EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: **Fresno**	Fiscal Year: 05—06, 06—07, 07—08	Program Work Plan Name: **Adult Strategy—AB 2034 Restoration/Expansion**
Program Work Plan #: **Adult—FSP—1**		Estimated Start Date: October 2006
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The following services were figured at County costs. Staffing costs are based on County salary schedules and benefits. Operating expenses are based on County costs. It is anticipated these services will be contracted to a qualified private provider. It is the County's intention to effectively maximize the MHSA funding ("best bang for the buck") to provide mental health services for our consumers and families. Therefore the County will select the most qualified provider(s) who can provide the most cost effective services to successfully implement the strategies listed in this Program for our clients The program currently serves 143 adults, aged 18 through 59 years, in a full service partnership model. This strategy proposes during FY 06—07, to restore AB 2034 services back to former levels from 143 to 150 clients and increase services to an additional 50 clients for total of 200 clients/families served. During FY 07—08, the program will be expanded to serve a total of 210 clients. Existing services are currently provided though a partnership between a contractor and the County. This will continue. The priority population will be the mentally ill homeless with particular emphasis on linking the mentally ill identified at the Fresno Rescue Mission, Poverello House and Naomi's House (the only women's shelter for 120 square miles).	

	Full service partnership funds are requested. This program will feature: – Single point of responsibility; – Low caseloads, ratio of 1:10 to 1:15 (staff to clients); – 24/7 availability to the client to meet their needs; – The provision of intensive services and supports; – Considerable personal attention to clients; – The provision of linkage to all needed services; – Cultural competency principles. Summary: • Total Number of Clients Served o FY 05—06: None. MHSA Plan being submitted and reviewed. o FY 06—07: Existing AB 2034 program is restored from former cuts and will go back to serving 150 clients/families from the current 143, an increase of 7. Approximately 50 additional clients/families will be served, in addition to the restored 7 positions. o FY 07—08: Approximately 67 clients/families served. • Total New Staffing o FY 05—06: None. MHSA Plan being submitted and reviewed. o FY 06—07: 7.1 FTE (including 3 FTE designated for family/client positions) o FY 07—08: 7.1 FTE (same as FY 06—07) Goals of the Program and Funding Type: Reduce the long-term adverse community impacts of untreated mental illness and serious emotional disorders. • To define serious mental illness among adults as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care. • To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.

	• To expand the kinds of successful, innovative service programs for adults including culturally and linguistically competent approaches for underserved population.
	• The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:
	  ○ Hospitalizations;
	  ○ Incarcerations;
	  ○ School failure or dropout;
	  ○ Unemployment;
	  ○ Prolonged suffering;
	  ○ Homelessness.
	
	Full Service Partnership Funding is being requested. This strategy will be providing mental health services available 24/7, with low caseloads and single point of responsibility, supported independent and independent living and vocational/supported educational services to mentally ill homeless adults, ages 18—59 years, with particular emphasis on linking the mentally ill identified at the Fresno Rescue Mission, Poverello House and Naomi's House (the only women's shelter for 120 square miles).

Priority Population: *Describe the situational characteristics of the priority population*	The priority population will be the mentally ill homeless adults, ages 18—59 years, with particular emphasis on linking the mentally ill identified at the Fresno Rescue Mission, Poverello House and Naomi's House (the only women's shelter for 120 square miles).

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach services for persons who are homeless or at risk of homelessness	☒	☐	☐	☐	☒	☒	☐
Client self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models)	☒	☐	☐	☐	☒	☒	☐
For individuals with co-occurring disorders, integrated substance abuse and mental will be provided simultaneously	☒	☐	☐	☐	☒	☒	☐
Integrated services with law enforcement, probation and courts	☒	☐	☐	☐	☒	☒	☐
Intensive community services and supports teams capable of providing services to clients where they live, 24/7 including consumers or family members as team members	☒	☐	☐	☐	☒	☒	☐
Education for clients and family or other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications	☒	☐	☐	☐	☒	☒	☐
Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment, and/or education goals	☒	☐	☐	☐	☒	☒	☐

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Classes regarding what youth need to know for successful living in the community. There will be training and instruction, including • individual support, • problem solving, • skill development, • Education about the consumer's illness and their role in the therapeutic process; • modeling and supervision, in home and community settings, to teach the consumer to: • Carry out personal hygiene tasks; • Perform household chores, including housekeeping, cooking, laundry and shopping; • Develop or improve money management skills; • Use community transportation; • Locate, finance and maintain safe, clean and affordable housing.	☒	☐	☐	☐	☒	☒	☐
Supportive education/vocational services	☒	☐	☐	☐	☒	☒	
Outreach services for persons who are at risk of homelessness that involve persistent, non-threatening, outreach and engagement strategies. This includes the ability to provide for the immediate needs of an individual including physical health care, food, clothing and shelter. Teams will have access to immediate cash and/or vouchers for client needs.	☒	☐	☐	☐	☒	☒	
Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment and/or educational goals.	☒	☐	☐	☐	☒	☒	
Services to assist families in supporting youth during this period	☒	☐	☐	☐	☒	☒	
Client self-directed care pans	☒	☐	☐	☐	☒	☒	

Description of Program:

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

The AB 2034 restoration will provide ACT/AB 34/AB 2034 types of services and housing services for Fresno County clients, ages 18—59 years. Staff to consumer ratio shall be set at no more than 1:10 to 1:15, or one staff serving no more than ten to fifteen clients. During year two (FY 06-07) the program will be restored from 143 to 150 clients served. The program will be expanded to serve an additional 50 clients during year two for a total of 200 clients served. During year three (FY 07-08), the program will be expanded to serve 210 clients.

These services shall be available to provide treatment, rehabilitation and support services twenty-four (24) hours per day, seven (7) days per week. Staff work schedules shall be responsive to consumer needs and shall permit staff to work evenings and weekends. During off-hours periods, staff shall maintain on-call coverage on a rotating basis and shall be available to respond immediately to program participants by telephone or in person, as dictated by consumer needs. Psychiatric support shall be available during off-hours periods.

A critical feature of the team's service delivery shall be the unified team approach, in which multiple staff members with a diversity of skills address each consumer's mental health and community life support needs in a comprehensive manner. The teams shall have the capacity to provide as many contacts as needed to consumers experiencing significant problems in daily living. The teams shall have the flexibility to increase service intensity to a consumer in response to a consumer's needs.

The team's highest priority shall be outreach to program participants and the provision of services according to individual consumer needs and desires, with the majority of clinical contacts occurring in settings outside of the offices of the program. At least seventy five percent of the team's time will be spent in face-to-face contact with consumers.

DBH Program manager(s) and supervisor(s) will meet regularly with the managers/administrators of the program(s) for purposes of contract monitoring and assessing program performance.

Services to be Provided and Service Coordination

The AB 2034 staff will provide outreach to the homeless mentally ill population of Fresno County. Emphasis will be placed on outreach to the Fresno Rescue Mission, Poverello House and Naomi's House. Staff will work with law enforcement and the courts as necessary. Staff will screen consumers for services and those not eligible for

the proposed program restoration/expansion will be referred to other agencies for services as appropriate.

In order to assist the program clients to cope with and gain mastery of symptoms and disabilities due to mental illness and/or substance abuse, the team(s) shall be available to provide symptom assessment, personal service coordination and supportive counseling.

These services shall include but not be limited to the following:

- Ongoing assessment of the consumer's mental illness symptoms and response to treatment;
- Education of the consumer regarding his/her mental illness and the effects (including side effects) of prescribed medications;
- Symptom management efforts directed to helping the consumer identify the symptoms and their occurrence patterns, and development of methods (internal, behavioral, adaptive) to lessen their effects;
- Provision, both on a planned and on an "as needed" basis, of such psychological support as is necessary to help consumers accomplish their personal goals and to cope with the stresses of day-to-day living.

The team(s) shall be available to provide crisis assessment and intervention twenty four (24) hours per day, seven days per week throughout the year, including telephone and face-to-face contact as needed.

- Response to crisis shall be rapid and flexible.
- When screening for services, if extended crisis evaluation beds, crisis housing, short-term care and inpatient treatment (voluntary or involuntary) are necessary, the staff shall collaborate with the treatment in these facilities. The staff shall provide support to the maximum extent possible, including accompanying the consumer to the facility, remaining there with the consumer during the assessment, and beginning as soon as possible with the consumer the process of planning for discharge and return to the community.
- Crisis intervention to program participants at board and care home level of care or lower shall be limited. It is presumed that residential care facility personnel can and will manage crises experienced by their residents, and that they will inform the team right away.

