

**FRESNO COUNTY MHSA THREE-YEAR PROGRAM & EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS FY 2005-06, 2006-07, & 2007-08**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Fresno	Fiscal Year: 2005-06, 2006-07, 2007-08	Program Work Plan Name: Functional Family Therapy- GSD-1
Program Work Plan #: GSD- 1 (Expansion)		Estimated Start Date: July 1, 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The County of Fresno proposes to expand the Functional Family Therapy (FFT) program by utilizing General Systems Development funds. This program is designed to improve and expand supports and services for youth with serious emotional disturbance (SED) and their families. It is proposed that 120 children/families will be served each year.</p> <p>The current FFT program is staffed by four mental health clinicians and operates on a traditional 8-5, Monday through Friday schedule.</p> <p>The expansion will fund 4 CMHS and 1 mental health clinician positions. The expansion of this program is designed to increase capacity of service providers that can deliver the FFT intervention (will help improve structures, services and supports for clients). The number of providers will be increased. The requirements for the CMHS positions would be 12 college units (psychology, counseling, etc). Of the 4 FTE CMHS positions, 2 FTE CMHS positions will be occupied by Client/Family members and 2 FTE CMHS positions will be occupied by non-Client/Family members. The mental health clinician (1 FTE non-family/client member) will be the Supervisor/Team Leader. Recruitment will be based upon cultural and linguistic, and gender needs of the community. In addition, recruitment for the CMHS positions will be facilitated by the requirement of 12 college units instead of being a mental health clinician. This will further the goal of reducing ethnic disparities in treatment providers. This expansion would facilitate further development of family designed services provided by family members in collaboration with other child serving agencies throughout the county. The expansion of this program is also designed to have flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend.</p>	

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	<p>The expansion will also fund 3 FTE Parent Partner positions which will enable peer support for families, guidance through the mental health system, consultation with client's FFT interventionist regarding appropriate services needed, education, advocacy service coordination, and advocacy services to families of clients. All 3 FTE Parent Partner positions will be occupied by client/family members.</p> <p>The expansion will also fund 3 FTE Care Manager positions which will enable peer support for families, education, advocacy service coordination, and advocacy services to families of clients. These 3 positions will be occupied by non-client/family staff.</p> <p>The mental health clinician would serve as the Supervisor/Team leader for this expansion. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program.</p> <p>The above staffing can also assist in promoting community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage.</p> <p>This expansion will also allow Full Service Partnership client siblings (who are ages 11-15) from workplan number FSP-01, to receive services under Functional Family Therapy. This will be achieved through referral and linkage to this expanded Functional Family Therapy program.</p> <p>This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities.</p> <p>The FFT project was sponsored (2003) by the California Institute of Mental Health (CIMH). FFT is an effective evidenced-based program for children and youth with severe</p>
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	<p>emotional and behavioral problems. In 2003, Department of Children and Family Services, Fresno County Probation Department and the Fresno County Juvenile Court identified a population of unserved and underserved children and youth in the juvenile justice system that are transitioning back into or remaining in the community to participate in the FFT program. The CIMH FFT collaborative targeted those children and youth within the Fresno County Probation Juvenile Justice System that had a history with the Fresno County Special Education, Department of Children and Family Services Child Welfare and Mental Health who were at risk or transitioning to community from out-of-home placement. Currently, youth are identified through the Mental Health Court developed by the Presiding Juvenile Court Judge, Chief of Probation and the Director of DCFS. Families participating in FFT are provided with comprehensive, strength-based assessment, treatment, follow-up and support. The participants are disproportionately of color, more likely to re-offend and less likely to succeed in family, school or community because of their emotional and behavioral problems. The majority of youth have co-occurring serious emotional disturbances and substance abuse disorders. The primary focus of this Juvenile Justice proposal is to increase access, and availability to the FFT for children ages 11-15</p> <p>Year 2 activities will involve issuing Request for Proposal for services, developing contracts, working with selected bidders to become operational etc. In addition, start up/one-time costs will be provided to selected bidder. RFP issuance in August of 2006, with selection of bidder in August of 2006, and award of contract in August 2006. If services are unable to be contracted out/no successful bidder, services will be provided in-house by the county.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The priority population includes participants that are disproportionately of color, more likely to re-offend and less likely to succeed in family, school or community because of their emotional and behavioral problems. The majority of youth have co-occurring serious emotional disturbances and substance abuse disorders. The primary focus of this Juvenile Justice proposal is to increase access, and availability to the FFT for children ages 11-15.</p> <p>The target population is high-risk youth with SED who become involved with the Juvenile</p>

