \$0
B. New Additional Positions  Program Director, Licensed		 				\$0 \$0
B. New Additional Positions  Program Director, Licensed		 				\$0
B. New Additional Positions  Program Director, Licensed						<u>\$0</u>
Program Director, Licensed Manages Program and Staff Peer Support / Community Linkages 1.00 1.00 Senior Counselors, Lice (Day/Night) Bilingual Employment Specialist, Lic Elig. (Day) Biling Substance Abuse Specialist, Lic Elig (Day) Provides Mental Health Services 1.00 Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services 1.00 Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services 1.00 Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services 1.00 Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services 2.00 Registered Nurse Provides Medication Support and Monitoring 1.00 Clerical & Other Support Staff Provides Clerical Support 1.00 Psychiatrist Provides Medication Support and Monitoring 0.25 Unlicensed Consumer / Family Member Peer Support / Community Linkages 1.00 1.00 These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.		Total Current Existing Positions	0.00	0.00		\$0
Peer Specialist Senior Counselors, Licensed (Night) Senior Counselors, Lic (Day/Night) Bilingual Employment Specialist, Lic Elig. (Day) Biling Substance Abuse Specialist, Lic Elig (Day) Counselor, Lic Eligible (Night) Bilingual Registered Nurse Clerical & Other Support Staff Provides Medication Support and Monitoring Provides Medication Support and Monitoring Provides Medication Support and Monitoring Drovides Medication Support and Monitoring Provides Medication Support and Monitoring Drovides Medication Support and Monitoring Provides Medication Support and Monitoring Drovides Medication Support and Monitoring Drovide	B. New Additional Positions					
Peer Specialist Senior Counselors, Licensed (Night) Senior Counselors, Lic (Day/Night) Bilingual Employment Specialist, Lic Elig. (Day) Biling Substance Abuse Specialist, Lic Elig (Day) Counselor, Lic Eligible (Night) Bilingual Registered Nurse Clerical & Other Support Staff Provides Medication Support and Monitoring Provides Medication Support and Monitoring Provides Medication Support and Monitoring Drovides Medication Support and Monitoring Provides Medication Support and Monitoring Drovides Medication Support and Monitoring Provides Medication Support and Monitoring Drovides Medication Support and Monitoring Drovide	Program Director, Licensed	Manages Program and Staff		1.00		\$0
Senior Counselors, Lic (Day/Night) Bilingual Employment Specialist, Lic Elig. (Day) Biling Provides Mental Health Services 1.00  Substance Abuse Specialist, Lic Elig (Day) Provides Mental Health Services 1.00  Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services 1.00  Registered Nurse Provides Medication Support and Monitoring 1.00  Clerical & Other Support Staff Provides Medication Support and Monitoring 1.00  Psychiatrist Provides Medication Support and Monitoring 0.25  Unlicensed Consumer / Family Member Peer Support / Community Linkages 1.00  These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	•		1.00	1.00		\$0
Employment Specialist, Lic Elig. (Day) Biling Substance Abuse Specialist, Lic Elig (Day) Provides Mental Health Services Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services Provides Mental Health Services Provides Mental Health Services Registered Nurse Clerical & Other Support Staff Provides Clerical Support Provides Medication Support and Monitoring Unlicensed Consumer / Family Member Peer Support / Community Linkages Peer Support / Community Linkages Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Senior Counselors, Licensed (Night)	Provides Mental Health Services		1.00		\$0
Substance Abuse Specialist, Lic Elig (Day) Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services Provides Mental Health Services Provides Mental Health Services Provides Medication Support and Monitoring Provides Clerical Support Provides Clerical Support Provides Medication Support and Monitoring Unlicensed Consumer / Family Member Peer Support / Community Linkages Peer Support / Community Linkages 1.00 These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Senior Counselors, Lic (Day/Night) Bilingual	Provides Mental Health Services		2.00		\$0
Counselor, Lic Eligible (Night) Bilingual Provides Mental Health Services 2.00 Registered Nurse Provides Medication Support and Monitoring 1.00 Clerical & Other Support Staff Provides Clerical Support 1.00 Psychiatrist Provides Medication Support and Monitoring 0.25 Unlicensed Consumer / Family Member Peer Support / Community Linkages 1.00 These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Employment Specialist, Lic Elig. (Day) Biling	Provides Mental Health Services		1.00		\$0
Registered Nurse Provides Medication Support and Monitoring 1.00 Clerical & Other Support Staff Provides Clerical Support 1.00 Psychiatrist Provides Medication Support and Monitoring 0.25 Unlicensed Consumer / Family Member Peer Support / Community Linkages 1.00 1.00 These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Substance Abuse Specialist, Lic Elig (Day)	Provides Mental Health Services		1.00		\$0
Clerical & Other Support Staff Provides Clerical Support Psychiatrist Provides Medication Support and Monitoring Unlicensed Consumer / Family Member Peer Support / Community Linkages 1.00 1.00 These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Counselor, Lic Eligible (Night) Bilingual	Provides Mental Health Services		2.00		\$0
Provides Medication Support and Monitoring Unlicensed Consumer / Family Member   Peer Support / Community Linkages   1.00   1.00   These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals   Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Registered Nurse	Provides Medication Support and Monitoring		1.00		\$0
Unlicensed Consumer / Family Member   Peer Support / Community Linkages   1.00   1.00   These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals   Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Clerical & Other Support Staff	Provides Clerical Support		1.00		\$0
These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	Psychiatrist	Provides Medication Support and Monitoring		0.25		\$0
Please note the number of peer and employment specialists are required and will not be less than 2 FTE's total.	-			J		\$0
				ig ror this program t	o pest meet the progra	im goals.
Total New Additional Positions 2.00 12.25	riease note the number of peer and employm	nent specialists are required and will not be less th	ian 2 FTE's total.			•
Total New Additional Positions 2.00 12.25						\$0
Total New Additional Positions 2.00 12.25						\$0 \$0
Total New Additional Positions 2.00 12.25						\$0 <u>\$0</u>
		Total New Additional Positions	2.00	12.25		<u>50</u> \$0
C. Total Program Positions 2.00 12.25						\$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.

County(ies): San Diego Fiscal Year: 2007-08 Page: 3 of 3
Program Workplan #: TAY-3 Date: 3/1/07

Program Workplan Name: DDx Residential Treatment Program

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	Amount	Description / Justification
A.5	\$1,226,250	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. Within total expenditures, there is \$5,000 for "flex funds" to purchase personal goods, clothing, books, bus passes and other needs for homeless individuals based upon individual client need. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		An additional \$200,000 is being added due to no responses received after posting an RFP twice for this program. The increase in funding is to address comments from potential proposers that funding was too low for the type of Medi-Cal certified, innovative program requested and higher than expected expenses for licensed staff.
B.2.a	\$242,250	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
B.2.b	\$15,000	New revenues were estimated for patient fees given the estimated number of clients with SSI income to be collected for room and board.
D	\$969,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	A-1		Date:	3/1/07
Program Workplan Name: I	Homeless Integrated Services and Supported Housing		Page:	1 of 3
Type of Funding:	Full Service Partnership		Months of Operation:	12
_	Proposed Total Client Capacity of Program/Service:	324	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client	Capacity of Program/Service Expanded through MHSA:	324	Telephone Number:	(619) 563-2715

Client Capacity of Program/Service Expanded through MHSA	.: 324		Telephone Number:	(619) 563-2715
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing	\$750,217			**
i. Master Leases	, ,			\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$750,217	\$0	\$0	\$750,217
2. Personnel Expenditures	ψ100 <u>,</u> 211	Ψ0	40	ψ. σσ, <u>Σ</u> . τ
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0 \$0
3. Operating Expenditures	ΨΟ	ΨΟ	Ψ0	Ψ.
a. Professional Services				\$0
				\$0
b. Translation and Interpreter Services c. Travel and Transportation				\$0
1				
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				•
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	40	<b>#</b> 0	<b>*</b> 0	<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				•
a. Existing Program Management				\$0
b. New Program Management		<b>#</b> 0	<b>*</b> 0	<u>\$0</u>
c. Total Program Management	04.500.444	\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$4,583,144	***	to.	\$4,583,144
6. Total Proposed Program Budget	\$5,333,361	\$0	\$0	\$5,333,361
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$520,000			\$520,000
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$520,000	\$0	\$0	\$520,000
3. Total Revenues	\$520,000	\$0	\$0	\$520,000
C. One-Time CSS Funding Expenditures		·		\$0
D. Total Funding Requirements	\$4,813,361	\$0	\$0	\$4,813,361
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%
En croom or rotal randing requirements for rail dervice railite slips				100.0 /

FY 07-08	Fiscal Year:		San Diego	County(ies):
3/1/07	Date:		A-1	Program Workplan #:
2 of 3	Page:	d Housing	Homeless Integrated Services and Supporte	Program Workplan Name:
12	Months of Operation:		Full Service Partnership	Type of Funding:
New	New Program/Service or Expansion:	324	Total Client Capacity of Program/Service:	Proposed
Michelle Petersor	Prepared by:	0	xisting Client Capacity of Program/Service:	E:
(619) 563-2715	- Telephone Number:	324	Program/Service Expanded through MHSA:	Client Capacity of F

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Coordinator	Manage Program/Teams		3.00		\$0
Psychiatrist	Provides Medication Support and Treatment		3.00		\$0
Registered Nurse	Provides Medication Support and Counseling		6.00		\$0
Mental Health Worker, MA	Provides Mental Health Services		7.00		\$0
Mental Health Worker, BA	Provides Mental Health Services		7.00		\$0
Peer Specialist	Rehabilitation and Recovery Support	6.00	6.00		\$0
Substance Abuse Specialist	Substance Abuse Counseling		3.00		\$0
Program Assistant	Provides Support Services		3.00		\$0
Probation Officer	Monitors Probation		1.50		\$0
Housing Specialist	Provides Housing Support Services		1.00		\$0
Employment Specialist	Education and Employment Support		1.00		\$0
*At least 33% of the staff will be bilingual					\$0
These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goal					orogram goals.
Please note the number of peer speciali	ists are required and will not be less than 6 FTE's	<b>3.</b>	ı.		0
					\$0
					<u>\$0</u>
	Total New Additional Positions	6.00	41.50		\$0
C. Total Program Positions		6.00	41.50		\$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.

County(ies): San Diego Fiscal Year: FY07-08 Page: 3 of 3
Program Workplan #: A-1 Date: 3/1/07

Program Workplan Name: Homeless Integrated Services and Supported Housing

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.1.c	\$750,217	Additional funds are needed to support on going housing needs for adults in San Diego County. \$1,600,000 of on going housing funds will be distributed proportionally to all the five FSP programs for additional master-leasing subsidies, leverage of other housing dollars, housing supports and other housing needs to sustain enrolled clients in the FSPs. \$750,217 will be allocated toward this program.
A.5	\$4,583,144	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The additional funding of \$648,000 will increase the cost per client from \$12,000 to \$14,000 per client and provide increased resources for the clients. This will bring San Diego's cost per FSP closer to the cost for similar programs in other California counties. An additional \$47,143.50 is added to provide funding for higher than projected costs of 1.5 FTE probation officers including salaries and benefits, overhead, vehicles and computer costs.
B.2.a	\$520,000	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$4,813,361	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	A-2		Date:	3/1/07
Program Workplan Name:	Justice Integrated Services and Supported Housing		Page:	1 of 3
Type of Funding:	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	111	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clien	t Capacity of Program/Service Expanded through MHSA: _	111	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing	\$257,019			
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$257,019	\$0	\$0	\$257,019
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$1,585,429	40	•	\$1,585,429
6. Total Proposed Program Budget	\$1,842,448	\$0	\$0	\$1,842,448
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				0.0
g. Other Revenue	40			<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues	#400.000			#400 cc
a. Medi-Cal (FFP only)	\$132,000			\$132,000
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	#420.000	**	**	\$( \$133.000
e. Total New Revenue 3. Total Revenues	\$132,000 \$133,000	\$0 \$0	\$0 \$0	\$132,000 \$132,000
	\$132,000	\$0	\$0	\$132,000
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$1,710,448	\$0	\$0	\$1,710,448
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

FY 07-08
3/1/07
2 of 3
12
New
Michelle Petersor
(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Commant Eviation Benitions	0.00	0.00		<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Team Leader	Manages Program/Team		1.00		\$0
Psychiatrist	Provides Medication Support and Treatment		0.90		\$0
Psychiatric Nurse	Provides Medication Support and Counseling		2.00		\$0
Mental Health WorkerMaster's level	Provides Mental Health Services		2.00		\$0
Mental Health WorkerBachelor's level	Provides Mental Health Services		1.00		\$0
Peer Specialist	Rehabilitation and Recovery Support	2.00	2.00		\$0
Program Assistant	Provides Support Services		1.00		\$0
Probation Officer	Monitors Probation		1.00		\$0
Substance Abuse Specialist	Substance Abuse Counseling		1.00		\$0
Housing Specialist	Provides Housing Support Services		1.00		\$0
Employment Specialist	Education and Employment Support		1.00		\$0
*At least 33% of staff will be bilingual.					\$0
These staff positions are a likely profile for this workplan. However, the contractor shall propose the specific staffing for this program to best meet the program goals.					
Please note the number of peer specialis	sts are required and will not be less than 2 FTE	's.			\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	2.00	13.90		\$0
C. Total Program Positions		2.00	13.90		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3
Program Workplan #: A-2 Date: 3/1/07

