EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Fresno	Fiscal Year: 05—06, 06—07, 07—08	Program Work Plan Name: Co-occurring Disorders Treatment Training
Program Work Plan #: Adult—SDF—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 or to County staff through Managed Competition. 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. <u>Strategy:</u> This proposal will provide for extensive staff training and weekly service reviews and mentoring on services provided for clients aged 18 and older who have co-occurring disorders. During year two (FY 06-07) approximately 250 clients/families will be served. During year three (FY 07-08) approximately 500 clients/families will be served. Staff will be trained on-site in integrated dual disorders treatment which blends mental health and substance abuse treatments. Staff will obtain extensive training on substances of abuse and how they affect mental illness, substance abuse assessment skills, motivational interviewing skills and substance abuse counseling skills. Outside expert trainers and weekly staff training/mentoring sessions and service consultations/reviews will be conducted with clinical staff within the Department on treating consumers with co-occurring disorders. This will allow integrated services to be	

	offered through a single, unified, comprehensive service system that is community-based and consumer-centered. Integrated treatment will match the intensity of the disorder with a commensurate intensity of treatment interventions. One of the goals is to deliver effective services in an environment that is both welcoming and responsive to individual needs, irrespective of ethnicity, national origin, language, race, religion, age, disability, gender, sexual orientation or socioeconomic standing.
	
	Through this proposed training, Fresno County hopes to advance the goals of the MHSA. These include the following;
	
	Reduce the long-term adverse community impacts of untreated mental illness and serious emotional disorders.
	
	Expand the kinds of successful, innovative service programs for adults and seniors including culturally and linguistically competent approaches for underserved populations.
	
	<u>Summary</u>:
	
	• Total Number of Clients/Families Served
	  ○ For FY 05—06: None. MHSA Plan being submitted and reviewed.
	  ○ For FY 06—07: Approximately 250 clients/families.
	  ○ For FY 07—08: Approximately 500 clients/families.
	
	• Total New Staffing
	  ○ For FY 05—06: None. MHSA Plan being submitted and reviewed.
	  ○ For FY 06—07: 1.0 FTE
	  ○ For FY 07—07: 1.0 FTE (same as FY 06—07)
	
	<u>Goals of the Program and Funding Types</u>
	
	The program shall emphasize strategies to reduce the following negative outcomes that

	may result from untreated mental illness: (1) Suicide; (2) Incarcerations; (3) Prolonged suffering; (4) Homelessness; (5) Removal of children from their homes. System Development Funding is being requested. This strategy will provide intensive and on-going training and monitoring of co-occurring disorders training for staff.
Priority Population: *Describe the situational characteristics of the priority population*	The strategy for which funds are being requested is integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person.

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
General system funding is being requested for this strategy to help improve existing programs, services and supports for all clients and families, to change service delivery systems and build transformational programs and services.	☐	☒	☐	☐	☒	☒	☒

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

According to the Substance Abuse Mental Health Services Administration (SAMHSA) as many as one half of all people who are homeless and have serious mental illness, also have a substance abuse disorder. About 10 million adults each year enter the criminal justice system. It is estimated 700,000 of them have co-occurring disorders. Individuals with untreated mental disorders are at increased risk for substance abuse. Individuals who abuse alcohol and other drugs are at increased risk for experiencing mental disorders. Historical differences in culture, philosophy, structure and funding have contributed to a lack of coordination which makes getting services for those with co-occurring disorders difficult.

Both mental health and substance abuse fields generally agree the most effective treatment for persons with substance abuse and severe mental illnesses is integrated treatment. Services offered through a single, unified, comprehensive service system which match the intensity of the disorder with a commensurate intensity of treatment interventions are best practices. An integrated, community-based treatment setting is consumer-centered and provides services through a “no wrong door” philosophy. No matter how the client enters care, the services needed to respond effectively are available and accessible. Services are offered through an agency whose staff have been crossed-trained and are competent to respond to the unique challenges of co-occurring disorders.