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	<p>Justice system and who continue to seriously be underserved and or unserved. Many of the clients to be served come from families that are historically difficult to engage and have multi-generational patterns of incarceration. Based on family dynamics, many of the clients are in danger of out-of-home placement.</p>						
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
<p>1) New staffing to consist of Community Mental Health Specialists (the requirements for the CMHS positions would be 12 college units (psychology, counseling, etc). Of the 4 FTE CMHS positions, 2 FTE CMHS positions will be occupied by Client/Family members and 2 FTE CMHS positions will be occupied by non-Client/Family members.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2) A licensed mental health clinician (1 FTE non-family/client member) would also be added to serve as the Supervisor/Team leader for this expansion. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3) The expansion will also fund 3 FTE Parent Partner positions which will enable peer support for families, guidance through the mental health system, consultation with client's FFT interventionist regarding appropriate services needed, education, advocacy service coordination, and advocacy services to families of clients. All 3 FTE Parent Partner positions will be occupied by client/family members.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4) The expansion will also fund 3 FTE Care Manager positions which will enable peer support for families, education, advocacy service coordination, and advocacy services to families of clients. These 3 positions will be occupied by non-client/family staff.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5) Part of the staffing to be client/family member driven and also recruitment will be based upon cultural and linguistic, and gender needs of the community.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Values-driven, evidenced-based, and promising clinical services that are integrated with overall service planning and which support youth/family selected goals (Functional Family Therapy Program).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of alternatives to incarceration for those with serious emotional disorders who are part of the juvenile justice system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Integrated services and supports for children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) The CMHS', Clinician, Parent Partners, and Care Managers can also assist in promoting community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Care Manager positions will be funded which will enable peer support for families, education, advocacy service coordination, and advocacy services to families of clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Services and supports provided in the home and in the community.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Provision of clothing, food, and hygiene vouchers along with utility assistance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Bus tokens for clients/family members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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16) Provision of translation services as needed for clients and families.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Provision of services in racial/ethnic communities within rural and metropolitan Fresno County. The FFT intervention is provided within the home of clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Allow Full Service Partnership client siblings (who are ages 11-15) from workplan number FSP-01, to receive services under Functional Family Therapy. This will be achieved through referral and linkage to this expanded Functional Family Therapy program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT 4 NARRATIVE QUESTIONS
SECTION VI, ITEM II OF STATE INSTRUCTIONS
CHILDREN AND YOUTH
STRATEGY # GSD- 01 FUNCTIONAL FAMILY THERAPY

- 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 County of Fresno proposes to expand the Functional Family Therapy (FFT) program by utilizing General Systems Development funds. This program is designed to improve and expand supports and services for youth with serious emotional disturbance (SED) and their families. It is proposed that 120 children/families will be served each year. This workplan shall be contracted out.

The current FFT program is staffed by four mental health clinicians and operates on a traditional 8-5, Monday through Friday schedule.

The expansion will fund 4 CMHS and 1 mental health clinician positions. The expansion of this program is designed to increase capacity of service providers that can deliver the FFT intervention (will help improve structures, services and supports for clients). The number of providers will be increased. The requirements for the CMHS positions would be 12 college units (psychology, counseling, etc). Of the 4 FTE CMHS positions, 2 FTE CMHS positions will be occupied by Client/Family members and 2 FTE CMHS positions will be occupied by non-Client/Family members. The mental health clinician (1 FTE non-family/client member) will be the Supervisor/Team Leader. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program.