Program Workplan Name: Justice Integrated Services and Supported Housing

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
1.c	257,019	Additional funds are needed to support on going housing needs for adults in San Diego County. \$1,600,000 of on going housing funds will be distributed proportionally to all the five FSP programs for additional master-leasing subsidies, leverage of other housing dollars, housing supports and other housing needs to sustain enrolled clients in the FSPs. \$257,019 will be allocated toward this program.
A.5	\$1,585,429	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The additional funding of \$222,000 will increase the cost per client from \$12,000 to \$14,000 to provide increased resources to the program's clients. This will bring San Diego's cost per FSP closer to the cost for similar programs in other California counties. An additional \$31,429 is added to provide funding for higher than projected costs of 1.0 FTE probation officer including salaries and benefits, overhead, vehicles and computer costs.
B.2.a	\$132,000	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$1,710,448	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(	ies): San Diego		Fiscal Year:	2007-08
Program Workpla	nn #: A-3		Date:	3/1/07
Program Workplan Na	me: Client-Operated Peer Support Services		Page:	1 of 3
Type of Fund	ing: 2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	1,400	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
(	Client Capacity of Program/Service Expanded through MHSA:	1,400	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0 \$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures	40	40	ΨΟ	Ψ
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits d. Total Personnel Expenditures	<b>\$0</b>	<b>#</b> 0	r <sub>O</sub>	<u>\$0</u> \$0
·	\$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				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$540,000			\$540,000
6. Total Proposed Program Budget	\$540,000	\$0	\$0	\$540,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$25,000			\$25,000
D. Total Funding Requirements	\$565,000	\$0	\$0	\$565,000
E. Percent of Total Funding Requirements for Full Service Partnerships			**	0.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #:	A-3		Date:	3/1/07
Program Workplan Name:	Client-Operated Peer Support Services		Page:	2 of 3
Type of Funding:	System Development		Months of Operation:	12
7. 3	al Client Capacity of Program/Service:	1,400	New Program/Service or Expansion:	New
·	ng Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
	ram/Service Expanded through MHSA:	1,400	Telephone Number:	(619) 563-2715
Juletit Capacity of Progr	ani/Service Expanded Infough MITSA:	1,400	reiepnone Number:	(019) 503-27 15

. , ,		1,400		relephone rumber.	(010) 000 27 10
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
A. Current Existing Positions					
A. Current Existing Fositions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		<u>\$0</u> \$0
	Total Guitent Existing Fositions	0.00	0.00		ΨΟ
B. New Additional Positions					
Program Manager	Manages Program and Staff	1.00	1.00		\$0
Peer Support Team Lead	Peer Education and Support	1.00	1.00		\$0
Peer Specialist	Peer Education and Support	5.00	5.00		\$0
Clerical & Other Support Staff	Provides Clerical Support	1.00	1.00		\$0
***************************************					\$0
*At least 33% of staff will be bilingual.  These staff positions are a likely profile for	l or this workplan. However, the contractor sh	all propose the spe	cific staffing for this	nrogram to best meet the	\$0
	at experience will not be less than 7 FTEs.	an propose the spe		p. 59. 3111 to 500t 11100t tillo	p.og.am godio.
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	8.00	8.00		\$0
C. Total Program Positions		8.00	8.00		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3
Program Workplan #: A-3 Date: 3/1/07

Program Workplan Name: Client-Operated Peer Support Services

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$540,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The additional funding of \$120,000 will allow for hiring full-time peer specialists with benefits and provide additional administrative and training supports.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
С	\$25,000	The additional one-time funding will provide for a client conference to be held in FY 07-08.
D	\$565,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	A-5		Date:	3/1/07
Program Workplan Name:	Clubhouse Enhance and Expand with Employment		Page:	1 of 3
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:		New Program/Service or Expansion:	Expansion
	Existing Client Capacity of Program/Service:	4,345	Prepared by:	Michelle Peterson
Client (	Capacity of Program/Service Expanded through MHSA:	500	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene			\$11,063	\$11,063
b. Travel and Transportation			\$16,406	\$16,406
c. Housing			, ,, , ,	, ., .,
i. Master Leases			\$0	\$0
ii. Subsidies			\$0	\$0
iii. Vouchers			\$0	\$0
iv. Other Housing			\$0	<u>\$0</u>
d. Employment and Education Supports			\$1,800	\$1,800
e. Other Support Expenditures (provide description in budget narrative)			\$0	\$0
f. Total Support Expenditures	\$0	\$0	\$29,269	\$29,269
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$1,024,908	\$1,024,908
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits			\$234,762	\$234,762
d. Total Personnel Expenditures	\$0	\$0	\$1,259,670	\$1,259,670
3. Operating Expenditures				
a. Professional Services			\$12,608	\$12,608
b. Translation and Interpreter Services			\$0	\$0
c. Travel and Transportation			\$0	\$0
d. General Office Expenditures			\$45,911	\$45,911
e. Rent, Utilities and Equipment			\$506,809	\$506,809
f. Medication and Medical Supports			\$0	\$0
g. Other Operating Expenses (provide description in budget narrative)			\$63,308	\$63,308
h. Total Operating Expenditures	\$0	\$0	\$628,637	\$628,637
4. Program Management				
a. Existing Program Management			\$217,928	\$217,928
b. New Program Management				\$0
c. Total Program Management		\$0	\$217,928	\$217,928
5. Estimated Total Expenditures when service provider is not known	\$1,229,502			\$1,229,502
6. Total Proposed Program Budget	\$1,229,502	\$0	\$2,135,504	\$3,365,006
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			\$23,378	\$23,378
h. Total Existing Revenues	\$0	\$0	\$23,378	\$23,378
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$23,378	\$23,378
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$1,229,502	\$0	\$2,112,126	\$3,341,628
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #:	A-5		Date:_	3/1/07
Program Workplan Name:	Clubhouse Enhance and Expand with E	mployment	Page:_	2 of 3
Type of Funding:	2. System Development		Months of Operation:	12
Proposed Tot	tal Client Capacity of Program/Service:	4,845	New Program/Service or Expansion:	Expansion
Existin	ng Client Capacity of Program/Service:	4,345	Prepared by:	Michelle Peterson
Client Capacity of Progr	ram/Service Expanded through MHSA:	500	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
Clubhouse Director	Management / Administration	9.18	9.18	\$35,626	\$327,046
Assistant Director	Administration/Program Services Coordinator	2.68	2.68	\$27,161	\$72,683
Case Managers	Program Services	2.90	2.90	\$31,590	\$91,610
Dual Diagnosis Specialist	Dual Diagnosis Support Services	0.45	0.45	\$21,320	\$9,594
Clubhouse Activity Coordinator	Program Activity Services	6.45	6.45	\$17,763	\$114,571
Clubhouse SSI Advocate	SSI Advocate	2.00	2.00	\$18,720	\$37,440
Eligibility Application Assistance Coordinator	Eligibility Application Assistance	1.00	1.00	\$19,240	\$19,240
Vocational Svs Coordinator	Vocational Support Services	0.86	0.86	\$23,000	\$19,688
Program Facilitators	Program Services	3.74	3.74	\$24,937	\$93,266
Job Coach / Specialist	Employment Support Services	4.22	4.22	\$24,295	\$102,523
Vocational/Educational Specialist	Education and Employment Support	1.50	1.50	\$17,507	\$26,260
Vietnamese Case Mgr	Program Services	0.40	0.40	\$28,000	\$11,200
Cambodian Case Mgr	Program Services	0.15	0.15	\$21,500	\$3,225
ESL Aide/Cambodian Assistant	Program Services	0.50	0.50	\$21,500	\$10,750
Janitor/Consumer Aide	Janitorial	0.15	0.15	\$14,560	\$2,184
Client Services Assistant	Clerical Support	2.15	2.15	\$22,138	\$47,678
TEP Receptionist	Clerical Support	0.90	0.90	\$14,329	\$12,896
Transitional Employment Position	Training and Support Services	1.64	1.64	\$14,040	\$23,054
. ,	Total Current Existing Positions	40.87	40.87		\$1,024,908
B. New Additional Positions					
Program Facilitators	Provides Peer Support Services	12.50	12.50		\$0
Employment Services Specialist	Education and Employment Support	12.50	12.50		\$0
Employment dervices opecialist	Eddealion and Employment Support	12.50	12.50		\$0
Clubhouse SSI Advocate	SSI Advocate	1.00			\$0
Clasticase Col / lavocate	COLVIDORIO	1.00			\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	26.00	25.00		<u>\$0</u> \$0
C. Total Program Positions		66.87	65.87		\$1,024,908

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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: A-5 Date: 03/01/07

Program Workplan Name: Clubhouse Enhance and Expand with Employment

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	Amount		<b>Description / Justification</b>	
A.3.g	\$	63,308	Other Operating Expenses includes professional liability insurance (\$5,230), other insurance (\$44,319), staff development and training (\$9,575), tax & license fees (\$1,544), dues and subscriptions (\$2,340) and interest expense (\$300).	
A.5	\$	1,229,502	Please note this program will be expanding 10 existing clubhouses via contract amendments.	
			Additional funds of \$50,000 are needed to add a .5 FTE Trained Consumer SSI Advocate each to 2 existing clubhouses for an estimated cost of \$25,000 each to provide SSI application support services that are needed and was unforseen in our original proposal.	
A.6	\$	3,365,006	Total Proposed Program Budget is the sum of the Estimated Total Expenditures (\$1,179,502) which will be a contract augmentation to the existing (10) Community Mental Health Contract Provider Program Budgets of (\$2,135,504).	
B.1.g	\$	23,378	Existing Other Revenue which is subsidizes or in-kind funding from the contractor.	
B.2.a	\$	-	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible populations.	
B.3	\$	23,378	Total Revenues are the sum of Existing Revenue and New Revenues.	
D	\$	3,341,628	Total Funding Requirements equals the total proposed program budget less total revenues (B.3) plus one-time CSS funding expenditures(C). For FY 2006-07, there will be a total contract augmentation of \$1,179,502 to the existing (10) Community Mental Health Clubhouses.	

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	A-6		Date:	3/1/07
Program Workplan Name:	Supported Employment Services		Page:	1 of 3
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	77	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Clien	t Capacity of Program/Service Expanded through MHSA:	77	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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
1				
e. Other Support Expenditures (provide description in budget narrative)	\$0	\$0	\$0	<u>\$0</u> \$0
f. Total Support Expenditures	Φ0	ΦΟ	Φ0	20
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				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$450,000			\$450,000
6. Total Proposed Program Budget	\$450,000	\$0	\$0	\$450,000
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				ΨΟ
g. Other Revenue				90
_	<b>\$</b> 0	<b>#</b> 0	ФО	\$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				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$450,000	\$0	\$0	\$450,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08	
	Jan Brogo		1.00a. 1.0a	1 1 01 00	
Program Workplan #	A-6	•	Date:		
Program Workplan Name	Supported Employment Services	<u>.</u>	Page:_	2 of 3	
Type of Funding	2. System Development		Months of Operation_	12	
Proposed Total	al Client Capacity of Program/Service:	77	New Program/Service or Expansion	New	
Existin	g Client Capacity of Program/Service:	0 Prepared by:		Michelle Peterson	
Client Capacity of Progra	am/Service Expanded through MHSA:	77	Telephone Number:	(619) 563-2715	

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
A. Current Existing Positions					
J					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Comment Eviation Positions	0.00	0.00		<u>\$0</u> \$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Coordinator*	Manages Program and Staff		1.00		\$0
Employment Specialist*	Education and Employment Support	1.00			\$0
Clerical & Other Support Staff	Provides Clerical Support		0.75		\$0
					\$0
*At least 33%of staff will be bilingual					\$0
These staff positions are a likely profile for this	i s workplan. However, the contractor shall p	ropose the specific	staffing for this prog	ram to best meet the pro	
Please note the number of peer employment s	specialists will not be less than 1 FTE's.				
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0 <u>\$0</u>
	Total New Additional Positions	1.00	5.25		\$0
C. Total Program Positions		1.00	5.25		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3
Program Workplan #: A-6 Date: 3/1/07

Program Workplan Name: Supported Employment Services

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$450,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funding of \$100,000 to provide ongoing funds to increase the number of clients by 17 who become competitively employed each year.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$450,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies)	San Diego		Fiscal Year: _	2007-08
Program Workplan #	A-9		Date:_	3/1/07
Program Workplan Name	Chaldean East Outpatient Services		Page:_	1 of 3
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	150	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by: N	Michelle Petersor
Clier	nt Capacity of Program/Service Expanded through MHSA:	150	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				<u>\$0</u> \$0
e. Other Support Expenditures (provide description in budget narrative)				
	\$0	\$0	\$0	<u>\$0</u> \$0
f. Total Support Expenditures	Φ0	ΨΟ	Φ0	φυ
2. Personnel Expenditures				<b>*</b> 0
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$200,000			\$200,000
6. Total Proposed Program Budget	\$200,000	\$0	\$0	\$200,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				·
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	
2. New Revenues	ψ.	Ų.	Ψ	ψ <sup>0</sup>
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				
	1			\$0 \$0
d. Other Revenue			*-	<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$23,077			\$23,077
D. Total Funding Requirements	\$223,077	\$0	\$0	\$223,077
E. Percent of Total Funding Requirements for Full Service Partnerships				