One of the goals for this training is to deliver effective services in an environment that is both welcoming and responsive to individual needs, irrespective of ethnicity, national origin, language, race, religion, age, disability, gender, sexual orientation or socioeconomic standing.

An integrated approach to individuals with co-occurring disorders has been shown to be best practice. The basic components of integrated disorders treatment according to SAMHSA are the following:

- Knowledge about alcohol and drug use, as well as mental illness;
- Integrated services for mental illness and substance use at the same time;
- Stage-wise treatment—people go through a process over time to recover and different services are helpful at different stages of recovery;
- Assessment—consumers collaborate with clinicians to develop an individualized treatment plan for both substance use disorder and mental illness;
- Motivational treatment—Clinicians use specific listening and counseling skills to help consumers develop awareness, hopefulness and motivation for recovery;
- Substance abuse counseling—develop skills and find the supports needed to pursue recovery from substance use disorder.

Through the proposed MHSA monies, Fresno County will appoint a dual disorders program leader. This position will implement a major program change in the way

services are provided for the co-occurring disorder client. This position will oversee planning, implementation, training, internal and external coordination, record keeping and other activities.

This position will involve all stakeholders such as consumers, families, clinicians, supervisors, program leaders and policymakers in the planning, implementing and sustaining an integrated service system for people with co-occurring disorders.

Mental health practitioners often have not been trained to assess and treat substance abuse. Implementing an integrated dual disorders treatment program requires training staff to acquire new skills.

These are basic areas in which staff will have extensive training:

- Knowledge regarding substances of abuse and how they affect mental illness;
- Substance abuse assessment skills;
- Motivational interviewing skills;
- Substance abuse counseling skills;
- Harm reduction principles;
- Cultural aspects of substance abuse, psychology of poverty, cultural competencies regarding co-occurring disorder treatment;
- Strength-based treatment services;
- Recovery and empowerment;
- Documentation of cultural interventions.

The implementation of evidence-based practices entails a significant system change. It is proposed that well-known strategies, standardized models and consultants will be utilized. There will be extensive on-site staff training. This will involve weekly service reviews and mentoring on services provided for clients aged 18 and older who have co-occurring mental health and substance abuse disorders.

Weekly staff training/mentoring sessions and service consultations/reviews will be conducted with clinical staff within the Department on treating consumers with co-occurring disorders. This will allow integrated services to be offered through a single, unified, comprehensive service system that is community-based and consumer-centered. Integrated treatment will match the intensity of the disorder with a commensurate intensity of treatment interventions. One of the goals is to deliver effective services in an environment that is both welcoming and responsive to individuals needs, culturally competent and incorporates the principles of harm reduction, wellness and recovery and is strength based.

Outside contracted trainers and/or County staff will provide training which will focus on culturally competent co-occurring treatment services for the populations within Fresno County. It is expected that the County will partner with ethnic-based organizations to provide this service. Each ethnic community's perspective on mental illness, co-occurring disorders, wellness and recovery may be very different concepts and

practices. By working together to explore these concepts, appropriate approaches will be developed for each ethnic group.

Staff will have weekly meetings/mentoring services with proposed co-occurring disorders treatment leader whose only responsibility will be to assure that co-occurring disorder treatment is provided in accordance with best practice models. Weekly meetings and trainings will discuss treatment/service issues, treatment modalities and services.

A review of practices and services provided to Fresno County clients will also be conducted for outcome measurement. Reviews may involve strength-based interviews with the client and staff as well as document reviews. Family members/significant others may also be interviewed regarding treatment services. Satisfaction questionnaires and surveys regarding service provision and other services they would like to be developed will also be conducted in an effort to continuously improve services and for outcome measures.

During year two (FY 06-07) approximately 250 clients/families will be served. During year three (FY 07-08) approximately 500 clients/families will be served.

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

Not applicable. This program is for training staff in co-occurring best practices treatment modalities.

4. **Please provide**
    a. **The average cost for each Full Service Partnership participant including**
        i. **All fund types and**
        ii. **Fund sources for each Full Service Partnership proposed program.**

Not applicable. This program is for training staff in co-occurring best practices treatment modalities to transform the County's mental health system's services for current populations served.