The team(s) shall provide services in the areas of medication prescription, administration, monitoring and documentation. The team(s) psychiatrist shall:

- Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;
- Regularly review and document the consumer's mental illness symptoms as well as his/her response to the prescribed medications;
- Educate the consumer and family members on the purpose of medication and any side effects;
- Monitor, treat and document any medication side effects.

The nurse(s) shall establish medication policies and procedures which identify processes to:

- Administer medications to program clients;
- Train other team members regarding medication education, medication delivery, medication side effects, observation of self administration of medication and medication monitoring;
- Regularly assess other team members' competency in this area.

All team(s) staff shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.

Regarding program participants residing in Residential Care Facilities:

- Team(s) staff shall collaborate with the facilities in which program participants are located to ensure that participants are receiving and taking prescribed medications. This shall include mutual sharing of information regarding program client's mental illness symptoms and behavior in response to medication and medication side effects.
- The team(s) shall regularly review the facility records of program participants after the written consent is obtained from the client, and in accordance with policies and procedures of DBH.
- Team(s) staff shall also regularly communicate to the staff about consumers' treatment plans, goals, objectives and interventions, and provide medication education for the consumers.

The team(s) shall provide whatever direct assistance is reasonable and necessary to ensure that the consumer obtains the basic necessities of daily life, including but not limited to:

- Safe, clean, affordable housing;
- Food and clothing;
- Medical and dental services;
- Appropriate financial support, which may include supplemental security income, Social Security disability insurance, public assistance, and money management services.

The Contractor shall ensure that the team members are able to have on hand, in their possession, during regular working hours (and when appropriate during on-call hours) an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for consumers. The Contractor shall ensure that team members have efficient, rapid access to larger sums of client assistance funds for security deposits, purchases of furniture, and other items needed by consumers with sound accounting practices for recording and monitoring the use of funds.

The team(s) may serve as a “representative payee” for some consumer’s SSI/SSD benefits. The team(s) may utilize client assistance funds to assist consumers with short term loans or grants, as necessary. The team(s) shall link consumers to appropriate social services, provide transportation as necessary and link the client to appropriate legal advocacy and representation.

The team(s) shall provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach the consumer:

- To carry out personal hygiene tasks;
- To perform household chores, including housekeeping, cooking, laundry and shopping;
- To develop or improve money management skills;
- To use community transportation;
- To locate, finance and maintain safe, clean and affordable housing
- About tenant rights and responsibilities.

The team(s) shall develop and support the consumer’s participation in recreational and social activities and relationships. The highest priority shall be given to supporting and helping individual consumers to establish positive social relationships and activities in normative community settings. Such services shall include, but not be limited to assisting consumers in:

- Developing social skills and, where needed, the skills to develop meaningful personal relationships;
- Planning appropriate and productive use of leisure time including familiarizing consumers with available social and recreational opportunities and increasing their use of these activities;
- Interacting with landlords, neighbors and others effectively and appropriately;
- Developing assertiveness and self-esteem;
- Using existing self-help centers, self-help groups and other social, church and recreational groups to combat isolation and withdrawal experienced by many persons coping with severe and persistent mental illness.

The team(s) shall provide alcohol, tobacco and drug abuse services as needed, in accordance with harm reduction principles. This will include but is not limited to individual and group interventions to assist consumers in:

- Identifying alcohol, tobacco and drug abuse effects and patterns;
- Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications;
- Developing motivation for decreasing alcohol, tobacco and drug use;
- Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
- Achieving periods of abstinence and stability;
- Attending appropriate recovery or self-help meetings.

The team(s) shall provide information, in an educational format, about the use of alcohol, tobacco, prescribed medications, and other drugs of abuse and the impact that chemicals have on the ability to function in major life areas. Information shall also be included about eating disorders, gambling, overspending, sexual and other addictions as appropriate.

The team(s) shall make appropriate referrals and linkages to addiction services that are beyond the scope of AB 34/ AB 2034/ACT type services to individuals with coexisting alcohol, tobacco and drug abuse and other addictive symptoms.

The team(s) shall act to minimize consumer involvement with the criminal justice system, with services to include but not be limited to:

- Helping the consumer identify precipitants to the consumer's criminal involvement;
- Providing necessary treatment, support and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the consumer's mental illness;
- Collaborating with police, court personnel and jail/prison officials to ensure appropriate use of legal and mental health services.

The team(s) shall provide support to the consumer's family and other members of the consumer's social network to help them manage the symptoms and illness of the consumer and reduce the level of family and social stress associated with the illness. The team shall assist them and the consumer to relate in a positive and supportive manner through such means as:

- Education about the consumer's illness and their role in the therapeutic process;
- Supportive counseling;
- Intervention to resolve conflict;
- Referral, as appropriate, of the family to therapy, self-help and other family support services; and
- Provision, as appropriate, of the consumer's other support systems with education and information about serious mental illnesses and treatment services and supports.

The Contractor shall coordinate services with other community mental health and non-mental health providers, as well as other medical professionals, and shall provide the following functions for all clients served:

- Development of formal and informal affiliations with appropriate mental health, health care, addictions including substance abuse and other human service providers, and inpatient units;
- Involvement of other pertinent agencies, the consumer's family, and members of the consumer's social network in the coordination of the assessment, and in the development, implementation and revision of service plans;
- Advocacy for and assistance to consumers to obtain needed benefits and services such as supplemental security income, housing subsidies, food stamps, medical assistance, and legal services;

- Coordination of meetings of the consumer's service providers in the community;
- Maintenance of ongoing communication with all other agencies serving the consumer including hospitals, rehabilitation services and housing providers as required;
- Maintain working relationships with other community services, such as education, law enforcement and social services;
- Coordination with existing community agencies to develop needed community support resources including housing, employment options and income assistance;
- Maintenance of a clinical treatment relationship with the consumer on a continuing basis whether the consumer is in the hospital, in the community, involved with other agencies or the criminal justice system; and
- Transport consumers as necessary to appointments, etc., and teach consumers how to access local transportation services.

Methods for service coordination and communication between contractor and other service providers serving the same consumers shall be developed and implemented consistent with Fresno County confidentiality rules.

The Personal Service Coordinators shall link with vocational and supported educational services. Employment and supported educational services are an important component of the total services offered to clients. A PSC who will specialize in vocational/supported educational services is part of this team. They shall assist the consumer in obtaining and maintaining education, training, and permanent employment.

The Personal Service Coordinators shall also link with the proposed supportive services offered through the proposed "Center" program for peer and family support and educational services. The Center will provide peer and family member support services, educational services, a warm/CALM (Consumers Against Living Miserably) line, classes in Wellness Recovery Action Plans (WRAP), linkages to employment, supported educational services, etc.

Outcomes will be monitored to see if the client has meaningful use of their time, stays in school or maintains employment, hospitalizations, incarcerations are reduced as well as homelessness. DBH will use the State criteria for measuring these outcomes. Contractor will be monitored regarding services delivered and if they meet the goals of the MHSA.

3. Describe any housing or employment services to be provided

Housing services are an essential component of this program. Fresno County, the Mental Health Board, the Fresno City and County Housing Authority and the community recognize the importance of housing opportunities for its clients. In the past, the Department, the Mental Health Board, the Housing Authority and private providers have partnered to create supported independent living opportunities for consumers. This has included matching Beyond Housing vouchers from the Housing Authority for the

Supported Housing Initiative grants, AB 2034 services, etc. As part of this grant the Housing Authority offered the Home Ownership Program. Last year, one of our consumers did purchase their own home through this program.

Currently, Fresno County is involved with the Fresno Madera Continuum of Care (FMCoC). The FMCoC is a collaborative of community-based nonprofit shelters, government agencies, organizations, service providers and individuals dedicated to creating a community where everyone can have a home. The goal of the FMCoC is to end chronic homelessness in Fresno and Madera counties by 2012. Fresno County will continue to partner with this organization for housing and other community support opportunities for our clients.

Contractor(s) will provide housing services as needed by program participants who are engaged as part of the restoration/expansion of AB 2034 services.

- Contractor's personal service coordinators will provide training and assistance to program participants in locating, securing and inhabiting housing which is appropriate to their levels of functioning.
- The team shall provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach the consumer to:
    - Finance and maintain safe, clean and affordable housing.
- Contractor(s) shall provide supported independent and independent housing as appropriate for the client. The goal is to have every client in supported independent and independent housing as appropriate as soon as possible, with proper supports.
- Supportive housing – permanent affordable housing with combined supports for independent living, including projects that meet the following criteria:
    - Housing is permanent, meaning that each tenant may stay as long as he or she pays his or her share of rent and complies with the terms of a lease or rental agreement;
    - Housing is affordable, meaning that each tenant pays no more than 30% of household income;
    - Tenants have access to an array of support services that are intended to support housing stability, recovery and resiliency, but participation in support services is not a requirement for tenancy;
    - Housing may be subsidized by the contractor;
    - Supportive housing may be site-based (all or a portion of the units in a building are designated for people with special needs, and supportive services are available on-site) or scattered site (tenants have or rent houses at various locations in the community);
    - Housing options will be available for adults, who are single and those who choose to share housing, as well as families with children.