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan # _	A-9		Date:	3/1/07
Program Workplan Name (	Chaldean East Outpatient Services		Page:	2 of 3
Type of Funding _	3. Outreach and Engagement		Months of Operation_	12
Proposed Total	al Client Capacity of Program/Service:	150	New Program/Service or Expansion	New
Existing	g Client Capacity of Program/Service: _	0	Prepared by:	Michelle Peterson
Client Capacity of Progra	am/Service Expanded through MHSA: _	150	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
	Total Current Existing Positions	0.00	0.00		<u>\$0</u> \$0
B. New Additional Positions					
Mental Health Clinician, Licensed-bilingual	Provides Direct Services		1.00		\$0
	Provides Direct Services		1.00		\$0
Peer Specialist- bilingual	Provides Direct Services		0.50		\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
	Total New Additional Positions	0.00	2.50		<u>\$0</u> \$0
C. Total Program Positions		0.00	2.50		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: A-9 Date: 3/1/07

Program Workplan Name: Chaldean East Outpatient Services

Type of Funding: 3. Outreach and Engagement New Program/Service of Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$200,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The program is to increase engagement and services with the Chaldean population. Services will include mental health services, education, training, and community outreach.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
С	\$23,077	
		One time funding for Start up and implementation expenditures for this program are equivalent to 3 weeks of service operations. Start-up funds are budgeted to purchase equipment such as computer hardware, software, copier, fax, furniture and other office equipment. Additionally these funds maybe used to secure or expand office space including possible leasehold improvements. Implementation funds are also needed for program staff to recruit, hire and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start up costs will be expended in the first quarter after the contract for these services is executed, we anticipate this will be the second quarter of 07-08 fiscal year depending on the time needed to approve these funds.
D	\$223,077	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies)	San Diego		2007-08	
Program Workplan #	A-10		3/1/07	
Program Workplan Name	Patient Advocacy for Board & Cares		1 of 3	
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	250	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clier	nt Capacity of Program/Service Expanded through MHSA:	250	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				Ψ
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0 \$0
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)	<b>#</b> 0	<b>#</b> 0	<b>*</b> 0	<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$48,000			\$48,000
6. Total Proposed Program Budget	\$48,000	\$0	\$0	\$48,000
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	
2. New Revenues	<b>\$</b>	Ψ	40	<b>Q</b>
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				
c. State General Funds d. Other Revenue				\$0
		*-	*-	\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	*			\$0
D. Total Funding Requirements	\$48,000	\$0	\$0	\$48,000
E. Percent of Total Funding Requirements for Full Service Partnerships				

Fiscal Year: FY 07-08		iego	:San	County(ies):
Date:3/1/07		0	#A-	Program Workplan #
Page: 2 of 3		Board & Cares	Patient Advocacy for	Program Workplan Name
Months of Operation 12		evelopment	g 2. System D	Type of Funding
/Service or Expansion New	250 New Program/S	Program/Service:	otal Client Capacity of	Proposed To
Prepared by: Michelle Peterson	0	Program/Service:	ting Client Capacity of	Existi
Telephone Number: (619) 563-2715	250	ed through MHSA:	gram/Service Expand	Client Capacity of Progr

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
A. Current Existing Positions					
<b>3</b>					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Patient Advocate - Bilingual	Provides Patient Advocacy		0.50		\$0
Administrative Assistant	Administrative Support		0.25		\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					<u>\$0</u>
	Total New Additional Positions	0.00	0.75		\$0
C. Total Program Positions		0.00	0.75		\$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.

County(ies): San Diego Fiscal Year: 2007-08

Program Workplan #: A-10

Program Workplan Name: Patient Advocacy for Board & Cares

Type of Funding: 2. System Development New Program/Service of Expansion: New

Line#	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$48,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 75% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$48,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	OA-1		Date:	3/1/07
Program Workplan Name:	High Utilizer Integrated Services & Supported Housing		Page:	1 of 3
Type of Funding:	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	100	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Clien	t Capacity of Program/Service Expanded through MHSA:	100	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing	\$231,548			1
i. Master Leases	420.10.0			\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0 \$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				
1	\$231,548	\$0	\$0	<u>\$0</u> \$231,548
f. Total Support Expenditures	φ231,34 <del>0</del>	ΦΟ	Φ0	\$231,540
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits		_		<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$1,460,000			\$1,460,000
6. Total Proposed Program Budget	\$1,691,548	\$0	\$0	\$1,691,548
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				ΨΟ
g. Other Revenue				\$0
	Φ0	<b>#</b> 0	ФО	<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$96,000			\$96,000
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$96,000	\$0	\$0	\$96,000
3. Total Revenues	\$96,000	\$0	\$0	\$96,000
C. One-Time CSS Funding Expenditures	\$0			\$0
D. Total Funding Requirements	\$1,595,548	\$0	\$0	\$1,595,548
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

County(ies):_	San Diego		Fiscal Year:	FY 07-08
Program Workplan #_	OA-1		Date:	3/1/07
Program Workplan Name L	High Utilizer Integrated Services & Supported	d Housing	Page:	2 of 3
Type of Funding_	Full Service Partnership		Months of Operation_	12
Propose	ed Total Client Capacity of Program/Service:	100	New Program/Service or Expansion_	New
1	Existing Client Capacity of Program/Service:	0	Prepared by: I	Michelle Peterson
Client Capacity of	Program/Service Expanded through MHSA:	100	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Team Leader	Manages Program and Staff		1.00		\$0
Geriatric Psychiatrist	Provides Medication Support& Consultation		0.50		\$0
Nurse Practitioner	Provides Medication Support and Monitoring		0.50		\$0
Geriatric Psychiatric Nurse	Provides Mental Health Services		2.00		\$0
Geriatric Mental Health Clinician, Licensed	Provides Mental Health Services		3.00		\$0
Unlicensed Mental Health Clinician/Intern	Provides Mental Health Services		1.00		\$0
Peer/ Family Specialist	Peer & Family Support / Community Linkages	1.50	1.50		\$0
Program Assistant	Provides Administrative/Clerical Support		1.00		\$0
Substance Abuse Specialist	Provides Substance Abuse Services		0.50		\$0
Employment Specialist	Provides Vocational and Employment Services		0.50		\$0
*At least 50% of all staff are bilingual/bicultural					\$0
These staff positions are a likely profile for this wo	rkplan. However, the contractor shall propose the speci	fic staffing for this prog	ram to best meet the prog	gram goals.	
					\$0
					\$0
					\$0
	T. (11) A 1 150				<u>\$0</u>
	Total New Additional Positions	1.50	11.50		\$0
C. Total Program Positions		1.50	11.50		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3
Program Workplan #: OA-1 Date: 3/1/07

Program Workplan Name: High Utilizer Integrated Services & Supported Housing

Type of Funding: 1. Full Service Partnership New Program/Service or Expansion: New

Line #	Amount	<u>Description / Justification</u>
A.1.c	231,548	Additional funds are needed to support on-going housing needs for Older Adults in San Diego County. \$1,600,000 of ongoing housing funds will be distributed proportionally to all the five FSP programs for additional master-leasing subsidies, leverage of other housing dollars, housing supports and other housing needs to sustain enrolled clients in the FSPs. \$231,548 will be allocated toward this program.
A.5	\$1,460,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		Additional funding of \$238,000 is added to serve an additional 17 clients to raise the current 83 estimated clients served annually to 100 clients. The additional funding of \$166,000 will increase the cost per client from \$12,000 to \$14,000 per client and provide increased resources for clients. This will bring San Diego's cost per FSP closer to the cost for similar programs in other California counties. \$60,000 annually will provide the program with flex funds to cover expenses such as medication cost, client furniture, personal care, food, and other.
B.2.a	\$96,000	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$1,595,548	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	OA-2		Date:	3/1/07
Program Workplan Name: _	Mobile Outreach at Home & Community		Page:	1 of 3
Type of Funding: _	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	700	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Client	Capacity of Program/Service Expanded through MHSA:	700	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				40
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures	*	•	**	•
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$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				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$1,133,670			\$1,133,670
6. Total Proposed Program Budget	\$1,133,670	\$0	\$0	\$1,133,670
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$89,129			\$89,129
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$89,129	\$0	\$0	\$89,129
3. Total Revenues	\$89,129	\$0	\$0	\$89,129
C. One-Time CSS Funding Expenditures	\$100,000			\$100,000
D. Total Funding Requirements	\$1,144,541	\$0	\$0	\$1,144,541
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	San Diego		Fiscal Year:	FY 07-08
Program Workplan #	OA-2		Date:	3/1/07
Program Workplan Name	Mobile Outreach at Home & Community		Page:	2 of 3
Type of Funding	2. System Development		Months of Operation	12
Pro	posed Total Client Capacity of Program/Service:	700	New Program/Service or Expansion	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capaci	tv of Program/Service Expanded through MHSA:	700	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Program Manager, Licensed*	Manages Program/Staff & Clinical Supervision		1.00		\$0
Geriatric Psychiatrist*	Provides Clinical Consultation		0.20		\$0
Geriatric Psychiatric Nurse/ LCSW / LMHC*	Provides Emerg Response, MHS, Clinical Supervisor		5.00		\$0
Counselor, Master Level Interns*	Provides MHS, Outreach and Education		2.00		\$0
Senior Peer / Family Support Coordinator*	Coord Outreach, Volunteers, & Transportation	1.20	1.20		\$0
Clerical & Other Support Staff*	Provides Clerical Support		1.00		\$0
*Bilingual / Bicultural					\$0
These staff positions are a likely profile for this we	orkplan. However, the contractor shall propose the specific s	taffing for this prograr	n to best meet the progra	am goals.	
					\$0
					\$0
					\$0 \$0
	Total New Additional Positions	1.20	10.40		\$0 \$0
C. Total Program Positions		1.20	10.40		\$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.

County(ies): San Diego Fiscal Year:07-08 Page: 3 of 3
Program Workplan #: OA-2 Date: 3/1/07

Program Workplan Name: Mobile Outreach at Home & Community

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$1,133,670	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008.
		The funding increase of \$220,000 is to enhance the number and quality of services including evidence based brief interventions. In addition, \$19,070 has been added to this plan to enhance capacity to provide transportation.
B.2.a	\$89,129	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
С	\$100,000	\$70,000 is being added to provide one time funding to expand the capacity to provide state of the art age-appropriate assessment, service planning and treatment. \$30,000 will be added for Geriatric Certificate Training to increase the qualified workforce for the older adult population.
D	\$1,144,541	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ie	es): San Diego		Fiscal Year:	2007-08
Program Workplar	#:TAOA-1		Date:	3/1/07
Program Workplan Nar	ne: Legal Aid Services		Page:	1 of 3
Type of Fundi	ng: 2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	50	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
С	lient Capacity of Program/Service Expanded through MHSA:	50	Telephone Number:	(619) 563-2715

, , .g, ,, ,, ,					
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Current Contract Providers	Total	
A. Expenditures					
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				<u>\$0</u>	
d. Employment and Education Supports				\$0	
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>	
f. Total Support Expenditures	\$0	\$0	\$0	\$0	
2. Personnel Expenditures					
a. Current Existing Personnel Expenditures (from Staffing Detail)			\$38,621	\$38,621	
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0	
c. Employee Benefits				\$0	
d. Total Personnel Expenditures	\$0	\$0	\$38,621	\$38,621	
3. Operating Expenditures			\$13,388		
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					
f. Medication and Medical Supports				\$0	
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>	
h. Total Operating Expenditures	\$0	\$0	\$0	\$0	
4. Program Management					
a. Existing Program Management			\$12,991	\$12,991	
b. New Program Management				<u>\$0</u>	
c. Total Program Management		\$0	\$12,991	\$12,991	
5. Estimated Total Expenditures when service provider is not known	\$55,000			\$55,000	
6. Total Proposed Program Budget	\$55,000	\$0	\$65,000	\$120,000	
B. Revenues					
1. Existing Revenues					
a. Medi-Cal (FFP only)				\$0	
b. Medicare/Patient Fees/Patient Insurance				\$0	
c. Realignment				\$0	
d. State General Funds				\$0	
e. County Funds				\$0	
f. Grants					
g. Other Revenue				<u>\$0</u>	
h. Total Existing Revenues	\$0	\$0	\$0	\$0	
2. New Revenues					
a. Medi-Cal (FFP only)				\$0	
b. Medicare/Patient Fees/Patient Insurance				\$0	
c. State General Funds				\$0	
d. Other Revenue				<u>\$0</u>	
e. Total New Revenue	\$0	\$0	\$0	\$0	
3. Total Revenues	\$0	\$0	\$0	\$0	
C. One-Time CSS Funding Expenditures				\$0	
D. Total Funding Requirements	\$55,000	\$0	\$65,000	\$120,000	
	+11,000	<del>-</del>	+,000	Ţ:==, <b>000</b>	

s): San Diego	Fiscal Year:	FY 07-08
#TAOA-1	Date:	3/1/07
ne <u>Legal Aid Services</u>	Page:	2 of 3
ng 2. System Development	Months of Operation	12
Total Client Capacity of Program/Service: 50	New Program/Service or Expansion	New
sting Client Capacity of Program/Service: 0	Prepared by:	Michelle Peterso
ogram/Service Expanded through MHSA: 50	Telephone Number:	(619) 563-271