5. **Describe how the proposed program will**
    a. **Advance the goals of recovery for adults and older adults or resiliency for children and youth.**
    b. **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 co-occurring mental health and substance abuse issues. It is hoped through the client-directed, strength-based services and supports, co-occurring mental

illness symptoms and substance abuse behaviors will be reduced or eliminated through motivational therapeutic techniques and harm reduction principles.

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.

6. **If expanding an existing program or strategy, please describe**
    a. **Your existing program and**
    b. **How that will change under this proposal.**

Not applicable. This program is for training staff in co-occurring best practices treatment modalities to transform the County's mental health system's services for current populations served.

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

Not applicable. This program is for training staff in co-occurring best practices treatment modalities. However, consumers and family members will be involved as part of the review of services and how they have impacted their lives. Information will be gathered as to ways to improve services for this venerable population. Consumers and family members will train staff through the contract with the "Village" model Recovery and Wellness Center on how substances affected their lives and treatment services.

8. **Describe in detail**
    a. **Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and**
    b. **Priority population, including those with tribal organizations.**
    c. **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:

- Peer/Family Member Center,
- Intensive Community Services and Supports Team,
- The restoration and expansion of AB 2034 Services,
- More supported independent housing for consumers, and
- Services for consumers with co-occurring mental health/substance abuse disorders.

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 above 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 older adult ethnic populations, particularly the first generation of Latino and Southeast Asians, speak little to no English. Transitional age older adult Latinos (ages 55—59) 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 transition age older adults are most likely to be limited or non-English speaking.

Mental illness and addiction know no color. They are equal-opportunity disablers, affecting anyone, regardless of culture or ethnicity. As our communities reflect increasing cultural diversity, it is important for DBH staff to provide concurrent mental health and substance abuse services. It is also vital that staff is able to adequately respond to the diversity of the community.

There are a number of factors affecting the ethnic community's response to services, e.g., the lack of awareness about the need of co-occurring treatment or the uncertainty over how to obtain services. Increasing the "cultural competence" of our mental health services is a necessary step to improving the well-being of the significant and growing immigrant population of Fresno County.

Many first generation immigrants face similar challenges to foreign-born cultural groups. They may be reluctant to seek help from mainstream mental health and addiction services because of the history of the way the community has been treated by white institutions. These communication barriers restrict access to care for many people from different cultural backgrounds. Moreover, immigrants in rural areas may ignore their mental health needs because they are isolated from the few services available that are aimed at their cultural groups.

The stresses of daily living and discrimination increase vulnerability to co-occurring issues. Cultural attitudes can also delay the help-seeking process. Mental illness and addiction issues are generally talked about more openly in the West, leaving many non-Western cultures more prone to burying or denying such problems altogether or until the problems get severe. There may be a fear of mental illness because of the stigma attached to it. Families may tend to cover it up as they don't want to let other people know.

Immigrant and refugee populations are often grouped together, but have been shown to have different risks for poor mental health and mental disorders. For example, refugees and those seeking asylum are at an increased risk for mental health problems because of the physical, emotional, social and economic stresses involved in immigration, resettlement and adaptation to a new community and a new life. Refugees have lived in regions with conflicts, wars, etc. They have lost families, friends, home, status and

income. They may also face post-traumatic stress, unemployment and poverty, social isolation, cultural misunderstanding and shock, racism, feelings of worthlessness and language difficulties.

However, researchers are still studying a trend known as the “healthy immigrant effect.” Research has shown that there are similar rates for major health conditions between immigrants and American-born groups, but much lower depression and alcohol use problems in the immigrant community, particularly Asian and African immigrants. They are 20% less likely to report mental health problems. This disparity seems to disappear the longer immigrants are in the United States.

The one exception to the healthy immigrant effect seems to be with young people. Research has shown that young people new to the United States reported the same levels of psychological distress as U. S. born youth. They are also more likely to face discrimination. According to researchers, racism contributes to increased emotional problems and psychiatric symptoms, particularly those of depression.