The team(s) shall provide rehabilitation and support to assist consumers to find and maintain employment. Services to be provided shall include, but not be limited to:

- Assessment of job-related interests and abilities based on a complete education and work history. This assessment shall consider the effects of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate the behaviors;
- Assistance with each consumer's individual needs for job development, job seeking skills, and on-the-job assessment, referral to training, and support so that consumers will acquire and maintain appropriate job and social skills necessary to get and keep employment;
- Individual supportive counseling to assist the consumer to identify and cope with the symptoms of mental illness that may interfere with his/her work performance;
- On-the-job or work-related crisis intervention;
- Work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation.

The team(s) shall also link with "The Center's" job coaches for employment supportive services (see Adult FSP-2). Consumer enterprises will be developed if there are sufficient funds available.

4. Please provide

- **The average cost for each Full Service Partnership participant including**
  - **All fund types and**
  - **Fund sources for each Full Service Partnership proposed program.**

The average costs for the Full Service Partnership services for the restoration/expansion of the AB 2034 program is approximately $11,302--$12,164 per consumer. The primary funding source will be MHSA money in addition to third party revenues/assistance such as Medi-Cal, General Relief, client rents, etc.

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.**

Through the services provided, the client will be able to live, work, learn, and participate fully in the community. The goal is to have consumers live a fulfilling and productive life despite having mental health issues. It is hoped through the client-directed, strength-based services and supports, mental illness symptoms will be reduced or eliminated.

Consumers and their families will learn good problem solving skills which will lead to employment, living independently in the community with a sense of mastery and competence. Services will focus on recovery. Service plans will encourage and support hope for the client and their families/significant others. This will promote and reinforce recovery and resiliency principles.

Individualized treatment plans from the consumer's perspective, are fundamental to serving clients. This is a priority for this proposed program. The proposed staff will assist the client to move towards their self-identified goals. The staff will focus on working with clients to identify and help them reach their goals. This is recovery.

Training in recovery concepts and principles will be provided to contract organization employees. The contracted staff will be required to attend cultural competency training and recovery concept and principles training on a yearly basis. Periodic evaluations will be done to insure cultural issues are addressed and met.

The peer and family member staff and the Senior Peer Counseling staff of the "Village" type model of the consumer/family member center will be available to provide technical assistance to all contracted organizations to orient their staff toward providing outreach and engagement services in the context of recovery (please see strategy Adult FSP-2 for details on the "Village" model type of services).

6. If expanding an existing program or strategy, please describe;

- **Your existing program and**
- **How that will change under this proposal.**

The Department's AB 2034 program will be restored and expanded. Currently this program provides ACT/AB 34 types of personal service coordination, scattered site and congregate supported independent living to 143 homeless, mentally ill individuals. During the first years of this program, particular emphasis was placed on providing services to the mentally ill who were incarcerated. This program has been so successful at reducing incarcerations in Fresno County, a sister program was developed to expand on this priority population and is now being funded with Inmate Welfare Trust Fund monies and Medi-Cal revenues.

The changes proposed will restore the program back to the original 150 consumers during FY 06—07 from the current 143 clients served. An additional 50 clients will be served during FY 06—07 for a total of 200 clients. A total of 210 will be served during FY 07—08.

There will now be an increased emphasis on serving mentally ill consumers who are identified at the Fresno Rescue Mission, Poverello House and Naomi's House. Naomi's House is the only female shelter within 120 square miles. Gender appropriate services will be emphasized when working with this population.

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.**

Each team shall have at least three mental health specialists, e.g. “Mental Health Advocate”, “Peer Advocate,” “Family Advocate.” Contractor(s) may determine the exact job titles for these specialists. At least one of the mental health specialists shall be a primary consumer.

These specialists shall meet, at a minimum, one of the following requirements:

(1) Hold a Bachelor’s degree in a behavioral health science from an accredited institution and have two years post Bachelor’s experience in the provision of mental health services; or

(2) A primary consumer who does not possess a Bachelor’s degree as required in this section for the mental health specialist position shall be regarded as a full, professional member of the clinical team, function under the same job description as other mental health specialists, and receive salary parity. The primary consumer may substitute demonstrated volunteer or paid experience working with individuals with serious and persistent mental illness in lieu of a bachelor’s degree.

Decisions regarding disclosure to clients, their families and significant others, that the consumer/family staff person is himself/herself a consumer or a family member, shall respect the individual preference of that staff person, be clinically driven, and made in consultation with the team director/coach and the team. Family member/significant other staff may not serve on the same team as the one which provides services to the client.

This language will be included in all the Requests for Proposals (RFP) submitted for these 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.**

During the Community Planning process for the MHSA plan, the top service priorities for the adult population voted by the community were:

- Anti-stigma campaign;
- Peer/Family Member Center;
- Intensive Community Services and Supports Team;

- The restoration and expansion of AB 2034 Services, and
- More supported independent housing for consumers.

Current collaborative relationships include:

- BAART
- Cabal, Inc.,
- Community Behavioral Health Centers,
- Fresno Rescue Mission,
- Poverello House,
- Naomi's House,
- Department of Employment and Temporary Assistance,
- Department of Community Health,
- Department of Children and Family Services,
- Fresno County Jail Medical Services,
- Fresno County Probation,
- Fresno County Sheriff,
- Fresno New Connections,
- California State University, Fresno,
- Good Sheppard Communities,
- Juvenile Justice Commission,
- Lao Family,
- Mental Health Association,
- NAMI of Fresno,
- Primer Paso Institute,
- Proteus, Inc.,
- United Consumer Advocacy Network,
- Central Valley Regional Center,
- Centro La Familia, Inc.,
- Comprehensive Youth Services,
- Craycroft Youth Center,
- EOC,
- Fresno Center for New Americans,
- Fresno New Connections,
- Fresno Police Department,
- Fresno Unified School District,
- FIRM,
- Fresno City College

The services developed meet those priories established by the community. Tribal organization input was sought. The County will reach out and will contract with various community-based, cultural and faith-based organizations for such services.

There continues to be further education of consumers, family members and the community about MHSA. The planning process continues for the MHSA services.

Another round of meetings with consumers/families/stakeholders will be held throughout the County in April 2006 to keep the community informed of the MHSA status and solicit feedback on the last planning process and advices to move forward. This will be an on-going process.

During the next two years, tribal organizations, faith-based, cultural and other community-based organization's input will continue to be sought and contracted for development of culturally sensitive services for its members. The expertise of the tribal leaders will be utilized to increase the understanding and cultural competency of County, MHSA program leadership and staff. This should improve services and outcomes for the community. Contracts will be developed with community-based organizations for such input and training.

Consumer and family members served through the MHSA funds will also provide input regarding their satisfaction of the services, if the services met their expectations and goals, how could services be improved and what future services they would like to have developed. These services will be modified or furthered developed based upon input from our consumers, family members and the community.

9. Cultural Competency

- **Discuss how the chosen programs/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**
- **Describe what specific plans will be used to meet their needs**

The DMH approved Claims Summary Data for fiscal year 2003-04 shows a penetration rate of 2.60% for Latinos, 2.28% for Asian/Pacific Islanders, and 9.12% for African-American Medi-Cal consumers. In addition it reports 2.02% for over age 65 Medi-Cal consumers. The penetration rate for all Fresno county Mental Health consumers for that same year was 4% for metropolitan Fresno-Clovis and 1.6 % for the rural areas. Data from the Fresno County Cultural Competence Plan shows that Latino consumers whose primary language is English have a penetration rate of 8.6%, while Latinos whose primary language is Spanish have a penetration rate of only 2%. The opposite is true among Southeast Asian consumers –if English is their primary language (.85%), the penetration rate is dramatically lower than if they do not speak English (34.3%). These current demographics are vital to identifying the diverse needs of the target populations.

The County will continue to assess the demographic make-up and population trends of its service areas to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to the planning and for the provision of appropriate and effective behavior health and substance abuse services. The need for continuous assessment of County trends are quite evident with the movement of migrant Latino families following harvests from east to west seasonally and the evolving change in

historically local ethnic specific communities/neighborhoods to another ethnic specific population.