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
A. Current Existing Positions					
Project Manager	Manage staff and program		0.75	\$51,495	\$38,621
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.75		\$38,621
B. New Additional Positions					
SSI Specialist	Consultation and training of peer staff at	1.00	1.00		\$0
	designated clubhouses				\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	1.00	4.00		<u>\$0</u> \$0
	Total New Additional Positions		1.00		
C. Total Program Positions		1.00	1.75		\$38,621

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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: TAOA-1 Date: 3/1/07

Program Workplan Name: Legal Aid Services

Type of Funding: 2. System Development New Program/Service of Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$55,000	
		Services will provide Social Security Income (SSI) Advocacy Training and on going consultation to 1.0 FTE consumer SSI Advocates and their successors as needed; and two Clubhouse Directors at two additional Clubhouses not currently served by this contractor; provide quality check on applications that trained consumer advocates complete for eligible adults prior to their transmission to Social Security Administration (SSA); provide further representation as needed for the disability applications of approximately 50 adult applicants in further actions related to benefit denials under specific eligibility criteria.
A.6	\$120,000	This amount includes current funding of \$65,000 placed in the column for current mental health providers in addition to the requested amount of \$55,000 to enhance the services to additional regions previously not receiving these services.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$55,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	TAOA-2		Date:	3/1/07
Program Workplan Name:	Walk-in Assessment Center, North County		Page:	1 of 3
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	439	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Clier	at Capacity of Program/Service Expanded through MHSA:	439	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				Ψ
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0 \$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0 \$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures	φ0	φυ	ΨΟ	φυ
				<b>6</b> 0
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits			0.0	<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$702,000			\$702,000
6. Total Proposed Program Budget	\$702,000	\$0	\$0	\$702,000
B. Revenues				
1. Existing Revenues				_
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$74,705			\$74,705
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds	\$0			\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$74,705	\$0	\$0	\$74,705
3. Total Revenues	\$74,705	\$0	\$0	\$74,705
C. One-Time CSS Funding Expenditures	\$25,000			\$25,000
D. Total Funding Requirements	\$652,295	\$0	\$0	\$652,295
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	San Diego		Fiscal Year:_	FY 07-08
Program Workplan #	TAOA-2		Date:	3/1/07
rogram Workplan Name Wa	alk-in Assessment Center, North County		Page:	2 of 3
Type of Funding	2. System Development		Months of Operation_	12
Proposed To	otal Client Capacity of Program/Service:	439	New Program/Service or Expansion_	New
Existi	ing Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Client Capacity of Proc	ram/Service Expanded through MHSA	439	Telephone Number:	(619) 563-2715

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		4.00		\$0
Registered Nurse	Provides Medication Support and Monitoring		2.00		\$0
	Provides Clerical Support		1.00		\$0
	Provides Medication Support		1.00		\$0
These staff positions are a likely profile for this	workplan. However, the contractor shall propose the	e specific staffing for tl	nis program to best me	eet the program goals.	
					40
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	0.00	8.00		\$0
C. Total Program Positions		0.00	8.00		\$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.

County(ies): San Diego Fiscal Year: 2007-08 Page: 3 of 3

Program Workplan #: TAOA-2 Date: 3/1/07

Program Workplan Name: Walk-in Assessment Center, North County

Type of Funding: 2. System Development New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$702,000	Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from FY 2005-06 budgets times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months.
		\$330,000 additional funding is being added for increased client costs.
B.2.a	\$74,705	If applicable, new revenues were estimated for EPSDT (FFP only) /Medi-Cal given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.c	\$0	If applicable, new revenues were estimated for EPSDT Medi-Cal (State General Fund) given the estimated number of clients and services expected to be Medi-Cal eligible.
B.2.e	\$74,705	Total New Revenue is the total EPSDT Medi-Cal revenue including the FFP and State General Fund portion.
B.3	\$74,705	Total Revenues is the sum of all new (B.2.e) and existing revenue (B.1.h).
C.	\$25,000	The additional one time funds are for telepsychiatry costs.
D	\$652,295	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	TAOA-3		Date:	3/1/07
Program Workplan Name: I	Housing Trust Fund		Page:	1 of 2
Type of Funding: _	Full Service Partnership		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	n/a	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Client	Capacity of Program/Service Expanded through MHSA: _	n/a	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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	\$0	0.0	<u>\$0</u> \$0
f. Total Support Expenditures	\$0	\$0	\$0	20
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				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$565,798			\$565,798
6. Total Proposed Program Budget	\$565,798	\$0	\$0	\$565,798
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				ΨΟ
g. Other Revenue				\$0
_	<b>#</b> 0	<b>#</b> 0	ФО	\$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				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$3,049,200			\$3,049,200
D. Total Funding Requirements	\$3,614,998	\$0	\$0	\$3,614,998
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

County(ies): San Diego Fiscal Year: 07-08 Page: 1 of 2

Program Workplan #: TAOA-3 Date: 3/1/07

**Program Workplan Name: Housing Trust Fund** 

Type of Funding: 1. Full Service Partnership New Program/Service of Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$565,798	Upon the recommendation of the stakeholders in San Diego, the County has identified additional unspent one-time and ongoing housing funds that will be used to increase permanent supportive housing opportunities for the 683 seriously mentally ill TAY, Adults and Older Adults in the four CSS Plan approved workplans that have five FSP Integrated Homeless Programs. In the CSS approved plan San Diego County integrated \$6,375,600 in one-time housing funds in the FSP's. To date approximately 25% of the 683 clients are housed in an array of short-term, transitional and permanent supportive housing. This is a remarkable accomplishment considering that the FSP had a staggered initiation of services beginning in October of 2006. The last FSP for Older Adults began services in March of 2007.
		Specifically, \$ 3,049,200 of unspent one-time housing funds and \$565,798 of on-going housing funds will be set-aside in a Housing Trust Fund to leverage the development of affordable project-based permanent supportive housing for low income clients in the FSP's. The County is in process of determining the administration and the management of the Housing Funds.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
С	\$3,049,200	One-time housing funds.
D	\$3,614,998	Total amount of dollars for the housing trust fund.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	ALL-4		Date:	3/1/07
Program Workplan Name:	Interpreter Services		Page:	1 of 3
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	5,687	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clien	t Capacity of Program/Service Expanded through MHSA:	5,687	Telephone Number:	(619) 563-2715

Client Capacity of Program/Service Expanded through MHSA	: 5,687		Telephone Number:	(619) 563-2715
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$455,000			\$455,000
6. Total Proposed Program Budget	\$455,000	\$0	\$0	\$455,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				•
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue	00	00	**	<u>\$0</u>
e. Total New Revenue	\$0 \$0	\$0 \$0	\$0 \$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$455,000	\$0	\$0	\$455,000
E. Percent of Total Funding Requirements for Full Service Partnerships				

cal Year: FY 07-08	Fiscal Year: _		San Diego	County(ies):
Date: 3/1/07	Date:_		ALL-4	Program Workplan #
Page: 2 of 3	Page:_		Interpreter Services	Program Workplan Name
Operation 12	Months of Operation		2. System Development	Type of Funding
xpansion New	New Program/Service or Expansion	5,687	tal Client Capacity of Program/Service:	Proposed Tot
pared by: Michelle Peterson	Prepared by:	0	ng Client Capacity of Program/Service:	Existir
Number: (619) 563-2715	Telephone Number:	5.687	ram/Service Expanded through MHSA:	Client Capacity of Progr

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
Interpretators fluent in 82 different	languages				
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u> \$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Interpretators fluent in 82 different languages	Interpret for staff of MHSA programs				\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: ALL-4 Date: 3/1/07

**Program Workplan Name: Interpreter Services** 

D

\$455,000

Type of Funding: 2. System Development New Program/Service of Expansion: New

Line #	<b>Amount</b>	<u>Description / Justification</u>
A.5	\$455,000	Funds requested due to increased demand to support new MHSA programs focused on reaching unserved and underserved populations. Historical data shows FY 05-06 \$492,028 in expendures and FY 06-07 shows total expenditures of \$659,967. This increase of \$167,939 is due to the implementation of MHSA programs beginning in September of 2006 and currently continuing to be implemented. The additional funding of \$455,000 will address the continued demand of interpreter services in San Diego, especially due to the full implementation of CSS approved MHSA programs in FY 07-08. Contractor shall have mulitple interpreters for all languages to serve over 37 sites who have enhanced services under MHSA. This budget is for 12 months. The contractor was obtained through a compettive process that resulted in the County receiving a discounted rate due to the high volume of services. This contractor is paid on a per service rate, thus staffing detail and operating expenses are not provided.
B.2.a	\$0	

Total Funding Requirements equals the total proposed expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	ALL-5		Date:	3/1/07
Program Workplan Name:	Psychiatric Emergency Response Team (PERT)		Page:	1 of 3
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	1,000	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Client	t Capacity of Program/Service Expanded through MHSA:	1,000	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				\$0 \$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0 \$0
2. Personnel Expenditures	φυ	Ψ0	Ψ0	φυ
				<b>*</b> 0
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits		•		<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				_
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$885,000			\$885,000
6. Total Proposed Program Budget	\$885,000	\$0	\$0	\$885,000
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				\$0
d. Other Revenue				
	<b>PO</b>	φo	<b>ው</b> ስ	<u>\$0</u>
e. Total New Revenue 3. Total Revenues	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
	\$0	<b>\$</b> 0	Φ0	\$0
C. One-Time CSS Funding Expenditures	\$00E 000	**	**	-
D. Total Funding Requirements	\$885,000	\$0	\$0	\$885,000
E. Percent of Total Funding Requirements for Full Service Partnerships				

FY 07-08	Fiscal Year:		San Diego	County(ies): _
3/1/07	Date:		ALL-5	Program Workplan # _
2 of 3	Page:	(PERT)	Psychiatric Emergency Response Team	Program Workplan Name F
12	Months of Operation_		3. Outreach and Engagement	Type of Funding _
New	New Program/Service or Expansion	1,000	al Client Capacity of Program/Service:	Proposed Total
Michelle Petersor	Prepared by:	0	g Client Capacity of Program/Service:	Existin
(619) 563-2715	Telephone Number:	1.000	am/Service Expanded through MHSA:	Client Capacity of Progra

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
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Services and Outreach		7.00		\$0
Mental Health Clinician, Licensed-bilingual	Provides Services and Outreach		1.00		\$0
Program Coordinator	Law Enforcement Liaison		1.00		\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	0.00	9.00		\$0
C. Total Program Positions		0.00	9.00		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: ALL-5 Date: 3/1/07

Program Workplan Name: Psychiatric Emergency Response Team (PERT)

Type of Funding: 3. Outreach and Engagement New Program/Service of Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$885,000	
		Estimated Total Expenditures (when service provider is not known) were derived by calculating the average cost per client for similar services among existing providers from the budget times the number of clients expected to be served in the fiscal year. Staffing for this program is based upon optimum staff to client ratios with approximately 60-70% of the total costs allocated for staff salaries and benefits. This budget is for 12 months from July 1, 2007 - June 30, 2008. Program will provide outreach to individuals with mental illness in the community referred to law enforcement by other agencies or individuals who believe service is required, but who cannot approach the individual for reasons related to safety. A law enforcement liaison will provide support to the PERT tearms to facilitate and coordinate response regionally.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$885,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	ALL-6 (formerly CY-4.1, A-7, OA-3)		Date:	3/1/07
Program Workplan Name:	Mental Health & Primary Care Services Integration		Page:	1 of 3
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	1,790	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clien	t Capacity of Program/Service Expanded through MHSA:	1,790	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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 \$0
e. Other Support Expenditures (provide description in budget narrative)				\$0 \$0
	\$0	\$0	\$0	\$0 \$0
f. Total Support Expenditures	Φυ	Φ0	ΦΟ	Φυ
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$1,835,000			\$1,835,000
6. Total Proposed Program Budget	\$1,835,000	\$0	\$0	\$1,835,000
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 \$0
2. New Revenues	40	ΨΟ	ΨΟ	ΨΟ
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				
				\$0
d. Other Revenue			*-	<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				\$0
D. Total Funding Requirements	\$1,835,000	\$0	\$0	\$1,835,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

County(ies):	San Diego		Fiscal Year: _	FY 07-08
Program Workplan #:	ALL-6 (formerly A-7)		Date:	3/1/07
Program Workplan Name:	Mental Health & Primary Care Services Inte	egration egration	Page:	2 of 3
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
Proposed	Total Client Capacity of Program/Service:	700	New Program/Service or Expansion:	New
Ex	isting Client Capacity of Program/Service:	0	Prepared by:	Michelle Petersor
Client Canacity of Pr	rogram/Sarvice Expanded through MHSA:	700	Tolophono Numbor:	(610) 563-2715

Classification	Function	Client, FM & CG FTEsal	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		8.50		\$0
Psychiatrist	Provides Medication Support and Monitoring		1.00		\$0
These staff positions are a likely profile for	or this workplan. However, the contractor shall	propose the spe	cific staffing for this	program to best meet the	program goals.
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	9.50		<u>\$0</u> \$0
0. Tatal Bases 2 - 151					
C. Total Program Positions		0.00	9.50		\$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.