There is evidence that ethnic minorities experience mental health stigma more harshly than those from the majority group. A greater sense of group identity in Asian and African cultures extends stigma to the extended family more than in western culture. This family-shared shame, coupled with different cultural perceptions of causes and treatments for mental health and co-occurring issues has been shown to cause delays in seeking treatment for some minority cultures.

This ethnic difference held true even after accounting for language or acceptability barriers, e.g., people who prefer to manage on their own or who do not think mental health services will help. There may be specific issues around level of awareness of mental illness and co-occurring disorders and the available resources in ethno-cultural communities.

A major part of the problem is a lack of appropriate multilingual, culturally and spiritually sensitive co-occurring substance abuse and mental health services. There is also a lack of active marketing of co-occurring services to non-English-speaking minority groups.

Racism within the mental health and addiction systems can leave many who do seek out services struggling to integrate a medical diagnosis of mental illness and addiction with their different cultural and spiritual world views. There may be a conflict with the cultural conceptions of health, illness and healing. For example, what may be a spiritual experience for a client may be psychosis to a clinician unfamiliar with the person's cultural and spiritual views. It has been acknowledged in studies that mental health practitioners are generally more inaccurate in diagnosing persons whose race does not correspond with their own.

Cultural differences often make it difficult for mental health professionals and clients/families to communicate with one another. For example, Ethiopian people might

consider frank discussions of medical problems inappropriate and insensitive and would expect bad news from doctors to be relayed to them through friends. An Asian person may report bodily symptoms in a doctor's office and only offer emotional information about sadness and hopelessness if directly asked. If a person does communicate about emotions, it may be expressed in terms of metaphors. For example, in Chinese society, talking about "fatigue" or "tiredness" is often an indication of despair.

Co-occurring mental health services needs to bridge the cultural gap and meet the needs of its minority and immigrant populations. A dialogue needs to be found around cross cultural co-occurring issues. Social networks need to be supports, rather than substitutes, for co-occurring services. There needs to be a moving away from the misconception that "people look after their own."

DBH and its contractors will talk to the ethnic communities about the way such services are planned, formed, and delivered so that more ethno-cultural groups know that there are places they can go to for help. DBH and its contracted services will also have the various ethnic communities develop protocols and train staff on ways to approach the ethnic community and provide best practice co-occurring services.

This dialogue can also help to understand different cultural approaches to healing which will promote recovery. The World Health Organization has found that schizophrenia has a better prognosis, or outcome, in developing nations not because of better medical treatment but because of community reaction and integration of the person into the community. Many Asian, African and Aboriginal philosophies and remedies also value balance and harmony. It is important that DBH and its contractors learn to appreciate how spiritual, emotional, physical and social elements work together and help or hinder physical, mental health and co-occurring services. This interaction between mind, body and environment is too-often lacking in traditional western-based clinical settings. The more knowledge-sharing that can take place around mental health promotion among cultures, the better care for the person needing help.

Strategy: Help improve existing programs, services and supports for all clients and families, to change service delivery systems and build transformational programs and services.

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.

- Staff will involve family and extended family elders and other significant community supports, such as church members, healers, and clan members in the co-occurring and mental health support services of the adult/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 TAY/adult/older adult 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 toward the aging process.

- 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 TAY/adult/older adult community.

- 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.

- When co-occurring 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 and the role of the elder/older adult.

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

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.
- Weekly mentoring of staff and service reviews.

10. Describe how services will be provided in a manner that is
   a. Sensitive to sexual orientation,
   b. Gender-sensitive and
   c. Reflect the differing psychologies and needs of
      i. Women and men,
      ii. Boys and girls

Staff will receive training regarding cultural sensitivity issues to adults with serious mental illness who also have co-occurring substance abuse disorders. Training on co-

occurring disorders occurred in the past but this proposed mentoring program will allow staff to put into practice what principles they have learned.

Issues related to gender and sexual identity will be recognized and approached in a way that is comfortable to racially, ethnically and culturally diverse populations. Educational presentations and general information will be an approach used to convey this information.