Particular attention will be made to such changes that are occurring in west metropolitan Fresno. Recent data gathered though the County's Family to Family program reports that although the west metropolitan Fresno area infrastructure remains African-American, the Latino and Southeast Asian population is increasing at a rapid pace.

The first generation of Latino and Southeast Asians, speak little to no English. Latinos may be bilingual in the metropolitan areas if they are second or third generation. The same Latino population in the rural areas may be limited or non-English speaking as well. Southeast Asian first generation adults are most likely to be limited or non-English speaking. The goal is to provide services to these adults in their preferred language. This will be done through bilingual/bicultural staff. The goal is to decrease and eliminate disparities in access and quality of care for Latino, Southeast Asian, and African-American communities.

Immigrants coming to this country are often accustomed to different health care systems and may have different health beliefs. They may speak another language or be limited English proficient. The underlying issues of lack of insurance coverage, language barriers, different cultural and health beliefs, and general unfamiliarity with the U.S. health care system have not been adequately addressed. Recent immigrants are likely to have fewer marketable skills, lower incomes, and a weaker command of the English language, than those who have lived here longer.

Research evidence suggests as immigrants are exposed to and adopt traditional American health behaviors over time, their health status begins to converge with that of the general U.S. population. For example, increased time in the U.S. has been associated with increased rates of usage of both alcohol and illicit drugs among foreign-born populations. While recent immigrants have significantly lower rates of substance abuse, immigrants residing in the United States for more than 15 years use illicit drugs at rates similar to the native-born population.

Cultural and language barriers in the health care setting can present enormous obstacles to good medical care and have an impact on the health and well-being of many immigrants and their families. For example, Western medicine may not support, and can sometimes misinterpret, cultural and religious beliefs of newcomers. In many cultures, speaking to deceased loved ones is a natural means for coping with death, but these individuals may be diagnosed by Western physicians as needing mental health care services.

Similarly, language barriers have been shown to impede access at several entry points, from having health insurance to receiving basic and preventive care to accessing specialty services. This can create barriers to the effective use of the U.S. health care system and providers must be aware of these different cultural beliefs in order to effectively treat growing immigrant populations.

Relocation involves a set of challenging, and stressful activities for most individuals: securing a job, finding a place to live, enrolling children in school, and obtaining basic needs, such as transportation, health care, and utilities. Immigrants resettling in a new country face these same stressors, as well as a host of others, including a period of cultural adjustment that influences, and often changes, family dynamics.

Every member of an immigrant or mixed-status family faces unique challenges as a result of living in a new country and adjusting to accompanying cultural norms and expectations. Adjustment challenges can include:

- Culture shock and language barriers;
- Intergenerational conflict and role reversals;
- Decline in family status and the loss of established networks;
- Fear of legal status and expectations of discrimination, and
- Hopelessness in the face of unfamiliar bureaucracies.

Children often assimilate more quickly than adults, acquiring language skills and developing an understanding of their adopted system. As a result, children are often put in the position of mediating between adult relatives and service providers or representatives of agencies (such as schools, health providers, and government officials). Children are called upon by their elders to translate documents, interpret conversations, and explain policies and practices.

Children (both immigrant children and native-born children of immigrants) often feel as though they are caught between two worlds and must deal with conflicting demands; they feel parental pressure to stay true to their native culture, while peer pressure encourages them to act more American and fit in with popular culture.

In contrast to their increased responsibilities within the household, many young immigrants are placed in schools at levels below their knowledge base because of language gaps or age. Meanwhile they are further torn between adopting American values and continuing to take direction from parents who may have become increasingly dependent on their children.

Such pressures are often less likely to be addressed among immigrant youth because of the stigma associated with mental health care in many cultures. Parents are often frustrated with their child's behavior but are not inclined to access mental health services. Studies have shown that young immigrants are nearly twice as likely to attempt suicide as the highest risk cohort of American-born youth. Too few prevention and support services are targeted to young immigrants and few resources are available to provide comprehensive services for the entire family.

For parents, community expectations regarding parental involvement in schools and securing preventive health care services (such as immunizations) may be different than those in their home country. Parents also tend to learn English more slowly than children, resulting in a reliance on their children for help with interpretation and with

navigating community systems. This change in power dynamics can be detrimental, eroding the respect children typically have for their parents.

Of all family members, grandparents are at the most risk for social isolation. Their adult children often work full-time, and the rapid Americanization of their grandchildren may cause them to feel uncomfortable around them. Additionally, older adults are less likely to feel comfortable speaking English, and therefore, may not readily venture outside their homes. Lastly, immigrant seniors often feel the respect for one's elders is not as valued in American culture as it is in their own. Due to these stressors and challenges, family dysfunctions may result, leading to such problems as depression, substance abuse, family violence, or children dropping out of school.

Community-based social support and counseling programs need to be increased in scope and availability and should include educational and health promotion components. It is important for the populations served to have networking opportunities and to socialize with peers and mentors. There are also few accessible and culturally appropriate counseling and support services for many ethnic groups. These types of groups and supports will be developed at the Center (Adult FSP-2) for the various ethnic communities throughout Fresno.

Particularly in the area of mental health, providers need to be sensitive to clients' cultural adjustment issues. These sometimes include experiences as refugees and as survivors of war trauma and discrimination. Too few counselors, social workers, and medical practitioners possess the language skills needed to communicate directly with clients. This shortage results in a reliance on interpreters which can severely limit or delay access to care. Beyond that, the use of interpreters in the mental health setting alters the therapeutic dynamic and can compromise the nature of care.

The role of community-based immigrant mental health cultural brokers in the mental health arena such as Promotoras, are important to help bridge the gap of services (see FSP-2). These individuals provide one-to-one support and referrals for families and individuals struggling with social and economic issues. They act as a bridge between mainstream supports and services, and community members. Working with individual, family, community and organizational levels, the Promotoras would:

- Link community members to preventive help and health services;
- Mobilize people in their communities to work together to increase health education and preventive practices;
- Foster the learning of health care system participants how to better support individuals from diverse cultural backgrounds; and,
- Ensure timely access by immigrant & refugee patients/families to health & mental health services, as well as continuity of care along the full continuum of services.

The County or contractor will hire bilingual and bicultural staff to provide culturally and linguistically appropriate strength-based mental health supportive services that are client and family-driven. All staff will meet the language proficiency requirement set by County Personnel for bilingual pay and will be interviewed in the specific language

identified for the target population. Should a potential consumer require language assistance for a language outside the proficiency of the staff, a certified interpreter will be acquired. Technical assistance will be provided through the Cultural and Linguistic Access to services (CLAS) program. This was established in 2001 to comply with the Cultural Competency Plan and the Office of Civil Rights mandates.

In collaboration with the County's Personnel Department every effort will be made to recruit and hire staff that has proficient language ability and the knowledge and skills to work with the identified populations. It is hoped that these staff would be from the targeted communities and surrounding areas served. Any Request for Proposal (RFP) will require that contractors hire similar staff and demonstrate the organization's experience in working with Latino, Southeast Asian and African American communities in the TAY, adult and older adult populations.

The County acknowledges the challenge in completing this endeavor as the local mental health workforce is not reflective of the County's diverse population. Stigma may deter consumers from ethnic communities from stepping forward. The County will continue to collaborate with the local university and community college in assisting staff, clients and community workers to develop professionally.

The County will contract with various community-based organizations to provide ongoing consultation and partner for training using the modules initiated by the County's Cultural Competency Plan. The Curriculum is based on the Georgetown Model-Terry Cross and Associates as well as aspects from the Ventura and Santa Clara County Program models. A framework will be utilized as it relates to the following: attitude, practice, structure, and policy. Training will be administered within a four-tiered structure:

- Induction training (for new personnel),
- Review of cultural and linguistic considerations of the identified target populations,
- Advanced culturally appropriate assessment and best practice/strength- based interventions and,
- Evaluation of practice (client).

A case consultation approach will be utilized, which will include an empowerment-based perspective. This framework will be used as a foundation for training that will be open to further development with client and family input. In addition, training will be provided for all staff in the "Promotora" (community health worker) model of providing outreach and service delivery activities at the community level. If local trainers are not available, trainers will be recruited from counties which have integrated the model in their mental health service programs.

Strategy: Outreach services for persons who are homeless or at risk of homelessness

- Crisis and stabilization in the home and/or least restrictive level of care will be first and foremost.

- Emergency placement will be matched to the client's linguistic and cultural background.

- The team will ensure that the client is served in a culturally sensitive and linguistically appropriate approach by providing consultation to the multidisciplinary team regarding services within the target ethnic community.

- Staff will involve natural and community support systems in the integrated model of multidisciplinary service teams.