County(ies): San Diego Fiscal Year: 07-08 Page: 3 of 3

Program Workplan #: ALL-6 (formerly A-7) Date: 3/1/07

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.5	\$1,835,000	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 12 months beginning July 1, 2007 - June 30, 2008.  An additional \$25,000 for adults and \$20,000 for Children's has been added to increase the administrative costs of the program that were originally underestimated.
		administrative costs of the program that were originally underestimated.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$1,835,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year: _	2006-07
Program Workplan #:	OT-1		Date:_	revised 9-5-07
Program Workplan Name:	System-Wide Education, Training and Technical Enhance	<u>ements</u>	Page:_	1 of 6
Type of Funding:	2. System Development		Months of Operation:	6
	Proposed Total Client Capacity of Program/Service:	N/A	New Program/Service or Expansion: _	Expansion
	Existing Client Capacity of Program/Service:	N/A	Prepared by:	Liz Biolley
Clien	t Capacity of Program/Service Expanded through MHSA:	N/A	Telephone Number:	(619) 563-2701

D. Travel and Transportation   C. Housing   C. Engloyment and Education Supports   C. Other Housing   C. Employment and Education Supports   C. Other Housing   C. Employment and Education Supports   C. Other Housing   C. Employment and Education Supports   C. Other Support Expenditures   So.	Client Capacity of Program/Service Expanded through MHS/	A:N/A		Telephone Number:	(619) 563-2701
1. Cilent, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hyligene b. Travel and Transportation c. Mosteria ii. Master Leases iii. Subsidies iii. Vouchers N. Colter Mosteria d. Employment and Education Supports e. Other Support Expenditures A. Colter Expenditures A. Current Expenditures A. Current Expenditures A. Current Existing Personnel Expenditures A. Total Personnel Expenditures A. Portential Activities A. Total Existing Personnel Expenditures A. Portential Activities A. Portential Expenditures A. Rent Lilliums and Expenditures A. Rent Lilliums and Expenditures A. Rent Lilliums and Expenditures A. Existing Expenditures A. Existing Expenditures A. Existing Expenditures A. Existing Program Management A. Existing Program Management A. Existing Program Management A. State General Funds A. Modical (FFP only) A. Medicare-Patient Presuration A. State General Funds A. State General Funds A. Modical (FFP only) A. Medicare-Patient Presuration A. State General Funds A. Modical (FFP only) A. Medicare-Patient Presuration A. State General Funds A. Modical (FFP only) A. Medicare-Patient Presuration A. State General Funds A. Modical (FFP only) A. Medicare-Patient Presuration A. State General Funds A. Modical (FFP only) A. Medicare-Patient Feet-Patient Insurance A. Modical (FFP only) A. Modicare-Patient Feet-Patient Insurance A. Modical (FFP only) A. Modicare			Governmental	Health Contract	Total
a. Clothing, Food and Hygiene b. Triend and Transportation c. Hosaing i. Master Losses ii. Subsidies iii. Vouchers N. Other Housing d. Employment and Education Supports o. Other Support Expenditures a. Outher Support Expenditures (provide description in budget narrative) 1. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures a. Professional Services 1. Operating Expenditures a. Professional Services b. Translation and Interpreted Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment 1. Medication and Medical Supports g. Other Operating Expenditures a. Rent, Utilities and Equipment b. Total Program Management a. Esisting Preprinte (provide description in budget narrative) f. Total Program Management a. Esisting Program Management b. New Program Management c. Total Program Management c. Total Program Management c. Total Program Management d. Statis General Funds c. Couchy Funds c. Couc	A. Expenditures				
D. Travel and Transportation   C. Housing	Client, Family Member and Caregiver Support Expenditures				
. Housing . I. Master Leases ii. Subsidies iii. Vouches iii. Vouches iii. Vouches iii. Ovaches i	a. Clothing, Food and Hygiene				\$0
1. Moster Lineses   1. Subscidies   1. Vouches   1. Total Support Expenditures (provide description in budget narrative)   1. Total Support Expenditures   50   \$0   \$0   \$0   \$0   \$0   \$0   \$0	b. Travel and Transportation				\$0
B. Subsidies   II. Vouchers   II. Vother Housing   d. Employment and Education Supports   Support Expenditures (provide description in budget narrative)   f. Total Support Expenditures (provide description in budget narrative)   f. Total Support Expenditures (prom Staffing Detail)   Support Expenditures   Support Suppor	c. Housing				
III. Vouchers   Iv. Other Housing   A. Employment and Education Supports   a. Other Support Expenditures (provide description in budget narrative)   1. Total Support Expenditures   50   \$0   \$0   \$0   \$0   \$0   \$0   \$0	i. Master Leases				\$0
iv. Other Housing   d. Employment and Education Supports   d. Employment and Education Support Expenditures (provide description in budget narrative)   f. Total Support Expenditures (Provide description in budget narrative)   f. Total Support Expenditures (From Staffing Detail)   s. D. New Additional Personnel Expenditures (From Staffing Detail)   s. D. New Additional Personnel Expenditures (From Staffing Detail)   s. D. New Additional Personnel Expenditures (From Staffing Detail)   s. D. Total Personnel Expenditures   s.	ii. Subsidies				\$0
d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures (from Staffing Detail) s. New Additional Personnel Expenditures (from Staffing Detail) s. New Additional Personnel Expenditures (from Staffing Detail) s. New Additional Personnel Expenditures d. Total Personnel Expenditures a. Professional Services s. Professional Services s. 1,240,195 b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment s. New Committee of School Services g. Other Operating Expenses (provide description in budget narrative) s. 1,1650,440 s. 1,165	iii. Vouchers				\$0
a. Other Support Expenditures (provide description in budget narrative)	iv. Other Housing				<u>\$0</u>
1. Total Support Expenditures   \$0   \$0   \$0   \$0	d. Employment and Education Supports				\$0
2. Personnel Expenditures   a. Current Existing Personnel Expenditures (from Staffing Detail)   5. New Additional Personnel Expenditures (from Staffing Detail)   \$200.128   \$	e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services 5. 1,240,195 5. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures a. Existing Personal Rent Services 5. 2,200,128 5. State General Office Expenditures 6. Rent Operating Expenditures 6. Rent Operating Expenditures 7. Total Program Management 8. Statisting Personal Management 8. Existing Personal Management 9. Statisting Personal Management 9. Total Proposed Program Management 9. Statisting Personal Management 9. Statisting Pers	f. Total Support Expenditures	\$0	\$0	\$0	\$0
b. New Additional Personnel Expenditures (from Staffing Detail)  c. Employee Benerits d. Total Personnel Expenditures  a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures  e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures  e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures  f. Medication and Medical Supports g. Other Operating Expenditures  f. New Program Management b. New Program Management c. Total Operating Expenditures  f. Total Propram Management c. Total Program Management g. Staffing Program Management g. Staffing Program Management g. Staffing Program Management g. Staffing Revenues  f. Estinated Total Expenditures when service provider is not known g. Staffing Revenues g. Medi-Cal (FP ponly) g. Medicare-Patient Fees/Patient Insurance g. Chury Funds g. Other Revenue g. Other Revenue g. Other Revenue g. Staffing Revenues g. New Revenue g. Staffing Revenues g. Staffing	2. Personnel Expenditures				
C. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services 5. Translation and Interpreter Services 5. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent. Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures g. Other Operating Expenditures f. Medication and Medical Supports g. Other Operating Expenditures f. Notal Operating Expenditures g. Other Operating Expenditures g. Existing Program Management a. Existing Program Management b. New Program Management c. Total Program Management g. Total State General Funds g. County Funds g. Gher Revenue g. Amdi-Cal (FFP only) g. Sol Sol Sol g. New Revenues g. Amdi-Cal (FFP only) g. Sol Sol Sol g. New Revenues g. Amdi-Cal (FFP only) g. Medicare/Patient Insurance g. State General Funds g. Amdi-Cal (FFP only) g. Sol Sol Sol g.	a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
d. Total Personnel Expenditures   \$200,126   \$0   \$0   \$200,126   \$0   \$0   \$200,126   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	b. New Additional Personnel Expenditures (from Staffing Detail)	\$200,128			\$200,128
3. Operating Expenditures  a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures h. Total Operating Expenditures 2. 297,529 5. So 5. 297,529 5. So 5. So 5. Serving Program Management c. Total Program Management c. Total Program Management c. Total Program Management b. New Program Management c. Total New Revenue c. County Funds c. Come-Time CSS Funding Expenditures c. State General Funds c. Cone-Time CSS Funding Expenditures c. State General Funds c. Total Revenues c. State General	c. Employee Benefits				<u>\$0</u>
a. Professional Services b. Translation and Interprete Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) s. 2,297,529 s. So. \$0. \$2,297,529 s. So. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0	d. Total Personnel Expenditures	\$200,128	\$0	\$0	\$200,128
b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures g. 2,297,529 s. So \$2,297,529 s. So \$2,2	3. Operating Expenditures				
C. Travel and Transportation   d. General Office Expenditures   e. Rent, Utilities and Equipment   \$6,894   \$86,894   \$86,894   \$1,050,0440	a. Professional Services	\$1,240,195			\$1,240,195
d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures  4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management c. Total Program Management s. Setimated Total Expenditures when service provider is not known 6. Total Program Management s. Setimated Total Expenditures when service provider is not known 6. Total Program Management s. Setimated Total Expenditures when service provider is not known s. Setimated Total Expenditures when service provider is not known s. Setimated Total Expenditures when service provider is not known s. Setimated Total Expenditures when service provider is not known s. Setimated Total Expenditures when service provider is not known s. Setimated Total Expenditures when service provider is not known s. Setimated Total Expenditures s. Setimated Total Expenditures setimated set	b. Translation and Interpreter Services				\$0
e. Rent, Utilities and Equipment \$6,894 \$56,894 \$. \$6,894	c. Travel and Transportation				\$0
f. Medication and Medical Supports   g. Other Operating Expenses (provide description in budget narrative)   \$1,050,440   \$1,050,440   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$2,297,529   \$0   \$0   \$0   \$0   \$0   \$0   \$0   \$	d. General Office Expenditures				\$0
g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures  4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 6. Stetimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget  7. Existing Revenues 8. Medi-Cal (FFP only) 8. Medicare/Patient Fees/Patient Insurance 9. Cher Revenue 1. Grants 9. Other Revenues 8. Medi-Cal (FFP only) 9. Medicare/Patient Fees/Patient Insurance 1. County Funds 1. Grants 9. Other Revenue 1. Total Existing Revenues 8. Medi-Cal (FFP only) 9. Septiment 1. State General Funds 9. Other Revenue 1. Total Existing Revenues 8. So 8.	e. Rent, Utilities and Equipment	\$6,894			\$6,894
h. Total Operating Expenditures	f. Medication and Medical Supports				\$0
4. Program Management       a. Existing Program Management       b. New Program Management         b. New Program Management       \$0       \$0         c. Total Program Management       \$0       \$0         5. Estimated Total Expenditures when service provider is not known       \$0       \$0         6. Total Proposed Program Budget       \$2,497,657       \$0       \$0       \$2,497,6         B. Revenues       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$2,497,6       \$0       \$0       \$0       \$2,497,6       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0 <td< td=""><td>g. Other Operating Expenses (provide description in budget narrative)</td><td>\$1,050,440</td><td></td><td></td><td>\$1,050,440</td></td<>	g. Other Operating Expenses (provide description in budget narrative)	\$1,050,440			\$1,050,440
a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget  8. Revenues  1. Existing Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  2. New Revenues 3. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds 6. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue s. S551,701 s	h. Total Operating Expenditures	\$2,297,529	\$0	\$0	\$2,297,529
b. New Program Management   c. Total Program Management   c. Total Program Management   c. Total Program Management   so   so   so   so   so   so   so   s	4. Program Management				
So   So   So   So   So   So   So   So	a. Existing Program Management				\$0
5. Estimated Total Expenditures when service provider is not known         \$2,497,657         \$0         \$0         \$2,497,6           B. Revenues         1. Existing Revenues         a. Medi-Cal (FFP only)         b. Medicare/Patient Fees/Patient Insurance         c. Realignment         d. State General Funds         c. County Funds         f. Grants         g. Other Revenue         p. Total Existing Revenues         \$0         \$0         \$0         \$0         \$0         \$551,701         <	b. New Program Management				<u>\$0</u>
6. Total Proposed Program Budget \$2,497,657 \$0 \$0 \$2,497,657  B. Revenues  1. Existing Revenues  a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  9. \$551,701 \$551,701 \$551,701 \$551,701 \$0 \$0 \$551,701 \$3. Total Revenues \$551,701 \$0 \$0 \$551,701 \$3. Total Revenues \$551,701 \$4,945,956 \$1,945,956 \$5,945,945,995 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956 \$5,945,945,956	c. Total Program Management		\$0	\$0	\$0
B. Revenues   1. Existing Revenues   a. Medi-Cal (FFP only)   b. Medicarer/Patient Fees/Patient Insurance   c. Realignment   d. State General Funds   e. County Funds   f. Grants   g. Other Revenue   h. Total Existing Revenues   \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	5. Estimated Total Expenditures when service provider is not known				\$0
1. Existing Revenues         a. Medi-Cal (FFP only)         b. Medicare/Patient Fees/Patient Insurance         c. Realignment         d. State General Funds         e. County Funds         f. Grants         g. Other Revenue         h. Total Existing Revenues         2. New Revenues         a. Medi-Cal (FFP only)         b. Medicare/Patient Fees/Patient Insurance         c. State General Funds         d. Other Revenue         e. Total New Revenue         3. Total Revenues         5551,701         3. Total Revenues         5551,701         50         \$1,945,956	6. Total Proposed Program Budget	\$2,497,657	\$0	\$0	\$2,497,657
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 5551,701 3. Total Revenues 51,945,956 51,945,956 50 50 51,945,956 50 50 50 50 50 50 50 50 50 50 50 50 50	B. Revenues				
b. Medicare/Patient Fees/Patient Insurance c. Realignment d. State General Funds e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues  a. Medi-Cal (FFP only) b. Medicare/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  5551,701  3. Total Revenue  5551,701  50  50  50  50  51,945,956  50  50  51,945,956  50  50  50  50  50  50  50  50  50	1. Existing Revenues				
c. Realignment       d. State General Funds         e. County Funds       f. Grants         f. Grants       g. Other Revenue         h. Total Existing Revenues       \$0       \$0         2. New Revenues       a. Medi-Cal (FFP only)       \$551,701       \$551,701         b. Medicare/Patient Fees/Patient Insurance       c. State General Funds       c. State General Funds       c. Other Revenue       \$551,701       \$0       \$0       \$551,7         3. Total New Revenue       \$551,701       \$0       \$0       \$551,7         3. Total Revenues       \$551,701       \$0       \$0       \$551,7         C. One-Time CSS Funding Expenditures       \$1,945,956       \$1,945,956       \$1,945,956         D. Total Funding Requirements       \$1,945,956       \$0       \$0       \$1,945,956	a. Medi-Cal (FFP only)				\$0
d. State General Funds         e. County Funds         f. Grants         g. Other Revenue         h. Total Existing Revenues       \$0         2. New Revenues         a. Medi-Cal (FFP only)       \$551,701         b. Medicare/Patient Fees/Patient Insurance         c. State General Funds         d. Other Revenue         e. Total New Revenue       \$551,701         3. Total Revenues       \$551,701         \$0       \$551,7         C. One-Time CSS Funding Expenditures       \$1,945,956         D. Total Funding Requirements       \$1,945,956	b. Medicare/Patient Fees/Patient Insurance				\$0
e. County Funds f. Grants g. Other Revenue h. Total Existing Revenues 2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue  9. Total New Revenue  10. Total Funding Expenditures 51,945,956 50. \$0. \$1,945,956 50. \$0. \$1,945,956	c. Realignment				\$0
f. Grants g. Other Revenue h. Total Existing Revenues \$0 \$0 \$0  2. New Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue \$551,701 \$0 \$0 \$551,70  3. Total Revenues \$551,701 \$0 \$0 \$551,70  C. One-Time CSS Funding Expenditures  D. Total Funding Requirements \$1,945,956 \$0 \$0 \$1,945,9	d. State General Funds				\$0
g. Other Revenue       \$0       \$0         h. Total Existing Revenues       \$0       \$0         2. New Revenues       \$0       \$0         a. Medi-Cal (FFP only)       \$551,701       \$551,701         b. Medicare/Patient Fees/Patient Insurance       \$551,701       \$0       \$0         c. State General Funds       \$0       \$0       \$551,701       \$0       \$0       \$551,701         d. Other Revenue       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$551,701       \$0       \$0       \$0       \$551,701       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0       \$0	e. County Funds				\$0
h. Total Existing Revenues  2. New Revenues  a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues  5. Solution 5. Solution 5. Solution 5. Solution 5. Solution 5. Total Revenue 5. Solution 6. One-Time CSS Funding Expenditures 7. Solution 7	f. Grants				
2. New Revenues       a. Medi-Cal (FFP only)       \$551,701       \$551,701         b. Medicare/Patient Fees/Patient Insurance       c. State General Funds       d. Other Revenue         e. Total New Revenue       \$551,701       \$0       \$0       \$551,701         3. Total Revenues       \$551,701       \$0       \$0       \$551,701         C. One-Time CSS Funding Expenditures       \$1,945,956       \$1,945,956         D. Total Funding Requirements       \$1,945,956       \$0       \$0       \$1,945,956	g. Other Revenue				\$0
a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue 3. Total Revenues  C. One-Time CSS Funding Expenditures  D. Total Funding Requirements  \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$551,701 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,945,956 \$0 \$0 \$0 \$1,945,956	h. Total Existing Revenues	\$0	\$0	\$0	\$0
b. Medicare/Patient Fees/Patient Insurance c. State General Funds d. Other Revenue e. Total New Revenue \$551,701 \$0 \$0 \$551,70 3. Total Revenues \$551,701 \$0 \$0 \$551,70 \$0 \$0 \$551,70 \$1,945,956 \$1,945,956 \$1,945,956 \$1,945,956 \$0 \$0 \$1,945,956	2. New Revenues				
c. State General Funds       d. Other Revenue         d. Other Revenue       \$551,701       \$0       \$0       \$551,701         3. Total Revenues       \$551,701       \$0       \$0       \$551,701         C. One-Time CSS Funding Expenditures       \$1,945,956       \$1,945,956       \$1,945,956         D. Total Funding Requirements       \$1,945,956       \$0       \$0       \$1,945,956	a. Medi-Cal (FFP only)	\$551,701			\$551,701
d. Other Revenue       \$551,701       \$0       \$0       \$551,701         e. Total New Revenue       \$551,701       \$0       \$0       \$551,701         3. Total Revenues       \$551,701       \$0       \$0       \$551,701         C. One-Time CSS Funding Expenditures       \$1,945,956       \$1,945,956       \$1,945,956         D. Total Funding Requirements       \$1,945,956       \$0       \$0       \$1,945,956	b. Medicare/Patient Fees/Patient Insurance				\$0
e. Total New Revenue         \$551,701         \$0         \$0         \$551,701           3. Total Revenues         \$551,701         \$0         \$0         \$551,701           C. One-Time CSS Funding Expenditures         \$1,945,956         \$1,945,956         \$1,945,956           D. Total Funding Requirements         \$1,945,956         \$0         \$0         \$1,945,956	c. State General Funds				\$0
3. Total Revenues         \$551,701         \$0         \$0         \$551,701           C. One-Time CSS Funding Expenditures         \$1,945,956         \$1,945,956         \$1,945,956           D. Total Funding Requirements         \$1,945,956         \$0         \$1,945,956	d. Other Revenue				\$0
3. Total Revenues         \$551,701         \$0         \$0         \$551,701           C. One-Time CSS Funding Expenditures         \$1,945,956         \$1,945,9           D. Total Funding Requirements         \$1,945,956         \$0         \$1,945,9	e. Total New Revenue	\$551,701	\$0	\$0	\$551,701
D. Total Funding Requirements \$1,945,956 \$0 \$0 \$1,945,9	3. Total Revenues				\$551,701
D. Total Funding Requirements \$1,945,956 \$0 \$0 \$1,945,9	C. One-Time CSS Funding Expenditures	\$1,945,956			\$1,945,956
	D. Total Funding Requirements	\$1,945,956	\$0	\$0	\$1,945,956
IF Percent of Total Funding Requirements for Full Service Partnerships	E. Percent of Total Funding Requirements for Full Service Partnerships	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**		. ,,