Sensitivity to gender differences is a basic cultural competence principle. This will be taught as part of the proposed training. This will further be enforced through the weekly mentoring of staff and through service reviews. These issues are of great importance in the areas of outreach to consumers who are experiencing or have experienced trauma and who experience sexual harassment and intimate partner abuse.

Staff will assume that the population served may not be in heterosexual relationships. The County and Contractor will make sure that an assessment of a client's sexual orientation is included in the bio-psychosocial intake process. All County and 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.

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 consumers who reside within Fresno County. However, if any Fresno County client is residing out-of-county, mental health services can be obtained through existing County or contracted providers.

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
   a. How they are transformational and
   b. How they will promote the goals of the MHSA

Fresno County has not chosen to implement strategies with MHSA funds that are not listed in Section IV.

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

Board of Supervisor approval—September 27, 2005
Commission and State DMH meeting—November 21, 2005
State DMH approval—June 2006
Request for Quote/Proposal for outside trainers—June—August 2006
Hire staff to provide services—September—October 2006

Services begin—October 2006

Year 1 (2005—2006);

- Contract with Minkoff and Cline for services.
- Request for Quote/Proposal from community-based and ethnic 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.

Year 2 (2006—2007);

- Contract developed
- Staff will be hired to start weekly training/mentoring with existing staff.
- Curriculum will be developed, approved, implemented and modified as needed.
- Implement a needs assessment and develop service strategies to see what areas of specific training are necessary for staff to provide best practice co-occurring disorders treatment.
- Continue to partner with community-based and ethnic service organizations for additional training needs.
- Continue to engage and outreach to community-based and ethnic service organizations for training and mutual services.

Year 3 (2007—2008);

- Implement a needs assessment and develop service strategies to see what areas of specific training are necessary for staff to provide best practice co-occurring disorders treatment.
- Continue to partner with community-based and ethnic service organizations for additional training needs.
- Continue to engage and outreach to community-based and ethnic service 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 County | Fiscal Year: 2005-06

Program Workplan #: Adult-SDF-1 | Date: 5/4/06

Program Workplan Name: Co-Occurring Disorders Treatment Training | Page: 1 of 10

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

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

Existing Client Capacity of Program/Service: 0 | Prepared by: M.A. Rogozinski

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 559-253-9180

	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			$0
b. Travel and Transportation	$0			$0
c. Housing	$0			$0
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$0			$0
c. Employee Benefits	$0			$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services	$0			$0
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$0			$0
e. Rent, Utilities and Equipment	$0			$0
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures when service provider is not known				$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$31,332**			**$31,332**
D. Total Funding Requirements	**$31,332**	**$0**	**$0**	**$31,332**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult-SDF-1 Co-Occurring Disorders Treatment Training

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/4/06

A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$0
b. Travel and Transportation	$0
c. Housing	$0
d. Employment and Education Supports	$0
e. Other Support Expenditures	$0
f. Total Support Expenditures	**$0**
2. Personnel Expenditures	
a. Current Existing Positions	$0
b. New Additional Personnel Expenditures	$0
c. Employee Benefits	$0
d. Total Personnel Expenditures	**$0**
3. Operating Expenditures	
a. Professional Services	$0
b. Translation and Interpreter Services	$0
c. Travel and Transportation	$0
d. General Office Expenditures	$0
e. Rent, Utilities and Equipment	$0
f. Medication and Medical Supports	$0
g. Other Operating Expenses	$0
h. Total Operating Expenditures	**$0**
4. Program Management	
a. Existing Program Management	$0
b. New Program Management	$0
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)	$0
b. Medicare/Patient Fees/Patient Insurance	$0
c. Realignment	$0
d. State General Funds	$0
e. County Funds	$0
f. Grants	$0
g. Other Revenue	$0
h. Total Existing Revenues	**$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**
3. Total Revenues	**$0**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult-SDF-1 Co-Occurring Disorders Treatment Training