- All interventions will reinforce and integrate cultural strengths and values in the wellness and recovery model and the least restrictive level of care in the clients' own community.

- Staff will consider client's cultural community and family supports when placing in housing so they are accessible as dictated by the wishes of the client.

Strategy: For individuals with co-occurring disorders, integrated substance abuse and mental will be provided simultaneously; Integrated services with law enforcement, probation and courts

- The team will ensure that the client is served in a culturally sensitive and linguistically appropriate approach by providing consultation to the multidisciplinary team regarding services within the target ethnic community.

- Staff will involve natural and community support systems in the integrated model of multidisciplinary service teams.

- All interventions will reinforce and integrate cultural strengths and values in the wellness and recovery model and the least restrictive level of care in the clients' own community.

Strategy: Intensive community services and supports teams capable of providing services to clients where they live, 24/7 including consumers or family members as team members; Client self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models); Services to assist families in supporting youth during this period; and Education and advocacy services

- Staff will provide education and consultation on the signs and symptoms of mental illness, linkage to appropriate services, cultural strengths, wellness and recovery

model, and family support systems. The plan will develop efficient linkage and a warm hand off to services between providers. Education and training will be interchanged.

- When mental illness occurs, all members of the nuclear and extended family, clan and support circle may be affected. Staff will provide client driven services that build on the client's cultural and familial strengths. All decision makers and family members will be involved in the recovery process. Cultural traditions and family values will be acknowledged and strengthened. Staff will be careful not to use intervention strategies that diffuse the power of family relationships.

- Staff will educate the client, family members, providers and caregivers on healthy self-care and living that is culturally based.

- Recruit and strengthen extended family and neighborhood support systems to allow for the least restrictive living environment.

- Preferred language will be available.

- Stabilize using client strengths and use of cultural customs and tradition in time of crisis.

- Home based services will be available

- Promotoras (Adult FSP-2) and staff will be matched to the ethnic population served to provide outreach, education and support services to reduce stigma and assist with a warm hand off to appropriate services. Collaboration with local key community leaders and informal leaders will be part of the outreach effort. All efforts will be made by building trust and rapport with key individuals and most importantly the client.

- Staff will involve family and extended family elders and other significant community supports, such as church members, healers, and clan members in the mental health support services of the older adult. Latinos, Southeast Asian and African American clients tend to use family based support systems. Traditions and values concerning the role of the family, who is included in the family and who makes decisions vary across ethnic groups. The family or kin is often chiefly responsible for its members and support from kin may be essential in helping the client.

- Staff will educate and involve clients, nuclear and extended family members and significant community members in the wellness and recovery process. Special attention will be given to Wellness Recovery Action Plans, cultural strength based approaches, healthy values and attitudes.

Strategy: Education for clients and family or other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications.

- Information regarding medications will be printed in English and/or Spanish for clients/caregivers and family members. Most of our Hmong clients and citizens don't read Hmong. Staff will be available to translate the information on medications to them.

- Staff will educate the client, family members, providers and caregivers on healthy self-care and living that is culturally based.

- Ethno-pharmacology considerations will be ongoing in this integrated approach.

- Traditional healers, such as local herbalists, faith healers, and acupuncturists, play important roles in recovery of mental and physical health within some cultures. Collaboration, consultation, education and training from local traditional healers are vital in this plan. Staff will acknowledge and integrate traditional methods of healing used by clients into services delivery. Staff will use the County referral system initiated by the County's Cultural Competency Plan to link clients to traditional healers, if requested. The staff will be alert for any use of dangerous healing practices and consult with the collaborating primary care provider for any corrective measures.

Strategy: Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment, and/or education goals.

- Primary care providers are critical players in the early diagnosis of certain mental illnesses. Data from a local study indicates that people tend to go to physical health providers more than they go to mental health services agencies. Somatization of mental health symptoms is evident in the Southeast Asian, Latino and African-American population. This often leads the client to seek help from their primary care physician. It is vital that primary care providers participate with mental health professionals in consultation and training how to differentiate between physical and mental illness and the complexity of co-occurring illnesses. The staff will work in collaboration with primary care providers to prevent misdiagnosis, develop and implement a client-driven integrated approach to wellness and recovery.

- Ethno-pharmacology considerations will be ongoing in this integrated approach.

- Traditional healers, such as local herbalists, faith healers, and acupuncturists, play important roles in recovery of mental and physical health within some cultures. Collaboration, consultation, education and training from local traditional healers are vital in this plan. Staff will acknowledge and integrate traditional methods of healing used by clients into services delivery. Staff will use the County referral system

initiated by the County's Cultural Competency Plan to link clients to traditional healers, if requested. The staff will be alert for any use of dangerous healing practices and consult with the collaborating primary care provider for any corrective measures.

- Staff will acknowledge the importance of family and other cultural supports when placing clients in housing so clients have access to them as desired.

- Staff will match clients with their strengths and abilities when working with employment issues. Staff will educate employers as necessary regarding cultural issues, mental health issues, etc.

- Staff will work with educational systems and providers in regards to the client's educational plan. Staff will educate teachers, etc., on cultural and mental health issues as necessary.

The County is proposing to contract with a team of experts who are linguistically and culturally competent in conducting a needs assessment in the area of cultural competence for the County. It is anticipated that the County will use the result of the needs assessment in reviewing and completing its annual MHSA updates. The request is made in the System Improvement Funding category.

The Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective behavioral health and substance abuse services. Outreach strategies will be developed that will engage faith-based and cultural organizations to identify service needs. From this, on-going collaboratives will provide referrals to and services for culturally and linguistically diverse communities.

Providing medically necessary specialty behavior health and co-occurring disordered services in a culturally competent manner is fundamental in any effort to ensure success of high quality and cost-effective services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective.

To assist the Contractor's efforts towards cultural and linguistic competency, the County shall provide the following:

- Technical assistance to the Contractor regarding cultural competency implementation;
- Demographic information to the Contractor on service area for services planning;
- Cultural competency training for County and Contractor personnel
    - Contractor staff will be mandated to attend at least one cultural competency training per year;
    - Interpreter training for County and Contractor personnel;

- Technical assistance for the Contractor in translating behavioral health and substance abuse services information to the County's threshold language's (Spanish and Hmong), Cambodian and Laotian. As funds become available, translation of documents will be done in Vietnamese, Punjabi and Russian.
- Perform periodic reviews to ensure cultural needs are being addressed.
- Mentoring of staff and service reviews.

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**

Sexual orientation and sensitivity to gender differences is a basic cultural competence principle. This has been taught in the cultural competency training. The literature suggests that the mental health needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation. Mandatory training regarding the special needs of this diverse population will be required. This language has now been included in Fresno County's RFP's for services.

Staff will assume that the population served may not be in heterosexual relationships. The Contractor will make sure that an assessment of a client's sexual orientation in included in the bio-psychosocial intake process. All contracted staff will be required to attend cultural competency training yearly. Gender sensitivity and sexual orientation will be further expanded upon during this yearly training. Staff will utilize existing community supports, referrals to transgender support groups, etc., when appropriate. This language has now been included in Fresno County's RFP's for services.

These issues are of concern in the area of outreach to and the treatment of trauma in adults who experience sexual harassment and intimate partner abuse. This is especially true given the primary outreach to the homeless mentally ill female population of Fresno County through the expansion of the AB 2034 program.

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

Not applicable. Services will be provided to clients who reside within Fresno County. However, if a Fresno County resident who resides out-of-county needs mental health services, existing County and contracted services will be provided.

12. If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV please describe those strategies in detail including;

- **How they are transformational and**
- **How they will promote the goals of the MHSA**

Not applicable. Fresno County is providing services which are listed in Section IV.

13. Please describe the timeline for this work plan, including all critical implementation dates.

Board of Supervisors Approval—September 27, 2005
Commission and State DMH meeting—November 21, 2005
State Department of Mental Health Approval—June 2006
Request for Quote/Proposal—June--August 2006
Award contract(s), Recruit, hire, train staff—September—October 2006
Program Services begin—October 2006

Year 1 (2005—2006);

- Request for Quote/Proposal from community-based service organizations will be facilitated and completed during the fourth quarter of the fiscal year. Partner organizations will be identified and collaborations for training and engagement will be designed,
- Continue to partner with community-based service organizations for additional training needs and services,
- Continue to engage and outreach to community-based organizations for training and mutual services,
- Continue to build service capacity,
- Monitor and evaluate co-occurring service delivery,
- Monitor outcomes,
- Benchmark best practices,

Year 2 (2006—2007);

- Contract developed,
- Staff hired/trained,
- Continue to partner with community-based service organizations for additional training needs and services,
- Continue to engage and outreach to community-based organizations for training and mutual services,
- Continue to build service capacity,
- Monitor and evaluate co-occurring service delivery,
- Monitor outcomes,
- Benchmark best practices.