County(ies):	San Diego		Fiscal Year:	2006-2007
Program Workplan # _	OT-1		Date:	revised 9-5-07
Program Workplan Name §	System-Wide Education, Training and Te	echnical Enhancem	nents Page:_	2 of 6
Type of Funding _	2. System Development		Months of Operation_	6
Proposed Total	al Client Capacity of Program/Service:	N/A	New Program/Service or Expansion	Expansion
Existin	g Client Capacity of Program/Service:	N/A	Prepared by:	Liz Biolley
Client Capacity of Progra	am/Service Expanded through MHSA:	N/A	Telephone Number:	(619) 563-2701

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
A. Current Existing Positions					
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
3 FT contract provider staff assigned full time to the project	Planning and Implementation			\$156,241	
County staff overtime and County retirees hired to work on project or backfill for staff assigned to project.	Planning and Implementation			\$43,888	
					\$0
					\$0 <u>\$0</u>
	Total New Additional Positions	0.00	0.00	\$200,129	<u>\$0</u> \$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.

County(ies): San Diego Fiscal Year: 2006-2007 Page: 3 of 6

Program Workplan #: OT-1 Date: revised 9-5-07

Program Workplan Name: System-Wide Education, Training & Technical Enhancements

Type of Funding: System Development New Program/Service of Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A 2 b	\$200,128	New Personnel Expenditures is comprised of County overtime and temporary staffing required
		to backfill critical functions of permanent staff assigned to the project for an extensive amount of time and three contract provider staff assigned full time to the project.
АЗа	\$1,240,195	Professional services include Anasazi Software contract deliverables and change orders and County IT vendor project management and support services
А3е	6,894	Rent Utilities and Equipment is comprised of monthly charges for laptops and air cards for temporary staff assigned to project full time.
A 3 g	1,050,440	Other operating expenses is comprised of licenses and other one time costs for establishment of network for new MH MIS.
B 2 a	551,701	Medi-Cal FFP represents estimated SD/MC Administration calculated $@$ approx 22% of project cost.
D	\$1,945,956	Total Funding Requirements equals the proposed one-time CSS funding expenditures less expected revenues.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	OT-1		Date:	revised 9-5-07
Program Workplan Name:	System-Wide Education, Training and Technical Enhance	ements	Page:_	4 of 6
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	N/A	New Program/Service or Expansion:	Expansion
	Existing Client Capacity of Program/Service:	N/A	Prepared by: _	Liz Biolley
Clien	t Capacity of Program/Service Expanded through MHSA:	N/A	Telephone Number: _	(619) 563-2701

Client Capacity of Flogram/Service Expanded through MFISA	IN/A	•	relephone Mulliber.	(013) 303 2701
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
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				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$1,515,974			\$1,515,974
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$1,515,974	\$0	\$0	\$1,515,974
3. Operating Expenditures				
a. Professional Services	\$2,280,778			\$2,280,778
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$4,000			\$4,000
d. General Office Expenditures	55,000			\$55,000
e. Rent, Utilities and Equipment	\$20,585			\$20,585
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$43,565			<u>\$43,565</u>
h. Total Operating Expenditures	\$2,403,928	\$0	\$0	\$2,403,928
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$3,919,902	\$0	\$0	\$3,919,902
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues		\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$865,858			\$865,858
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$865,858	\$0	\$0	
3. Total Revenues	\$865,858	\$0	\$0	\$865,858
C. One-Time CSS Funding Expenditures	\$3,054,044			\$3,054,044
D. Total Funding Requirements				
	\$3,054,044	\$0	\$0	\$3,054,044

County(ies):	San Diego		Fiscal Year: _	2007-08
Program Workplan # _	OT-1		Date:	revised 9-5-07
Program Workplan Name S	System-Wide Education, Training and Te	echnical Enhancem	nents Page:_	5 of 6
Type of Funding _	2. System Development		Months of Operation_	12
Proposed Total	al Client Capacity of Program/Service:	N/A	New Program/Service or Expansion	Expansion
Existing	g Client Capacity of Program/Service:	N/A	Prepared by:	Liz Biolley
Client Capacity of Progra	am/Service Expanded through MHSA:	N/A	Telephone Number:	(619) 563-2701

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
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		<u>\$0</u> \$0
D. New Additional Positions	Total Call on Executing Contents	0.00	0.00		Ψ
B. New Additional Positions 3 FT contract provider staff assigned full time to	Planning and implementation				
the project					\$339,533
					\$0
County staff overtime and County retirees hired to work on project or backfill for staff assigned to project and contract staff assigned to various	Planning and implementation				\$1,176,441
project tasks.					
					\$0
					\$0
					\$0
	Total New Additional Positions	0.00	0.00		<u>\$0</u> \$1,515,974
	Total New Additional Fositions				
C. Total Program Positions		0.00	0.00		\$1,515,974

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.

County(ies): San Diego Fiscal Year: 2007-2008 Page: 6 of 6

Program Workplan #: OT-1 Date: revised 9-5-07

Program Workplan Name: System-Wide Education, Training & Technical Enhancements

Type of Funding: System Development New Program/Service of Expansion: New

Line #	Amount	Description / Justification
A 2 b	1,515,974	New Personnel Expenditures is comprised of County overtime and temporary staffing required to backfill critical functions of permanent staff assigned to the project for an extensive amount of time; three contract provider staff assigned fulll time to the project and additional temporary staffing required for training, cutover data entry and data cleanup etc.
А3а	2,280,778	Professional services include Anasazi Software contract deliverables and change orders, County IT vendor project management and support services and independent project oversight consultation services.
А3с	4,000	Travel and transportation is comprised of local travel costs for trainers to provide on-site support during deployment to programs
A 3 d	55,000	General office expenditures includes printing of training materials and other supplies required for training.
А3е	20,585	Rent Utilities and Equipment is comprised of monthly charges for laptops and air cards for temporary staff assigned to project full time and shredder & file cabinets required for centralized data entry during cutover
A 3 g	43,565	Other operating expenses is comprised of computers, printers and related equipment for program staff who will be using new system for Phase I functions. Note that additional equipment such as laptops for Phase II end users will be requested through MHSA IT component.
B 2 a	865,858	Medi-Cal FFP represents estimated SD/MC Administration calculated @ approx 22% of project cost.
D	3,054,044	Total Funding Requirements equals the proposed one-time CSS funding expenditures less expected revenues.