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/4/06

C. One-Time CSS Funding Expenditures

		Quantity	Amount	Est. Start Date	
Computers @ $2,500/ea		1	$2,500	Aug-06	$2,500
Software licensing $1,189/ea. + $152 labor/pc		1	$1,341	Aug-06	$1,341
Laser printer @ $1,802/ea		1	$1,802	Aug-06	$1,802
Office landscaping @ $2,000 per FTE		1	$2,000	Aug-06	$2,000
Chair @ $281/ea		1	$281	Aug-06	$281
Guest chairs @ $133/ea		2	$266	Aug-06	$266
Outreach to community = $9,648	RFP developed July--Sept 06/contract Oct 06				$9,648
Two-year marketing plan = $2,412	RFP developed July--Sept 06/contract Oct 06				$2,412
All training RFP's developed Jul-Sep 2006; Contracts start Oct 2006					
Training to include:					
1. Work in a team approach; work with primary health care/law enforcement/courts					$245
2. Crisis counseling: cognitive behavioral therapy					$113
3. Co-occurring disorders					$7,893
4. Cultural competent mental health services					$490
5. Sexual orientiation and gender sensitivity					$163
6. Sexual harrassment; intimate partner abuse					$123
7. How to build capacity					$53
8. Best practices - training for general staff					$123
9. Work as therapy					$296
10. Housing policy academy regional training					$550
11. CASRA training - includes family advocacy training					$1,033
Total One-Time Expenditures					**$31,332**

D. Total Funding Requirements **$31,332**

E. Percent of Total Funding Requirements for full Service Partnerships **0%**

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

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

Program Workplan #: Adult-SDF-1 | Date: 5/4/06

Program Workplan Name: Co-Occurring Disorders Treatment Training | Page: 4 of 10

Type of Funding: 2. System Development | Months of Operation: 0

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

Existing Client Capacity of Program/Service: 0 | Prepared by: M.A. Rogozinski

Client Capacity of Program/Service Expanded through MHSA: 0 | Telephone Number: 559-253-9180

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

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

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

Program Workplan #: Adult-SDF-1 | Date: 5/4/06

Program Workplan Name: Co-Occurring Disorders Treatment Training | Page: 5 of 10

Type of Funding: 2. System Development | Months of Operation: 9

Proposed Total Client Capacity of Program/Service (Community Client/Family Contacts): 250 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: M.A. Rogozinski

Client Capacity of Program/Service Expanded through MHSA (Community Client/Family Contacts): 250 | Telephone Number: 253-9180

	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			$0
b. Travel and Transportation	$0			$0
c. Housing	$0			$0
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$41,882			$41,882
c. Employee Benefits (Employee benefits range from 27% to 45%)	$17,850			$17,850
d. Total Personnel Expenditures	$59,732	$0	$0	$59,732
3. Operating Expenditures				
a. Professional Services	$65,592			$65,592
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$2,430			$2,430
d. General Office Expenditures	$3,389			$3,389
e. Rent, Utilities and Equipment	$7,767			$7,767
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$79,178	$0	$0	$79,178
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	**$138,910**	**$0**	**$0**	**$138,910**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$138,910**	**$0**	**$0**	**$138,910**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult-SDF-1 Co-Occurring Disorders Treatment Training