Year 3 (2007—2008);

- Continue to partner with community-based service organizations for additional training needs and services,
- Continue to engage and outreach to community-based organizations for training and mutual services,
- Continue to build service capacity,
- Monitor and evaluate co-occurring service delivery,
- Monitor outcomes,
- Benchmark best practices.

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

County(ies): Fresno | Fiscal Year: 2005-06

Program Workplan #: Adult FSP-1 | Date: 5/5/06

Program Workplan Name: AB 2034 Restoration/Expansion | Page: 1 of 15

Type of Funding: 1. Full Service Partnership | Months of Operation: 0

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Debbie DiNoto

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 559-455-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures				$0
b. New Additional Personnel Expenditures				$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			$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				$0
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General Funds				$0
e. County Funds				$0
f. Grants				
g. Other Revenue Client rents				$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				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$463,462**			**$463,462**
D. Total Funding Requirements	**$463,462**	**$0**	**$0**	**$463,462**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100%**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/5/06
Page: 2 of 15

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

a. Clothing, Food and Hygiene
b. Travel and Transportation
c. Housing
d. Employment and Education Supports
e. Other Support Expenditures
f. Total Support Expenditures

2. Personnel Expenditures

a. Current Existing Positions
b. New Additional Personnel Expenditures
c. Employee Benefits
d. Total Personnel Expenditures **$0**

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
h. Total Operating Expenditures **$0**

4. Program Management

a. Existing Program management
b. New Program management
c. Total Program Management **$0**

5. Estimated Total Expenditures when services provider is not known **$0**

6. Total Proposed Program Budget **$0**

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 **$0**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2005-06
Date: 3/29/06
Page: 3 of 15

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 **$0**

3. Total Revenues **$0**

C. One-Time CSS Funding Expenditures

All training RFP's developed Jul-Sep 2006; Contracts start Oct 2006 **$61,531**

Training to include:

Provide services to specific age groups, team approach, primary health care, work with law enforcement/work with courts	$1,043
Crisis counseling/Cognitive behavioral therapy	$483
Co-occurring disorders training contract with Minkoff & Cline	$33,590
Ethnic communities training	$2,086
Sexual orientation/gender sensitivity	$695
Treatment of trauma/sex abuse	$521
How to build service capacity	$225
Best practices-training for general staff	$521
Work as Therapy	$1,261
ACT services	$1,856
ACT conference	$5,019
Village Model training	$5,691
Outreach to homeless populations	$1,800
Housing Policy Academy Regional training	$2,340
CASRA training/family advocacy	$4,400

	Quantity	Amount	Est. Start Date	
Anti-stigma campaign for two years	RFP July--Sept 06		Contract-Oct 06	$7,564
Outreach to community	RFP July--Sept 06		Contract-Oct 06	$41,057
Two year marketing plan	RFP July--Sept 06		Contract-Oct 06	$10,264
Passenger vehicles @$14,100 each	4	$56,400	Aug-06	$56,400
Computers, PC & flat screen monitor @ $2500 each	6	$15,000	Aug-06	$15,000
One-time software licensing @ $1341 each	6	$8,046	Aug-06	$8,046
Printers--laser @ $1802 each	6	$10,812	Aug-06	$10,812
Copy Machine (Kyocera Mita KM 1500)	1	$1,357	Aug-06	$1,357
Fax Machine	1	$763	Aug-06	$763
Installation of phone line/fax	1	$200	Sep-06	$200
Installation of phone line/phones			Sep-06	$1,400
Office Landscaping @ $2000 per person			Aug-06	$12,000
Misc furniture (lamps, end tables, coffee tables, etc.)			Aug-06	$668
Apartment furnishings for supportive independent living, beds, kitchen equipment, linens, chairs, etc. for 35 apartments			Oct 06-Jun 07	$70,000
				$235,531

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2005-06
Date: 3/29/06

	Quantity	Amount	Est. Start Date	
Restoration of AB 2034			Sep 06	**$166,400**
Restore back to original allocation (7 additional clients)				
Contract to be developed June/July 2006				
1.0 FTE MH Nurse and 1.0 FTE MH Worker (client/ family member) (salary and benefits)		$89,249		
2 computer, flat screen/PC @ $2500	2	$5,000	August 06	
2 software lisc. @ $1769 each	2	$3,538	August 06	
office landscaping @ $2000 each	2	$4,000	August 06	
chairs, task (aka ergonomic) @ $281 each	2	$562	August 06	
guest chairs @ $133 each	4	$532	August 06	
file cabinet (4 drawer) @ $136 each	1	$136	August 06	
file cabinet (2 drawer) @ $98 each	2	$196	August 06	
bookcase @ $138 each	2	$276	August 06	
storage cabinets @ $200 each	1	$200	August 06	
2 laser printer @ $1802 each	2	$3,604	August 06	
1 van @ $17,500 each	1	$17,500	August 06	
installation of telehone line for phone	2	$400	Sept 06	
housing costs for 7 clients	7	$24,892	Sept/Oct 06	
medication costs for 7 clients	7	$6,415	Sept/Oct 06	
office supplies @ $300 per staff	2	$450	Sept/Oct 06	
food, clothing, etc. for 7 clients	7	$9,450	Sept/Oct 06	
		$166,400		

Total One-Time Expenditures **$463,462**

D. Total Funding Requirements **$463,462**

E. Percent of Total Funding Requirements for full Service Partnerships **100%**

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

County(ies): Fresno | Fiscal Year: 2005-06

Program Workplan #: Adult FSP-1 | Date: 5/5/06

Program Workplan Name: AB 2034 Restoration/Expansion | Page: 5 of 15

Type of Funding: 1. Full Service Partnership | Months of Operation: 0

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

Existing Client Capacity of Program/Service: 0 | Prepared by: Debbie DiNoto

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 559-455-2061

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

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

County(ies): Fresno | Fiscal Year: 2006-07

Program Workplan # Adult FSP-1 | Date: 5/5/06

Program Workplan Name AB 2034 Restoration/Expansion | Page: 6 of 15

Type of Funding 1. Full Service Partnership | Months of Operation 9

Proposed Total Client Capacity of Program/Service: 200 | New Program/Service or Expansion Expansion

Existing Client Capacity of Program/Service: 143 | Prepared by: Debbie DiNoto

Client Capacity of Program/Service Expanded through MHSA: 57 | Telephone Number: 559-455-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$281,843			$281,843
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits (Employee benefits range from 27% to 45%)	$130,995			$130,995
d. Total Personnel Expenditures	$412,838	$0	$0	$412,838
3. Operating Expenditures				
a. Professional Services			$1,668,603	$1,668,603
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$18,049			$18,049
d. General Office Expenditures	$4,763			$4,763
e. Rent, Utilities and Equipment	$54,525			$54,525
f. Medication and Medical Supports	$74,400			$74,400
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$151,737	$0	$1,668,603	$1,820,340
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	$608,168			$608,168
6. Total Proposed Program Budget	**$1,172,743**	**$0**	**$1,668,603**	**$2,841,346**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$29,072		$261,645	$290,717
b. Medicare/Patient Fees/Patient Insurance			$1,247	$1,247
c. Realignment				$0
d. State General Funds	$535,503		$1,353,105	$1,888,608
e. County Funds				$0
f. Grants				$0
g. Other Revenue client rents			$52,606	$52,606
h. Total Existing Revenues	$564,575	$0	$1,668,603	$2,233,178
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue Client rents	$17,100			$17,100
e. Total New Revenue	$17,100	$0		$17,100
3. Total Revenues	$581,675	$0	$1,668,603	$2,250,278
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$591,068**	**$0**	**$0**	**$591,068**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2006-07
Date: 5/5/06