Part of the new staffing would be client/family member driven and also recruitment will be based upon cultural and linguistic, and gender needs of the community. Due to the structure of this intervention, the interventionist does not have to be a clinician. Probation officers, social workers, consumers and mental health staff have been trained to provide this service. The interventionists will be supervised by the licensed mental health clinician. Intense training is provided to the interventionists and strict guidelines must be followed in order to retain program fidelity of the FFT intervention and the best opportunity for strong outcomes.

In addition, recruitment for the CMHS positions will be facilitated by the requirement of 12 college units instead of being a mental health clinician. This will further the goal of reducing ethnic disparities. This expansion would facilitate

further development of family designed services provided by family members in collaboration with other child serving agencies throughout the county. The expansion of this program is also designed to have flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend.

The expansion will also fund 3 FTE Parent Partner positions which will enable peer support for families, guidance through the mental health system, consultation with client's FFT interventionist regarding appropriate services needed, education, advocacy service coordination, and advocacy services to families of clients. All 3 FTE Parent Partner positions will be occupied by client/family members.

The expansion will also fund 3 FTE Care Manager positions which will enable peer support for families, education, advocacy service coordination, and advocacy services to families of clients. These 3 positions will be occupied by non-client/family staff.

The CMHS', clinician, Parent Partners and Care Managers can also assist in promoting community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage.

This expansion will also allow Full Service Partnership client siblings (who are ages 11-15) from workplan number FSP-01, to receive services under Functional Family Therapy. This will be achieved through referral and linkage to this expanded Functional Family Therapy program.

This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities.

The FFT project was sponsored (2003) by the California Institute of Mental Health (CIMH). FFT is an effective evidenced-based program for children and youth with severe emotional and behavioral problems. In 2003, Department of Children and Family Services, Fresno County Probation Department and the Fresno County Juvenile Court identified a population of unserved and underserved children and youth in the juvenile justice system that are transitioning back into or remaining in the community to participate in the FFT program. The CIMH FFT collaborative targeted those children and youth within the Fresno County Probation Juvenile Justice System that had a history with the Fresno County Special Education, Department of Children and Family Services Child Welfare and Mental Health who were at risk or transitioning to community from out-of-home placement. Currently, youth are identified through the Mental Health Court developed by the Presiding Juvenile Court Judge, Chief of

Probation and the Director of DCFS. Families participating in FFT are provided with comprehensive, strength-based assessment, treatment, follow-up and support. The participants are disproportionately of color, more likely to re-offend and less likely to succeed in family, school or community because of their emotional and behavioral problems. The majority of youth have co-occurring serious emotional disturbances and substance abuse disorders. The primary focus of this Juvenile Justice proposal is to increase access, and availability to the FFT for children ages 11-15.

The FFT intervention is an effective evidence-based, brief therapeutic intervention that is strength-based, outcome-driven and family-centered. This intervention has proven to be highly effective with youth, ages 11-15, with maladaptive, acting out behaviors, at risk of and/or presenting with delinquency, violence, substance use/abuse and/or serious mental health disorders (i.e. Conduct Disorder, Oppositional Defiant Disorder or Disruptive Behavior Disorder).

FFT targets those at risk of entering and those transitioning from the juvenile justice system through incarceration or out-of-home placement. The youth must be placed at home in order to receive this service. Poor family/community relationships, and negative parenting practices put youth at high risk for incarceration and/or out-of-home placement. These factors also contribute to recidivism and higher risk behaviors and consequences. Using FFT, youth can avoid incarceration and have an opportunity to learn ways to change their individual behavior, and how they relate to their family and community.

The effectiveness of this program lies in its structure and its focus on enhancing protective factors while reducing the risk for treatment termination. Treatment is provided within the home setting, communities, schools, offices etc. for 15 sessions, once a week for 15 weeks. There are three phases within the intervention: 1) engagement & motivation, 2) behavior change, and 3) generalization.

The three phases are: 1) engagement, directly tied to youth and family factors that protect them from early dropout; motivation, tied to building trust, hope and motivation for lasting change while modifying maladaptive emotional reactions and beliefs; 2) behavior change, communication training, basic parenting skills, contracting and response-cost techniques; and 3) generalization, during this phase, care management of the family is guided by the individualized needs of the family and its interface with environmental constraints and resources. The FFT interventionist serves as an ally during this process.