County(ies): Fresno | Fiscal Year: 2006-07 | Date: 5/4/06 | Page: 6 of 10

A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$0
b. Travel and Transportation	$0
c. Housing (vouchers for temporary relocation)	$0
d. Employment and Education Supports	$0
e. Other Support Expenditures (respite care, training for caregivers, registry)	$0
f. Total Support Expenditures	**$0**
2. Personnel Expenditures	
a. Current Existing Positions (Sr. Lic. Clinician)	$41,882
b. New Additional Personnel Expenditures	$0
c. Employee Benefits (Employee benefits range from 27% to 45%)	$17,850
d. Total Personnel Expenditures	**$59,732**
3. Operating Expenditures	
a. Professional Services (Consultants/Trainers - Minkoff & Cline; Spanish, Cambodian, Lao, Hmong, tribal CBOs)	$65,592
b. Translation and Interpreter Services	$0
c. Travel and Transportation (Training at various sites)	$2,430
d. General Office Expenditures (supplies, communications, brochures)	$3,369
e. Rent, Utilities and Equipment	$7,767
f. Medication and Medical Supports	$0
g. Other Operating Expenses	$0
h. Total Operating Expenditures	**$79,158**
4. Program Management	$0
a. Existing Program Management	$0
b. New Program Management	$0
c. Total Program Management	**$0**
5. Estimated Total Expenditures when services provider is not known	**$0**
6. Total Proposed Program Budget	**$138,890**
B. Revenues:	
1. Existing Revenues	$0
a. Medi-Cal (FFP only)	$0
b. Medicare/Patient Fees/Patient Insurance	$0
c. Realignment	$0
d. State General Funds	$0
e. County Funds	$0
f. Grants	$0
g. Other Revenue	$0
h. Total Existing Revenues	**$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**
3. Total Revenues	**$0**
C. One-Time CSS Funding Expenditures	**$0**
D. Total Funding Requirements	**$138,890**
E. Percent of Total Funding Requirements for full Service Partnerships	**0%**

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

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

Program Workplan #: Adult-SDF-1 | Date: 5/4/06

Program Workplan Name: Co-Occurring Disorders Treatment Training | Page: 7 of 10

Type of Funding: 2. System Development | Months of Operation: 9

Proposed Total Client Capacity of Program/Service (Community Client/Family Contacts): 250 | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: M.A. Rogozinski

Client Capacity of Program/Service Expanded through MHSA (Community Client/Family Contacts): 250 | Telephone Number: 559-253-9180

Classification	Function	Client, FM & CG FTEs[a/]	Total Number of FTEs	Salary, Wages and Overtime per FTE[b/]	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		
B. New Additional Positions	**Proposed Contractor Positions:**				
	(Information Only)				$0
Senior Licensed MH Clinician	Full-time Regular - trainer		1.00	$41,882	$41,882
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.00	$41,882	$41,882
C. Total Program Positions		0.00	1.00	$41,882	$41,882

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

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

Program Workplan #: Adult-SDF-1 | Date: 5/4/06

Program Workplan Name: Co-Occurring Disorders Treatment Training | Page: 8 of 10

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 500 (Community Client/Family Contacts) | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: M.A. Rogozinski

Client Capacity of Program/Service Expanded through MHSA: 500 (Community Client/Family Contacts) | Telephone Number: 559-253-9180

	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			$0
b. Travel and Transportation	$0			$0
c. Housing	$0			$0
i. Master Leases	$0			$0
ii. Subsidies	$0			$0
iii. Vouchers	$0			$0
iv. Other Housing	$0			$0
d. Employment and Education Supports	$0			$0
e. Other Support Expenditures (provide description in budget narrative)	$0			$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	$0			$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$57,797			$57,797
c. Employee Benefits (Employee benefits range from 27% to 45%)	$25,157			$25,157
d. Total Personnel Expenditures	$82,954	$0	$0	$82,954
3. Operating Expenditures				
a. Professional Services	$10,352			$10,352
b. Translation and Interpreter Services	$0			$0
c. Travel and Transportation	$2,314			$2,314
d. General Office Expenditures	$3,217			$3,217
e. Rent, Utilities and Equipment	$10,356			$10,356
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$26,239	$0	$0	$26,239
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	**$109,193**	**$0**	**$0**	**$109,193**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. Realignment	$0			$0
d. State General Funds	$0			$0
e. County Funds	$0			$0
f. Grants	$0			$0
g. Other Revenue	$0			$0
h. Total Existing Revenues	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP only)	$0			$0
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General Funds	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures	**$0**			**$0**
D. Total Funding Requirements	**$109,193**	**$0**	**$0**	**$109,193**
E. Percent of Total Funding Requirements for Full Service Partnerships				**0.0%**

EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Adult-SDF-1 Co-Occurring Disorders Treatment Training