FY 07-08
3/1/07
1 of 3
6
New
Michelle Petersor
(619) 563-2715

Client Capacity of Program/Service Expanded through MHS/	A:0		Telephone Number:	(019) 303-27 13
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				Ψ3
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures	, ,	**	•	•
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$23,400	\$23,400
c. Employee Benefits			\$7,020	\$7,020
d. Total Personnel Expenditures	\$0	\$0	\$30,420	\$30,420
3. Operating Expenditures	·			
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation			\$2,000	\$2,000
d. General Office Expenditures			\$1,130	\$1,130
e. Rent, Utilities and Equipment			\$6,950	
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$10,080	\$10,080
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management			\$4,500	\$4,500
c. Total Program Management		\$0	\$4,500	\$4,500
5. Estimated Total Expenditures when service provider is not known	\$0			\$0
6. Total Proposed Program Budget	\$0	\$0	\$45,000	\$45,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$0		\$45,000	\$45,000
D. Total Funding Requirements	\$0	\$0	\$45,000	\$45,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%
<u> </u>				

County(ies):_	San Diego		Fiscal Year:	FY 07-08
Program Workplan #: _	OT-2		3/1/07	
Program Workplan Name: 5	System Wide Outreach One-Time Funding		Page:	2 of 3
Type of Funding:	3. Outreach and Engagement		Months of Operation:	6
Propose	ed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion:	New
1	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of	Program/Service Expanded through MHSA:	0	Telephone Number:	(619) 563-2715

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
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		<u>\$0</u> \$0
B. New Additional Positions	<u> </u>				·
Outreach Specialist	Provides Outreach and Community Education		1.00	\$31,200	\$15,600
Client Program Specialist	Support Services as Education Partners	0.50		\$31,200	
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
	Total New Additional Positions	0.50	4.50		\$0 \$33,400
	i otal New Additional Positions		1.50		\$23,400
C. Total Program Positions		0.50	1.50		\$23,400

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.

County(ies): San Diego Fiscal Year: FY 07-08 Page: 3 of 3

Program Workplan #: OT-2 Date: 03/1/07

Program Workplan Name: System Wide Outreach One-Time Funding

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A.6	\$45,000	Total Proposed "Project" Budget for one-time CSS funding to support a Breaking Down Barriers partnership with CA Mental Health Association. The estimated staffing and budget is for 6 months.
	45,000	One-time CSS funding for a Breaking Down Barriers partnership with the CA Mental Health Association to evaluate effective strategies to reduce mental health stigma and increase access to mental health services for underserved communities.
D	\$45,000	Total Funding Requirements equals the total proposed program budget plus one-time CSS funding expenditures.

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	OT-1a		Date:	10/1/07
Program Workplan Name:	System-Wide Education, Training and Technical Enhance	ement	Page:_	1 of 3
Type of Funding:	2. System Development		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service:	N/A	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	N/A	Prepared by:	Liza Cabigas
Clien	t Capacity of Program/Service Expanded through MHSA:	N/A	Telephone Number:	(619) 563-2715

Client Capacity of Program/Service Expanded through Mins	DA		relephone Number.	(010) 000 21 10
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				<b>Q</b> o
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				<u>\$0</u>
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)	\$215,000			\$215,000
h. Total Operating Expenditures	\$215,000	\$0	\$0	\$215,000
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$215,000	\$0	\$0	\$215,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues		\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures	\$215,000			\$215,000
D. Total Funding Requirements	\$215,000	\$0	\$0	\$215,000
E. Percent of Total Funding Requirements for Full Service Partnerships				
	·			

2007-08	Fiscal Year:		San Diego	County(ies):
10/1/07	Date:		OT-1a	Program Workplan #
2 of 3	Page:	hnical Enhand	System-Wide Education, Training and Tec	Program Workplan Name Sy
12	Months of Operation		2. System Development	Type of Funding
New	ew Program/Service or Expansion	N/A	al Client Capacity of Program/Service:	Proposed Total
Liza Cabigas	Prepared by:	N/A	g Client Capacity of Program/Service:	Existing
(619) 563-2715	Telephone Number:	N/A	am/Service Expanded through MHSA:	Client Capacity of Program

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
A. Current Existing Positions					
					\$0
					\$0 \$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0 \$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					<u>\$0</u>
					<u>\$0</u> <u>\$0</u>
					<u>\$0</u>
					<u>\$0</u> <u>\$0</u>
					<u>\$0</u>
					<u>\$0</u> <u>\$0</u>
					\$0 \$0
					\$0
					\$0 <u>\$0</u>
	Total New Additional Positions	0.00	0.00		\$0 \$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.

## Mental Health Services Act CSS Budget Narrative

County(ies): San Diego

Fiscal Year: FY 07-08 Page 3 of

Program Workplan #: OT-1a Date: 10/

Program Workplan Name: System-Wide Education, Training and Technical Enhancement

Type of Funding: System Development

New Program / Service or Expansion: New

Line #	<u>Amount</u>	<u>Description / Justification</u>
A 2 b	0	
А3а	0	
А3с	0	
A 3 d	0	
А3е	0	
A 3 g	215,000	Other operating expenses is comprised of funding for telemedicine equipment (\$52,000), and (\$163,000) for trainings such a Wellness Recovery Action Planning, Intentional Care, and a Cultural Competency Summit in 2007. \$80,000 of the dollars are allocated for Children's and the remaining \$83,000 will be for TAY, Adult, and Older Adult.
B 2 a	0	
D	\$215,000	Total Funding Requirements equals the proposed one-time CSS funding expenditures less expected revenues.



# MHSA CSS Other One-Time Funding Request For A Mental Health Information Technology Project

Date:	March 9, 2007
County:	San Diego
IT Project Title:	New Mental Health MIS Implementation  If more than one IT project, please complete one funding request for each project.
New system     Extend the nu	r more boxes that describe this IT project.  umber of users of an existing system  nctionality of an existing system
<ul><li>Supports the</li><li>Supports the</li></ul>	r more boxes that describe overall IT project objective(s). Client and Services Information (CSI) System MHSA Full Service Partner Data Collection and Reporting (DCR) System system functionality used to collect and report client information

# 1) Overview of Solution or Product

Please provide a clear description of the solution that this funding will support.

The new Mental Health Management Information System (MIS) being implemented by San Diego County Mental Health Services will support mental health system transformation by making available a single integrated system for clinical practice management, managed care and an Electronic Health Record (EHR) for approximately 3,500 end users.

Anasazi Software, Inc was selected through a competitive procurement to provide the software as well as consultation and implementation support services. The contract with Anasazi was signed October 2006 and initial implementation planning occurred during November and December 2006.

Initial implementation will be accomplished in two overlapping phases. Phase I (December 2006-February 2008) will transition client tracking, reporting billing and managed care functionality from two legacy applications (InSyst and eCura). Phase II, beginning March 2007, will automate the paper health record through several sub-phases including appointment scheduling and mission critical forms (progress notes and most common clinical assessments), structured treatment planning and then special homepage for physicians. It is expected that the electronic health record will continue to be developed into the future with the automation of additional clinical forms and outcome measures, etc.

Attached is a document provided to the Mental Health Board and stakeholders outlining the benefits from a new Management Information System.

# 2) Relationship to MHSA CSS Plan: How Does this Solution Benefit Mental Health Consumers and Families?

Describe how this solution supports your county's MHSA plans. Cite specific plan sections.

A new MIS and EHR support complex management needs and enhanced, quality clinical care: (CSS Plan sections CY-1, CY-2.1, CY-2.2, CY-3, CY- 4.1, CY-4.2, CY-5.1, CY-5.2, CY-5.3, CY-6, CY-7, CY-8, TAY-1, TAY-2, TAY-3, TAY-4, A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9, A-10, OA-1, OA-2, OA-3, ALL-1, ALL-2, ALL,-4, TAOA-1, TAOA-2 and TAOA-3)

- Quality clinical care, care coordination, rehabilitation and wraparound principles and practices, utilization of best practices in direct services programs, client and family directed services, system development in culturally competent practices, and integration of physical and mental health care are enhanced by clinical elements embedded in the new MIS programming system.
- Mobile access to real time clinical information included in an electronic health record will greatly enhance service delivery in the direct service programs in the CSS Plan. Once the clinical functionality has been deployed (beginning in early 2008), direct service staff will be able to access and update the client's clinical record, including assessments, the client plan and progress notes while providing service in clients' homes or other locations. Direct service staff will use laptops with broad band wireless internet access to access the EHR.

A new MIS supports the enhanced data gathering, monitoring, reporting and planning needs required by MHSA: (CSS Plan sections CY-1, CY-2.1, CY-2.2, CY-3, CY- 4.1, CY-4.2, CY-5.1, CY-5.2, CY- 5.3, CY-6, CY-7, CY-8, TAY-1, TAY-2, TAY-3, TAY-4, A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9, A-10, OA-1, OA-2, OA-3, ALL-1, ALL-2, ALL,-4, TAOA-1, TAOA-2 and TAOA-3) An enhanced MIS supports the gathering of all added data elements and production of all needed reports for system transformation, and includes:

- Enhancements to generate all necessary service statistics and reports as required by MHSA.
- Enhancements to support heightened program oversight and client outcome/performance monitoring.
- Enhancements to support information gathering for system planning and development to reach unserved and underserved target populations.

A new MIS supports multiple operational efficiencies systemwide: (CSS Plan sections CY-1, CY-2.1, CY-2.2, CY-3, CY-4.1, CY-4.2, CY-5.1, CY-5.2, CY-5.3, CY-6, CY-7, CY-8, TAY-1, TAY-2, TAY-3, TAY-4, A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-8, A-9, A-10, OA-1, OA-2, OA-3, ALL-1, ALL-2, ALL, TAOA-1, TAOA-2 and TAOA-3)

- Overall increased system processing speed.
- Overall increased system capacity for communication and connectivity.
- Overall increased efficiency in utilizing staff and dollar resources.

# 3) Relationship to County IT Strategic Plan

Describe how this solution is incorporated in your county's IT Strategic Plan.

The County of San Diego's Key Discipline for Information Technology for its 2005 –2010 Strategic Plan calls for "Using information technology systems as a tool to organize and access tremendous amounts of data to improve operational efficiency, decision making, and service to customers." The proposed project addresses the following County IT Strategic Plan guidelines:

- Invest in and fully utilize IT as a tool to improve current business processes.
- Replacement of non-automated applications and improvements in existing automated applications.
- Transition from outdated hardware to current solutions.

In addition, the County's Health and Human Services Agency has established an Electronic Client Record Committee to establish standards and oversee the development of systems for the integration of client data across health and human services programs. The new MH MIS, as the first EHR project within the agency, has served as the model for such issues as standard contract language requiring vendor commitment to meeting national EHR and interoperability standards as they are developed.

# 4) Interfaces to Other Systems

Describe how this solution will interface with other systems, including systems in other county agencies, if applicable.

The system has the ability to upload electronic claims to Medicare, Medi-Cal and other Payers that accept 837 format claims. It also will allow for electronically applying the 835 payment files from payers. The state MEDS file (MMEF) can be uploaded to the system as can real time 270/271 and 278 files with the State. In addition, the State CSI submission file and required OSHPD reporting can be managed and submitted from the software. The software's unique reporting capabilities allow for creation of .csv (comma delimited) files that can be added to Access, Excel or other external databases and uploaded into external systems.

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# 5) Hardware and Software

List the hardware and software that this solution or product will use.

#### Hardware & Software for Direct Service Providers

- Standard PC architecture, Pentium processor or greater as required for the operating system.
- Windows 9x, Windows Me, Windows NT 4 or later, Windows 2000, Windows XP, or Windows
- Available memory as recommended for the operating system by Microsoft.
- Internet Explorer Version 5.0 or later, Netscape Navigator or Communicator Version 4.78, 6.2, or later, or Mozilla Firefox.
- VGA or SVGA video adapter with color monitor capable of 1024x768 resolution (800x600 ok for most Anasazi application interfaces, but may display certain views with scroll bars).
- Microsoft mouse or 100% compatible mouse.
- Kevboard.
- 50Mb available hard drive space.
- For network connections to the server farm, a network interface card (NIC) and the appropriate network transport software are required.
- Citrix compatible printer Network Hewlett-Packard laser printer with network card.
- Laptop with built-in wireless or wireless air card, privacy screen, and laptop case for staff in the field.
- Docking station, monitor, keyboard, mouse, and security cable for each laptop added to existing LANs.
- Unlimited use wireless service for laptop.
- Virus protection for each device.
- High Speed internet service for each desktop or docked laptop.
- LAN drops, switches, internet wiring for each device added to existing LANs.

#### Hardware and Software for Network

- Wintel application servers medium
- Wintel application servers small
- UNIX DB server medium
- UNIX server Preprod/Test medium
- Citrix Access Gateway HV2000 secure appliance with 1st year maintenance
- F5 LTM 3400 Load Balancer

# 6) Security Management

Explain the security management that this solution or product will use. Note HIPAA compliance.

In compliance with HIPAA regulations, the system application allows for control of access to client information by program or by caseload depending on the needs of the county and the program. It also allows for tracking of staff movement within the system including which tables, views, assessments and clients accessed. There is functionality to allow extraordinary access to the client information not part of the staff's normal access and allows reporting anytime this access is attempted or granted. In addition there is the ability to document all of the HIPAA required notifications and the status of these requests.

Rev: January 24, 2006

# 7) One-Time and On-Going Costs

List the one-time and on-going costs associated with this solution. List the totals for hardware, software, consultants, staffing to be paid for by this request and any matching totals paid by non-MHSA sources.