The cost benefit analysis for Functional Family Therapy program shows that for every dollar invested \$13.25 is returned (S. Aos, R. Lieb, J. Mayfield, M. Miller, A. Pennucci. (2004) Benefits and Costs of Prevention and Early Intervention Programs for Youth).

The Functional Family Therapy program described above represents community collaboration, (Fresno County Department of Children and Family Services, Fresno County Employment and Temporary Assistance, Fresno County Probation, Child Welfare Services, school districts) cultural competency through recruitment of cultural and linguistic staff which represent community needs, client family-driven (Parent Partners and Community Mental Health Specialists shall consist of family members), wellness focus on resiliency and recovery (the FFT intervention promotes reducing negativity and reframing hopelessness into hope as well promoting motivation to change), and integrated service experiences for clients/families (partnership of the various agencies and referrals for treatment whereby clients do not have to negotiate with multiple agencies for services).

Year 1 activities will involve issuing Request for Proposal for services, developing contracts, working with selected bidders to become operational etc. In addition, start up/one-time costs will be provided to selected bidder. RFP issuance in June of 2006, with selection of bidder in June of 2006, and award of contract in July 2006. If services are unable to be contracted out/no successful bidder, services will be provided in-house by the county.

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

Not applicable.

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

Not applicable.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

The goals of the FFT strategy would be to reduce the long-term adverse community impacts of untreated mental illness. Community and supportive services would be provided in a culturally competent manner including language competence and views on cultural issues/services. Client/family member (Parent Partners and Community Mental Health Specialists) services would be offered with a focus on wellness, recovery and resiliency. Direct staff which includes Care Managers, Parent Partners, and CMHS' would allow consumers to learn through their own personal experiences and the experiences of others that they are able to live, work learn and participate fully in their communities. This instills

hope in the lives of clients/families. The FFT intervention promotes reducing negativity and reframing hopelessness into hope as well as promoting motivation to change). This wellness and recovery philosophy will be continually reinforced and developed through trainings, service reviews, monitoring of contracts, monitoring outcomes, etc.

Through the recruitment of family members for Parent Partners and or some of the CMHS positions, the values of resiliency are promoted and continually reinforced. Peer support groups for families (parenting groups) facilitated by Parent Partners, who are former consumers/family members will also support the values of resiliency.

Through the FFT program, there will be outcome questionnaires that will be completed by clients and the family at the beginning of the intervention and at the end of the intervention. In addition, there will be an FFT counseling process questionnaire every two weeks, to be completed by family and clients. Both of these instruments will allow clients and families to provide feedback to the development/success of the program- which fosters the values of resiliency.

Program staff will receive training in mental health collaborative work, as well as recovery/resiliency training.

MHSA investments in Fresno County will ensure planning which are consistent with Children's System of Care principles and the resiliency model (Bonnie Benard, Resiliency: What we have learned, 2004). Service delivery is being designed to promote concepts of hope, personal empowerment, respect, social connections, self-responsibility, and self-determination through the design for Plans of Care for children/youth /families that address each individuals strengths and needs.

An overarching approach to Fresno County MHSA service delivery will focus on developing and promoting consumer-operated services and community care models of service delivery as a way to support resiliency and reflect the cultural, ethnic, and racial diversity of mental health consumers. Outcomes will be determined and measured for the Functional Family Therapy strategy for the individual child and family.

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

The County of Fresno proposes to expand the Functional Family Therapy (FFT) program by utilizing General Systems Development funds. This program is designed to improve and expand supports and services for youth with serious emotional disturbance (SED) and their families. It is proposed that 120 children/families will be served each year.

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The expansion of this program is designed to increase capacity of service providers that can deliver the FFT intervention (will help improve structures, services and supports for clients). The number of providers will be increased. The new staffing will consist of Community Mental Health Specialists (the requirements for the CMHS positions would be 12 college units (psychology, counseling, etc). A licensed mental health clinician will be added. The licensed mental health clinician would serve as the Supervisor/Team leader for this expansion. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program.