A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene		
b. Travel and Transportation		
c. Housing		
d. Employment and Education Supports		
e. Other Support Expenditures		
f. Total Support Expenditures		
2. Personnel Expenditures		
a. Current Existing Positions	$281,224	$281,843
Bilingual pay	$619	
b. New Additional Personnel Expenditures		
c. Employee Benefits (Employee benefits range from 27% to 45%)		$130,995
d. Total Personnel Expenditures		**$412,838**
3. Operating Expenditures		
a. Professional Services		$1,668,603
Existing contract for AB 2034 services	$1,668,603	
b. Translation and Interpreter Services		
c. Travel and Transportation		$18,049
Transportation, travel-County garage	$6,015	
Transportation, travel-Education	$11,350	
Mileage	$684	
d. General Office Expenditures		$4,763
Mobile communications	$50	
Telephone charges	$3,223	
Household expense	$218	
Maintenance of buildings-Public Works	$121	
Office expense	$651	
Small tools and instruments	$500	
e. Rent, Utilities and Equipment		$54,525
Peoplesoft Human Resources charges	$508	
Peoplesoft Financial charges	$1,084	
Data processing services	$12,669	
Computer service software	$2,500	
Rent	$37,764	
f. Medication and Medical Supports		$74,400
g. Other Operating Expenses		
h. Total Operating Expenditures		**$1,820,340**
4. Program Management		
a. Existing Program management		
b. New Program management		
c. Total Program Management		
5. Estimated Total Expenditures when services provider is not known		**$608,168**
a. Clothing, Food and Hygiene		
Clothing @ $100/client	$5,700	
Emergency food (and to give to potential homeless clients @ $400/mo)	$3,600	
Personal hygiene materials @ $50/client for 4 months	$11,400	
b. Travel and Transportation		
Dial-a-ride, bus tokens, bus passes @ 25/new client/6 mo	$8,550	

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2006-07
Date: 5/5/06

c. Housing		
Contracted supported independent living costs @ average of $3556 per client, includes client housing assistance, insurance, housing staffing, offfice supplies, legal expenses, postage, program supplies, etc.	$202,692	
Vouchers for temporary re-location, e.g., hotels, etc. @ $500/mo	$4,500	
d. Employment and Education Supports		
Employment stipends for consumers	$17,100	
e. Other Support Expenditures		
Contract with substance abuse provider for services/beds, etc.	$23,512	
f. Total Support Expenditures		**$277,054**
Personnel Expenditures		
a. Current Existing Positions		
b. New Additional Personnel Expenditures		
Bilingual pay @ $50/pay period	$3,600	
1.0 FTE Mental Health Nurse--paid out of one time $		
1.0 FTE Mental Health Worker--paid out of one time $		
1.0 FTE Mental Health Clinician @ $39,000	$39,000	
2.0 FTE Mental Health Workers @ $14,309 each	$28,618	
1.0 FTE Community Mental Health Specialist @ $23,479	$23,479	
0.1 FTE Psychiatrist @ $10,868	$10,868	
1.0 FTE Office Assistant @ $ 15,667	$15,667	
c. Employee Benefits (Employee benefits range from 27% to 45%)	$60,357	
d. Total Personnel Expenditures		**$181,589**
Operating Expenditures		
a. Professional Services		
b. Translation and Interpreter Services	$6,000	
c. Travel and Transportation		
Maintenance and gas for 4 vehicles @ $3000/vehicle	$12,000	
d. General Office Expenditures		
$250/staff/year plus mailings, etc.	$2,869	
brochures, flyers, training materials for clients/families	$6,000	
e. Rent, Utilities and Equipment		
Cell phones (5) @ $200/yr	$1,000	
PC costs (6) @ $1747 per staff per year	$10,482	
Fax machine (1) @ $5.53/mo, main fees $18.94/mo	$220	
Fax supplies @ $200/yr, local/long distance @ $60 mo	$740	
Phones (7) @ $500/yr per phone	$3,500	
Rent--150 sq ft/staff @ $2.50/staff/sq ft/mo includes rent, utilities	$26,250	
Security, janitorial, etc. (10 mo--1 mo advance)		
f. Medication and Medical Supports		
20% of clients @ $500/mo	$45,000	
g. Other Operating Expenses		
h. Total Operating Expenditures		**$114,061**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2006-07
Date: 3/29/06

Program Management			
a. Existing Program management			
b. New Program management		**$35,464**	
6% of total program costs allowed for the contractor			
c. Total Program Management			**$35,464**
6. Total Proposed Program Budget			**$2,841,346**
B. Revenues:			
1. Existing Revenues			
a. Medi-Cal (FFP only)			$290,717
b. Medicare/Patient Fees/Patient Insurance			$1,247
c. Realignment			
d. State General Funds	existing AB 2034 contract		$1,888,608
e. County Funds			
f. Grants			
g. Other Revenue	(Client rents, General Relief, SSI)		$52,606
h. Total Existing Revenues			**$2,233,178**
2. New Revenues			
a. Medi-Cal (FFP only)			$0
b. Medicare/Patient Fees/Patient Insurance			
c. State General Funds			
d. Other Revenue (client rents - $200/mo * 28.5 clients * 3 months)			$17,100
e. Total New Revenue			**$17,100**
3. Total Revenues			**$2,250,278**
C. One-Time CSS Funding Expenditures			
D. Total Funding Requirements			**$591,068**
E. Percent of Total Funding Requirements for full Service Partnerships			100%

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

County(ies): Fresno | Fiscal Year: 2006-07

Program Workplan #: Adult FSP-1 | Date: 5/5/06

Program Workplan Name: AB 2034 Restoration/Expansion | Page: 10 of 15

Type of Funding: 1. Full Service Partnership | Months of Operation: 9

Proposed Total Client Capacity of Program/Service: 200 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 143 | Prepared by: Debbie DiNoto

Client Capacity of Program/Service Expanded through MHSA: 57 | Telephone Number: 559-455-2061

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Sr. Licensed Mental Health Clin	Provide clinical support		1.00	$57,226	$57,226
Community Mental Health Spec	provide vocational support		3.00	$41,002	$123,006
Sr. Staff Analyst	provide outcomes and monitoring		1.00	$64,974	$64,974
Bilingual Pay	2 staff @ $50/pay period * 26 pay periods				$2,600
Sup Office Assist	provides clerical support for staff/billing/etc.		0.20	$42,090	$8,418
Mental Health Worker	provide supportive services/groups for clients	2.00	2.00	$12,500	$25,000
bilingual pay					$619
					$0
					$0
	Total Current Existing Positions	2.00	7.20		$281,843
B. New Additional Positions	**Proposed Contractor Positions (Information only)**				
Mental Health Nurse	provide medication support/services		1.00	paid out of one time $	
Mental Health Worker	client/family member provide support services	1.00	1.00	paid out of one time $	
Mental Health Clinician	provide clinical supportive services		1.00	$0	$0
Mental Health Worker	client/family member provide support services	2.00	2.00	$0	$0
Community Mental Health Spec	provides vocational services		1.00	$0	$0
Psychiatrist	provides medication support/evaluation		0.10	$0	$0
Office Assistant	provides clerical support		1.00	$0	$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	3.00	7.10		$0
C. Total Program Positions		5.00	14.30		$281,843

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

County(ies): Fresno | Fiscal Year: 2007-08

Program Workplan #: Adult FSP-1 | Date: 5/5/06

Program Workplan Name: AB 2034 Restoration/Expansion | Page: 11 of 15

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

Proposed Total Client Capacity of Program/Service: 210 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 143 | Prepared by: Debbie DiNoto

Client Capacity of Program/Service Expanded through MHSA: 67 | Telephone Number: 559-455-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment and Education Supports				$0
e. Other Support Expenditures (provide description in budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$289,681			$289,681
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits (Employee benefits range from 27% to 45%)	$126,393			$126,393
d. Total Personnel Expenditures	$416,074	$0	$0	$416,074
3. Operating Expenditures				
a. Professional Services			$1,668,603	$1,668,603
b. Translation and Interpreter Services				$0
c. Travel and Transportation	$18,590			$18,590
d. General Office Expenditures	$4,906			$4,906
e. Rent, Utilities and Equipment	$56,161			$56,161
f. Medication and Medical Supports	$76,632			$76,632
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$156,289	$0	$1,668,603	$1,824,892
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	$678,083			$678,083
6. Total Proposed Program Budget	**$1,250,446**	**$0**	**$1,668,603**	**$2,919,049**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$35,111		$316,000	$351,111
b. Medicare/Patient Fees/Patient Insurance			$1,247	$1,247
c. Realignment				$0
d. State General Funds	$537,252		$1,351,356	$1,888,608
e. County Funds				$0
f. Grants				
g. Other Revenue client rents				$0
h. Total Existing Revenues	$572,363	$0	$1,668,603	$2,240,966
2. New Revenues				
a. Medi-Cal (FFP only)	$44,677			$44,677
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General Funds				$0
d. Other Revenue client rents	$72,000			$72,000
e. Total New Revenue	$116,677	$0	$0	$116,677
3. Total Revenues	$689,040	$0	$1,668,603	$2,357,643
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$561,406**	**$0**	**$0**	**$561,406**
E. Percent of Total Funding Requirements for Full Service Partnerships				**100.0%**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2007-08
Date: 3/29/06