County(ies): Fresno

Fiscal Year: 2007-08
Date: 5/4/06
Page: 9 of 10

A. Expenditures	
1. Client, Family Member and Caregiver Support Expenditures	
a. Clothing, Food and Hygiene	$0
b. Travel and Transportation	$0
c. Housing	$0
d. Employment and Education Supports	$0
e. Other Support Expenditures	$0
f. Total Support Expenditures	**$0**
2. Personnel Expenditures	
a. Current Existing Positions (Sr. Lic. Clinician.)	$57,797
b. New Additional Personnel Expenditures	$0
c. Employee Benefits (Employee benefits range from 27% to 45%)	$25,157
d. Total Personnel Expenditures	**$82,954**
3. Operating Expenditures	
a. Prof. Svs(Consult/Trainers-Minkoff&Cline, Spanish, Lao, Hmong, Cambodian, & tribal CBOs))	$10,352
b. Translation and Interpreter Services	$0
c. Travel and Transportation (Training at various sites)	$2,314
d. General Office Expenditures (supplies, communications, brochures)	$3,217
e. Rent, Utilities and Equipment	$10,356
f. Medication and Medical Supports	$0
g. Other Operating Expenses	$0
h. Total Operating Expenditures	**$26,239**
4. Program Management	$0
a. Existing Program Management	$0
b. New Program Management	**$0**
c. Total Program Management	
5. Estimated Total Expenditures when services provider is not known	**$0**
6. Total Proposed Program Budget	**$109,193**
B. Revenues:	
1. Existing Revenues	$0
a. Medi-Cal (FFP only)	$0
b. Medicare/Patient Fees/Patient Insurance	$0
c. Realignment	$0
d. State General Funds	$0
e. County Funds	$0
f. Grants	$0
g. Other Revenue	$0
h. Total Existing Revenues	**$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**
3. Total Revenues	**$0**
C. One-Time CSS Funding Expenditures (1-vehicle, 3-computers and office landscape)	**$0**
D. Total Funding Requirements	**$109,193**
E. Percent of Total Funding Requirements for full Service Partnerships	**0%**

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

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

Program Workplan #: Adult-SDF-1 | Date: 5/4/06

Program Workplan Name: Co-Occurring Disorders Treatment Training | Page: 10 of 10

Type of Funding: 2. System Development | Months of Operation: 12

Proposed Total Client Capacity of Program/Service: 500 (Community Client/Family Contacts) | New Program/Service or Expansion: New

Existing Client Capacity of Program/Service: 0 | Prepared by: M.A. Rogozinski

Client Capacity of Program/Service Expanded through MHSA: 500 (Community Client/Family Contacts) | Telephone Number: 559-253-9180

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:**				
	(Information Only)				$0
Senior Licensed MH Clinician	Full-time Regular - trainer		1.00	$57,797	$57,797
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	1.00	$57,797	$57,797
C. Total Program Positions		0.00	1.00	$57,797	$57,797

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #:Adult SDF --1
Program Work Plan Name: Co-occurring Training
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

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
Adults age 18 and older Total number to be served is estimated at 500	Intensive training program for DBH clinical staff for the provision of services to clients who have co-occurring disorders of mental health and substance abuse issues. Focus will be on weekly training opportunities,	0		0		0		0		0	

		service review, motivational interviewing, & harm reduction strategies.										
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 SDF --1
Program Work Plan Name: Co-occurring Training
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**
	N/A										
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**
Adults age 18 and older Total number to be served is estimated at 500	Intensive training program for DBH clinical staff for the provision of services to clients who have co-occurring disorders of mental health and substance abuse issues. Focus will be on weekly training opportunities,	0		60		120		250		250	

		service review, motivational interviewing, harm reduction strategies										
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 SDF --1
Program Work Plan Name: Co-occurring Training
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**
	N/A										
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**
Adults age 18 and older Total number to be served is estimated at 500	Intensive training program for DBH clinical staff for the provision of services to clients who have co-occurring disorders of mental health and substance abuse issues. Focus will be on weekly training opportunities,	310		370		430		500		500	

		service review, motivational interviewing, harm reduction strategies										
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										