Part of this new staffing would be client/family member driven and also recruitment will be based upon cultural and linguistic, and gender needs of the community. Due to the structure of this intervention, the interventionist does not have to be a clinician. Probation officers, social workers, consumers and mental health staff have been trained to provide this service. The interventionists will be supervised by the licensed mental health clinician. Intense training is provided to the interventionists and strict guidelines must be followed in order to retain program fidelity of the FFT intervention and the best opportunity for strong outcomes.

In addition, recruitment of the CMHS' will be facilitated by the requirement of 12 college units instead of being a mental health clinician. This will further the goal of reducing ethnic disparities. This expansion would facilitate further development of family designed services provided by family members in collaboration with other child serving agencies throughout the county. The expansion of this program is also designed to have flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend.

The expansion will also fund Parent Partner, and Care Manager positions which will enable peer support for families, education, advocacy service coordination, and advocacy services to families of clients.

The CMHS', clinician, Parent Partners, and Care Managers can also assist in promoting community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage.

This expansion will also allow Full Service Partnership client siblings (who are ages 11-15) from workplan number FSP-01, to receive services under Functional Family Therapy. This will be achieved through referral and linkage to this expanded Functional Family Therapy program.

This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities.

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

The Parent Partners and some of the CMHS positions within the Functional Family Therapy program are integrated into this strategy as client/family members. The Parent Partner positions will be hired to provide peer support groups for families, educational and advocacy services, and service coordination. The current FFT program does not contain a peer support for families component. Through this expansion of the FFT program, the Parent Partner and CMHS' will participate as part of the overall staffing/team within the Functional Family Therapy program.

Of the 4 FTE CMHS positions, 2 FTE CMHS positions will be occupied by Client/Family members and 2 FTE CMHS positions will be occupied by non-Client/Family members. All 3 FTE Parent Partner positions will be occupied by Client/Family members.

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

The community has demonstrated a great concern for youth at risk of or entering the juvenile justice system. Those concerns have materialized in the form of a Juvenile Justice Mental Health Collaborative. The Collaborative is attended by numerous agencies and community partners, such as, the Juvenile Court Presiding Judge, California State University, Fresno, the Department of Children and Family Services, the Public Defender's Office, the District Attorney's Office, the Juvenile Justice Commission, Probation, Children's Mental Health, University of California, San Francisco, Comprehensive Youth Services, Mental Health Systems, New Vista, Fresno County Office of Education, Fresno Unified School

District, Family and Youth Alternatives, Fresno County Superior Court, Mental Health Board, National Center for Youth Law, and the Economic Opportunities Commission (EOC). This collaborative, like the SMART Model of Care, uses Comprehensive, Continuous and Integrated System of Care (CCISC) principles in developing partnerships that maximize existing resources and integrate services to provide the earliest intervention. Meeting the mental health and substance abuse needs of youth at risk of or exiting the juvenile justice system is the Collaborative's primary focus. This collaborative effort is the foundation for building service delivery capacity, improved outcomes and workforce development. This form of partnership within the Collaborative has set the stage for transformation of the mental health system for youth within the juvenile justice system.

DCFS will develop and expand partnerships (referral/linkage etc.) with Latino community-based organizations, South East Asian community-based organizations, African American community-based organizations, faith-based organizations, and Native American tribal organizations

The FFT program receives referrals from the Fresno County Employment and Temporary Assistance Department, Fresno County Probation, Child Welfare Services, and local school districts.

The Department of Children and Family Services (DCFS) is the lead agency for FFT's implementation; however, this is a community concern that utilizes agency partnerships (this expansion will be contracted to a community-based organization). FFT rises above agency and service delivery boundaries with Education, Probation and Child Welfare Services. In the existing program, the Juvenile Probation Division has contributed a probation officer to provide direct services using FFT and Child Welfare has contributed a social work practitioner to provide direct services using FFT.