A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Clothing, Food and Hygiene		
b. Travel and Transportation		
c. Housing		
d. Employment and Education Supports		
e. Other Support Expenditures		
f. Total Support Expenditures		
2. Personnel Expenditures		
a. Current Existing Positions	$289,681	$289,681
b. New Additional Personnel Expenditures		
c. Employee Benefits (Employee benefits range from 27% to 45%)	$126,393	$126,393
d. Total Personnel Expenditures		**$416,074**
3. Operating Expenditures		
a. Professional Services		$1,668,603
Existing contract for AB 2034 services	$1,668,603	
b. Translation and Interpreter Services		
c. Travel and Transportation		$18,590
Transportation, travel-County garage	$6,195	
Transportation, travel-Education	$11,691	
Mileage	$705	
d. General Office Expenditures		$4,906
Mobile communications	$52	
Telephone charges	$3,320	
Household expense	$225	
Maintenance of buidlings-Public Works	$125	
Office expense	$671	
Small tools and instruments	$515	
e. Rent, Utilities and Equipment		$56,161
Peoplesoft Human Resource charges	$523	
Peoplesoft Financial charges	$1,117	
Data processing services	$13,049	
Computer service software	$2,575	
Rent	$38,897	
f. Medication and Medical Supports		$76,632
g. Other Operating Expenses		
h. Total Operating Expenditures		**$1,824,892**
4. Program Management		
a. Existing Program management		
b. New Program management		
c. Total Program Management		

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2006-07
Date: 5/5/06
Page: 13 of 15

5. Estimated Total Expenditures when services provider is not known		**$678,083**
a. Clothing, Food and Hygiene		
Clothing @ $400/new client	$1,200	
Emergency food (and to give to potential homeless clients @ $50/mo)	$600	
Personal hygiene materials @ $50/new client for 4 months	$600	
b. Travel and Transportation		
Dial-a-ride, bus tokens, bus passes @ 3/new client/6 mo	$450	
c. Housing		
Contracted supported independent living costs @ average of $3556 per client, includes client housing assistance, insurance, housing, staffing, offfice supplies, legal expenses, postage, program supplies, etc.	$202,692	
Vouchers for temporary re-location, e.g., hotels, etc. @ $50/mo	$600	
d. Employment and Education Supports		
e. Other Support Expenditures		
f. Total Support Expenditures		**$206,142**
Personnel Expenditures increased 3% cost of living from prior FY		
a. Current Existing Positions		
b. New Additional Personnel Expenditures		
Bilingual pay @ $50/pay period	$3,600	
1.0 FTE Mental Health Nurse @ $57,567	$57,567	
1.0 FTE Mental Health Clinician @ $53,819	$53,819	
3.0 FTE Mental Health Workers @ $19,746 each	$59,238	
1.0 FTE Community Mental Health Specialist @ $ 32,401	$32,401	
0.1 FTE Psychiatrist @ $14,997	$14,997	
1.0 FTE Office Assistant @ $21,620	$21,620	
c. Employee Benefits (Employee benefits range from 27% to 45%)	$122,393	
d. Total Personnel Expenditures		**$365,635**
Operating Expenditures All have increased by 3% cost of living from prior FY		
a. Professional Services		
b. Translation and Interpreter Services	$6,000	
c. Travel and Transportation		
Maintenance and gas for 4 vehicles @ $3000/vehicle	$12,360	
d. General Office Expenditures		
$250 per staff per year	$1,950	
e. Rent, Utilities and Equipment		
Cell phones (5) @ $200/yr	$1,030	
PC costs (6) @ $1747 per staff per year	$10,796	
Fax machine (1) @ $5.53/mo, main fees $18.94/mo	$300	
Fax supplies @ $200/yr, local/long distance @ $60 mo	$948	
Phones (7) @ $500/yr per phone	$3,605	
Rent--150 sq ft/staff @ $2.505/staff/sq ft/mo includes rent, utilities Security, janitorial, etc.	$31,563	
f. Medication and Medical Supports		
g. Other Operating Expenses		
Materials for classes in independent living	$4,070	
h. Total Operating Expenditures		**$72,622**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult FSP-1 AB 2034 Restoration/Expansion

County(ies): Fresno

Fiscal Year: 2006-07
Date: 5/5/06

Program Management			
a. Existing Program management			
b. New Program management		**$33,684**	
6% of total program costs allowed for the contractor			
c. Total Program Management			**$33,684**
6. Total Proposed Program Budget			**$2,919,049**
B. Revenues:			
1. Existing Revenues			
a. Medi-Cal (FFP only)			$351,111
b. Medicare/Patient Fees/Patient Insurance			$1,247
c. Realignment			
d. State General Funds	existing AB 2034 contract		$1,888,608
e. County Funds			
f. Grants			
g. Other Revenue	(Client rents, General Relief, SSI)		
h. Total Existing Revenues			**$2,240,966**
2. New Revenues			
a. Medi-Cal (FFP only)			$44,677
b. Medicare/Patient Fees/Patient Insurance			
c. State General Funds			
d. Other Revenue (client rents) ($200/month * 33 clients * 12 months)			$72,000
e. Total New Revenue			**$116,677**
3. Total Revenues			**$2,357,643**
C. One-Time CSS Funding Expenditures			
D. Total Funding Requirements			**$561,406**
E. Percent of Total Funding Requirements for full Service Partnerships			**100%**

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

County(ies): Fresno | Fiscal Year: 2007-08

Program Workplan #: Adult FSP-1 | Date: 5/5/06

Program Workplan Name: AB 2034 Restoration/Expansion | Page: 15 of 15

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

Proposed Total Client Capacity of Program/Service: 210 | New Program/Service or Expansion: Expansion

Existing Client Capacity of Program/Service: 143 | Prepared by: Debbie DiNoto

Client Capacity of Program/Service Expanded through MHSA: 67 | Telephone Number: 559-455-2061

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
Sr. Licensed Mental Health Clini	Provide clinical support		1.00	$60,251	$60,251
Community Mental Health Speci	provide vocational support		3.00	$43,164	$129,491
Sr. Staff Analyst	provide outcomes and monitoring		1.00	$65,607	$65,607
Bilingual Pay	bilingual pay				$619
Student Professional Worker	provide peer support and recovery services	2.00	2.00	$12,500	$25,000
Sup Office Assist	provides clerical support for staff/billing/etc.		0.20	$43,563	$8,713
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	2.00	7.20		$289,681
B. New Additional Positions	**Proposed Contractor Positions:**				
	(Information only)				$0
Mental Health Nurse	provide medication support/services		1.00	$0	$0
Mental Health Worker	client/family member provide support services		1.00		$0
Mental Health Clinician	provide clinical supportive services		1.00	$0	$0
Mental Health Worker	client/family member provide support services	2.00	2.00	$0	$0
Community Mental Health Speci	provides vocational services		1.00	$0	$0
Psychiatrist	povides psychiatric services		0.10	$0	$0
Office Assistant	provides clerical support for staff/billing/etc.		1.00	$0	$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
				$0	$0
	Total New Additional Positions	2.00	7.10		$0
C. Total Program Positions		4.00	14.30		$289,681

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: Adult FSP--1
Program Work Plan Name: Adult AB 2034 restoration/expansion
Fiscal Year: 2005-2006 *(please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Transition Age Youth 18—24 years, Adults age 25—59 years	Homeless mentally ill adults. Outreach focus on population residing at Fresno Rescue Mission, Poverello House & Naomi's House. AB 2034 services will be provided. There will be low client to staff ratio, housing, em-loyment & supported educational services will be provided.	0		0		0		0		0	

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
		N/A										

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
		N/A										

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: Adult FSP--1
Program Work Plan Name: Adult AB 2034 restoration/expansion
Fiscal Year: 2006-2007 *(please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Transition Age Youth 18—24 years, Adults age 25—59 years	Homeless mentally ill adults. Outreach to focus on the population residing at the Fresno Rescue Mission, Poverello House & Naomi's House. AB 2034 services (whatever it takes) will be provided. There will be a low client to staff ratio, housing, employ-ment & supported educational services will be provided.	0		25		40		57		57	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	N/A										

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	N/A										

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: Adult FSP--1
Program Work Plan Name: Adult AB 2034 restoration/expansion
Fiscal Year: 2007-2008 *(please complete one per fiscal year)*

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	**Description of Initial Populations**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
Transition Age Youth 18—24 years, Adults age 25—59 years	Homeless mentally ill adults. Outreach will focus on the population residing at the Fresno Rescue Mission, Poverello House and Naomi's House. AB 2034 services (whatever it takes) will be provided. There will be a low client to staff ratio, housing, employment and supported educational services will be provided.	60		63		65		67		67	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	N/A										

Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	N/A										