Proposal is for MHSA CSS one-time funds in the amount \$5 million.

The following is a summary of the overall budget for project activities between FY 2006-07 and FY 2008-09:

- \$3.3 million in professional services for Anasazi Software license and implementation support and County IT vendor project management support.
- \$2.9 million in County and contractor temporary staffing for planning, system set up and testing, user training, etc.
- \$2 million in hardware for direct service end users, County network licenses and misc. operating expenses such as travel and printing.
- (\$3.2) million of the expected expenditures will be covered by other revenue sources.

Further details are included in Exhibit 5 a and 5 b.

One time costs for purchase of end user hardware (e.g. desk top and mobile devices) for new positions in MHSA funded programs may be funded with start up funds.

On-going costs for end users such as high speed internet access for desk top and mobile devices for MHSA funded programs will be included in operating costs.

On-going system level costs for the operation of the network and software maintenance and support will be included in the system level administrative costs covered by various funding sources.

# 8) Specific Objectives to be Accomplished with this Funding Request

List the specific objectives that this funding will accomplish for this solution.

- Systemwide use of an Electronic Health Record.
- Systemwide use of controls that improve client care and outcomes, and support best practices.
- Collection and reporting of increased MHSA data elements as required by State.
- Collection of data for analysis for assessing system needs for developing future MHSA component plans.
- Overall increased speed and capacity for all information processing.
- Real-time connectivity and communication linkages among service providers.
- Faster client access to services from initial contact through service delivery.
- Billing and claiming accuracy.
- Prompt provider payments.
- HIPAA compliance.

# 9) Schedule of Activities

Provide the schedule of activities for this solution.

Attached is a high level project action plan section of the County internal planning document showing key milestones for software implementation. A more detailed project plan is used for day to day project management.

Rev: January 24, 2006

# County Approvals for a Mental Health IT Project Using MHSA Funding

06:100	. 1	
	3-29-07	Submitter
Signature	Date	
PHILIP A. HANGER, PW. Printed Name	ASST DEP. D.	R.MH.
Printed Name	Title	MH Chief Information Officer
		(or in small counties, the person
linde Canno	3-29-07	designated as responsible for Mental Health IT issues)
Signature	Date	
	chief, MIS	Medical Records
LINDA CANNON		
Printed Name	Title	
*		
Charles Marie	3/29/00	MH HIPAA Security Officer
Signature	Date	, , , , , , , , , , , , , , , , , , ,
	_	
TILOR MIKANDA :	Two. Sec. Man Title	<
Printed Name	Title	
	2 20 -	
Upledo liguer	3-29-07	MH Director
S[igr]ature //	Date	
Discoul D	MH Direct	ħΛ
HINERO HOUNT	Title	100
Printed Name	1100	

# **Benefits from a New Management Information System**

The new Management Information System (MIS) being implemented in San Diego County Mental Health Services will support mental health system transformation by making available a single integrated system for clinical practice management, managed care and an Electronic Health Record (EHR). The selected Anasazi software application will support the increased requirements of Mental Health Services Act (MHSA) program management, and will improve compliance with State and federal regulations. Planning and system development can benefit from greatly improved data. It is estimated that one-time costs for the new MIS system will be between \$8 and \$9 million, and that once fully implemented, recurring annual costs will be \$2 million.

# **Quality Clinical Care**

- Greater consistency in service planning and interventions
- Improved coordination of care through on-line real time sharing of treatment information among service providers
- Improved access to appointments resulting in earlier assessments and treatment
- Access through the internet permitting clinicians to use the application to support clinical decision making in clients homes and other locations where services are provided
- Facilitated care coordination among client, family and multiple providers through single integrated client plan

# Promoting Rehabilitation and Recovery Principles and Practices and Evidence-Based Practices

- Opportunity to improve quality of care by standardizing administrative and clinical processes consistent with evidenced-based and other proven practices
- Children's System of Care and Adult Rehabilitation and Recovery principles embedded in the EHR so that assessments and treatment planning will be aligned with those philosophies
- Includes foundation for later development of a personal health record that will give clients and families access to health information to support self care, recovery and personal health management

## **Operational Efficiencies**

- Time and resource management through ticklers and alerts, online appointment scheduling, legible records, better, faster access to records, including real time updating of records from the field
- Immediate availability of Access and Crisis Line information to service providers

#### **Data Gathering and Reporting/Performance Monitoring**

- Application will facilitate enhanced outcome measurement at the client, program and system levels resulting in greater accountability
- System will support enhanced quality oversight through sophisticated built-in quality and compliance controls
- Application will facilitate meeting stringent reporting and performance requirements of MHSA programs

# **Promoting Full Compliance with State and Federal Regulations**

- Has built-in controls for accurate Medi-Cal, Medicare and Third-Party Billing
- Compliant with HIPAA regulations and better management of patient privacy
- Addresses federal and State requirements for implementation of an EHR

#### **Technical Efficiencies**

- Replaces a multiple-application inefficient client data and billing system using very old character-based software, which is very cumbersome to use and runs on antiquated hardware that is increasingly difficult to maintain, with a single application system that is modern, user-friendly windows-based, and runs on modern hardware that will be accessible through the internet
- Includes funding in the MIS Project Plan to assist County and contract programs to obtain equipment and internet service needed for direct service staff to access the EHR

County(ies):	San Diego	Fiscal Year: _	2007-08
		Date:	

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator(s)			\$9,883
b. MHSA Support Staff			
c. Other Personnel (list below)			
i. Contract Administration Staff		1.00	\$82,596
ii. Contracts Fiscal/Claiming			\$6,688
iii. Financial Management			\$6,688
iv. Contract Program Monitoring		4.00	\$264,760
v. Physical Health/Public Health Care Coordinator			\$10,592
vi. Quality Improvement			\$13,158
vii.			
d. Total FTEs/Salaries	0.00	5.00	\$394,365
e. Employee Benefits			<u>\$220,016</u>
f. Total Personnel Expenditures			\$614,381
2. Operating Expenditures			
a. Professional Services			\$455,000
b. Travel and Transportation			
c. General Office Expenditures			\$5,280
d. Rent, Utilities and Equipment			\$28,960
e. Other Operating Expenses (provide description in budget narrative)			<u>\$57,720</u>
f. Total Operating Expenditures			\$546,960
3. County Allocated Administration			
a. Countywide Administration (A-87)			\$107,272
b. Other Administration (provide description in budget narrative)			\$122,125
c. Total County Allocated Administration			\$229,397
4. Total Proposed County Administration Budget			\$1,390,739
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			\$152,982
b. Other Revenue			
2. Total Revenues			\$152,982
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			\$1,237,756

## **COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution C

Date:	SignatureLocal Mental Health	Director
Executed at	, California	August 1, 2005

#### EXHIBIT 5c--Mental Health Services Act CSS Administration Budget Narrative

Line Item Narratives: Fiscal Year 07-08

#### A. EXPENDITURES

- 1. Personnel Expenditures-
- a. MHSA Coordinator Overall responsibility for development, implementation, evaluation and monitoring of MHSA plan. Additional budget is based on San Diego County Salary schedule for the position in FY 06-07 at step 5 with additional negotiated cola of 3% for 07/08
- b. MHSA Support Staff Non identified
- c. Other Personnel Budget is based on San Diego County Salary schedule for the position in FY 06-07 at step 5 with additional negotiated cola of 3% for FY 07/08.

Contract Administration Staff consist of (2) Admin Analyst II and additional (1) Admin Analyst III will provide contract development and monitoring support for the administration of MHSA contracted services. Amount is for the additional Admin Analyst III, who will be the lead contract staff and the cola for the 2 Admin Analyst II.

Contracts Fiscal Claiming is for (1) Admin Analyst II will process contractor claims and monitor expenditures via cost reports for MHSA contracted services. Amount is for the negotiated cost of living increases.

Contracts Financial Management is for (1) Admin Analyst II will provide overall financial support including budget development and expenditure tracking for overall MHSA plan. Amount is for the increase budget for the Admin Analyst II due to negotiated cola increases.

Contracts Program Monitoring consist of (6) Admin Analyst II (additional of 4 from the previous 2 positions) and (1) MH Program Manager will provide program oversight and monitoring of MHSA programs. Amount is for the additional (4) Admin Analyst II and cola increases for the other (3) positions that were submitted in the original plan.

Physical Health/Public Health Care Coordinator is for (1) Psychiatric Clinical Nurse Specialist will provide community education, serve as liaison with physical health care providers and monitor the MHSA primary care integration programs. Amount is for negotiated cola increases.

Quality Improvement is for (1) Admin Analyst II will perform analytical tasks related to quality improvement monitoring of MHSA programs. Amount is for the increase budget for the Admin Analyst II due to negotiated cola increases.

- e. Employee Benefits This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. This is based on 55.79% benefit rate for County of San Diego in FY 06-07
- 2. Operating Expenditures
- a. Increase in Professional Services include the following:

Consumer / Family Liaisons -- consists of additional six technical experts from the original two (Additional three for the Adult/Older Adult/TAY system of care and three for children's) estimated rate of \$50.55 per hours for 1500 hours each (approximately 30 hours per week) for a total of \$455,000. The final amount will be negotiated via the RFP process. This expansion will be key in the development of meaningful partnerships with hubs in the following regions (North Coastal/North Inland, Central/North Central, East and South regions). Services will include outreach, education and training to increase consumer/client voice, advocacy, participation and involvement in the mental health system.

- b. Travel and Transportation travel costs included in general office expenditures
- c. General Office Expenditures based on average annual cost of \$1,056 per FTE for basic services and supplies such as postage, photocopy expenses, office supplies. Amount is for the additional 5 FTE's.
- d. Rent, Utilities and Equipment based on average annual cost of \$5,792 per FTE for rent, utilities, telecommunication and personal computers. Amount if for the additional 5 FTE's
- e. Other Operating Expenses based on anticipated direct charge from County Department of Purchasing Contracting for services related to additional MHSA contracts and augmentations due to additional allocation.
- 3. County Allocated Overhead
- a. <u>Countywide Administration (A-87)</u> county-wide administrative support functions is a flat rate of 1.3% of additional total program expenditures for the CSS services in the amount of \$8,251,706.
- b. Other Administration Health and Human Services Agency overhead (centralized personnel, training, financial services, etc.) and Mental Health Admin overhead (management information systems, revenue billing and claiming, planning, program oversight and general admin). The estimated rate for agency overhead decreases to 1.5% as MHSA contracts have already been awarded, structures for monitoring and systems are in place so out of ordinary demands from the agency is no longer needed. FY 07/08 estimated overhead is 1.5% of the additional CSS allocation of \$8,251,706.

#### **B. REVENUES**

- a. Medi-Cal Administration FFP -- based on estimated Medi-Cal percentage of 22% for MHSA programs multiplied by 50% Federal financial Participation (FFP) applied to total proposed county administration budget. Note that the estimated Medi-Cal percentage for MHSA programs is significantly lower than the current system wide average because many of the proposed MHSA programs are targeted to serve non Medi-Cal clients or will deliver a high percentage of non reimbursable services.
- D. <u>TOTAL FUNDING REQUIREMENTS</u> MHSA funds required to cover Administrative costs overall is 15% of direct MHSA CSS services.

# **EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

# **Estimated/Actual Population Served**

County: County of San Diego

Program Work Plan #: All Workplans Amended

Fiscal Year: 2007-2008 (please complete one per fiscal year)

Full Service Partnerships		Qtr 1 Qtr 2		r 2	Qtr 3		Qtr 4		Total		
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	Un/Underserved Children with SED	75		75		76		76		302	
Transition Age Youth	Un/Underserved TAY with SMI	48		48		48		48		192	
Adults	Un/Underserved Adults with SMI	25		25		25		25		435	
Older Adults	Un/Underserved Older Adults with SMI	25		25		25		25		100	
TAY/Adult/Older Adult	Un/Underserved Individuals with SMI	0		0		0		0		0	
All Populations	Un/Underserved Individuals with SMI	0		0		0		0		0	

System Development		Qt	r 1	Qtr	: 2	Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	Un/Underserved TAY with SMI	167		167		167		167		668	
Transition Age Youth	Un/Underserved TAY with SMI	0	! ! ! !	0	! ! ! !	0		0		0	! ! ! !
Adults	Un/Underserved Adults with SMI	1703		1703		1703		1703		6812	
Older Adults	Un/Underserved Older Adults with SMI	175		175		175		175		700	
TAY/Adult/ Older Adult	Un/Underserved Individuals with SMI	122		122		122		123		489	
All Populations	Un/Underserved Individuals with SMI	1421		1422		1422		1422		5687	
		Qt	r 1	Qtr	: 2	Qtr 3		Qtr 4		Total	
Outreach ar	nd Engagement  Description of		:		!		!		!		:
Age Group	Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	Un/Underserved Children with SED	1233		1233		1234		1234		4934	
Transition Age Youth	Un/Underserved TAY with SMI	0		0	 	0		0		0	
Adult	Un/Underserved Adults with SMI	212		212		213		213		850	

Older Adults	Un/Underserved Older Adults with SMI	0	0	0	0	0	
TAY/Adult/ Older Adult	Un/Underserved Individuals with SMI	0	0	0	0	0	
All Populations	Un/Underserved Individuals with SMI	250	250	250	250	1000	