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

The county's request for proposal will state the successful bidder will hire bi-lingual and culturally competent staff in addition to attending annual trainings on cultural competence. The goal of an effective cultural competency program is to reduce mental health ethnic, linguistic, gender disparities. There are no bi-lingual staff within the current FFT program. In addition, there are currently no South East Asian or Latino FFT interventionists. Successful bidder shall hire staff from these targeted populations. Should successful bidder fail to recruit specified staff above, they shall budget funding for securing contracted translators/interpreters. We know that cultural values and traditions offer

special strengths that should help guide health care messages and treatments. Fresno County understands that mental health services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.

The expansion of the FFT program through the recruitment of Care Managers, Parent Partners, Community Mental Health Specialists, and a clinician will increase the availability of care and access to care. Part of the staffing will be derived from client/family members. The services identified in this workplan will be contracted out to community-based organizations which focus on collaboration between multiple agencies and multiple organizations that represent Latino, Southeast Asian, and African American communities. As part of contract requirements, an annual cultural competency self-assessment shall be required of successful bidders. Service delivery will be in the community as opposed to services being performed at traditional County mental health department offices. This will lead to a greater possibility of clients obtaining needed services and decrease the likelihood of clients/families being reluctant in seeking services.

With the addition of CMHS' providing mental health services, this will allow greater opportunities for members of the Latino, Southeast Asian, and African American communities to be part of the service delivery system/reduce the ethnic disparities amongst service providers. This strategy will assist in hiring direct service staff which more appropriately reflect racial and ethnic make up of the targeted communities to be served. With the collaboration of the multiple stakeholders identified above a seamless delivery of services shall be provided.

The quality of care shall be improved by providing additional supports to clients/families such as peer support for families, education, and advocacy services (Parent Partners and Care Managers), access to food, utility assistance, childcare, transportation, etc. This will provide an integrated service experience for clients/families which focuses on wellness and recovery. In addition, staff shall be hired which is proficient in the needed language of clients to be served. Translation/interpreter services shall also be available. Interpreters/translators shall be appropriately trained in providing services in a culturally sensitive manner.

It is recommended that staff providing services as part of the FFT program receive cultural awareness, diversity, civil rights, and sexual harassment training (covers specific topics regarding gender discrimination). These trainings aid staff in sensitivity towards cultural, gender, and sexual orientation issues.

In keeping with the Mental Health Services Act goals and strategies, Fresno County will develop methods and approaches to ensure cultural competent services that meet the needs of culturally and linguistically diverse communities including:

- Receiving input from targeted unserved and underserved populations as to their specific cultural/linguistic and gender needs.
- Promote system of care accountability for performance outcomes which enable children and their families to live independently, work, maintain community supports, stay in good health, avoid substance abuse and incarceration.
- Establish outreach program and linkages in racial ethnic communities that specialize in integration and coordination of services for families that would include, school and community based organization involvement through workplan No. OE-0 (Outreach and Engagement).
- Engaging leaders and community members of the following unserved and underserved populations: Latino (migrant workers, immigrants), African-American (specific targeted zip codes), South East Asian (refugees), Native American (specific targeted tribes). Engagement to include visiting rancheros, reservations, and other targeted population areas.
- Developing plans which are flexible and open to changes as needed by targeted populations.
- Developing plans which will continually engage targeted populations.
- Working with agencies that the targeted populations are comfortable with/trust.
- Ensuring a stream line approach to accessing appropriate services which are available at times convenient for the targeted population.
- Sending literature/informational brochures in appropriate languages and requesting feedback from these targeted populations.
- Provide family support and the creation of family partnerships, peer support for families and parenting support.
- Establish culturally specific multidisciplinary treatment teams responsible for assuring or providing needed services.
- Parenting groups will be conducted in the preferred language of the participant client/families.
- Emphasis will be placed on traditional values, beliefs and family histories.
- Insure stakeholder diversity that reflects demographics of county.

- Ensuring cultural competency issues are reviewed and evaluated by a cultural competence oversight committee.

The strategies identified above will enable penetration rates to increase for service delivery to the targeted communities (Latino, Southeast Asian, and African American). Through workplan OE-01 (Outreach and Engagement), retention rates shall be increased to these targeted populations.

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.

It is recommended that staff receive cultural awareness, diversity, civil rights, and sexual harassment training (covers specific topics regarding gender discrimination). These trainings aid staff in sensitivity towards cultural, gender, and sexual orientation issues.

Sexual orientation and gender issues may be subject to stigmatization and prejudice. Based upon the multiple disciplines within this workplan (i.e. Community Mental Health Specialists, Parent Partners, Care Managers, and mental health clinician, etc.), these specialists will be trained annually to provide interventions (or referral to specific providers) related to lesbian, gay, bi-sexual, transgender (LGBT) individuals, as well as gender-sensitivity training.

In being client centered and strength based, service plans will be designed to meet the needs of the individual and family. If client/families volunteer information regarding their sexual orientation as part of the assessment process, staff will be sensitive to this information.

Gender is a critical determinant of health, including mental health. It influences the power and control men and women have over the determinants of their mental health, including their socioeconomic position, roles, rank and social status, access to resources and treatment in society. As such, gender is important in defining susceptibility and exposure to a number of mental health risks.

Attention to gender sensitivity and the differing psychologies and needs of boys and girls will be considered when providing services. Items such as who is the primary care giver, domestic violence, and women's health issues will also be considered in the provision of services.

Staff delivering the FFT interventions as well as the Care Manager and Parent Partner staff, will be trained to keep an open mind and refrain from making judgement on the clients/families to be seen.

It is imperative that the LGBT population be served in our schools, mental health facilities, and community based organizations, so that true transformation occurs.

To address gender disparities in mental health requires action at many levels. In particular, local mental health policies must be developed that are based on an explicit analysis of gender disparities in risk and outcome, as will be developed in Fresno County. When developing MHSA program services and service delivery approaches, successful bidder will also seek to hire and train staff and community stakeholders (i.e., consumers, family members, and contractors) that are providing services to consumers and families on appropriate methods and approaches to delivering gender specific, age specific, and sexual orientation specific services. Hiring and contracting practices will be based on data and reflect the needs of the population to be served.

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

In Fresno County many individuals placed out-of-county face obstacles and barriers to appropriate care that should be inclusive of family and other local “home county” community services and supports. Rather these supports are based on out-of-county availability that may be very different from what a consumer would receive or have available once they return to their home county.

Geo-mapping data will be used to identify where mental health consumers are being placed for out-of-county services. If, FFT clients who are identified under this workplan reside out of County they will begin to receive engagement services as soon as it is appropriate to so depending upon the residential treatment setting. The goal will be to establish appropriate family and community supports within Fresno County. Once the areas of utilization are identified, Fresno County will seek to collaboratively develop and ensure comparable MHSA service delivery for our consumers that will focus on a plan of inclusion or linkage with “home county” supports. Within this workplan, Fresno County will re-examine children currently residing out of county in an effort to return the client to their home county, home school, and community.

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.

All Fresno County strategies recommended for MHSA investments were identified from the menu of potential of strategies provided by the California Department of Mental Health, Mental Health Services Act Community Services and Supports, *Three Year Program and Expenditure Plan Requirements, August*

1, 2005. Specific Fresno County work plans and summaries recommended for MHSA funds are included in Exhibit 4s.

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

<u>Milestones</u>	<u>Critical Implementation Dates</u>
1. State Department of Mental Health Approval	October 2, 2006
2. Fresno County Board of Supervisors Approval	October 17, 2006
3. Request for Proposal Issued to Community Based Organizations	November 6, 2006
4. Award Contract(s)	December 5, 2006
5. Community Based Organizations to Recruit, Hire and Train staff	Dec 6 – Dec 31 2006
6. Program Services Begin	December 12, 2006
7. Monitor and Evaluate Service Delivery	Dec. 2006 – Term of Contract
8. Monitor Outcomes and Best Practices	Dec. 2006 – Term of Contract
9. Monitor and Track Service Capacity	Dec. 2006 – Term of Contract
10. Partner and engage with Community Based Service Organizations for Additional Training and Service Needs.	Dec. 2006 – Term of Contract
11. MHSA Reporting of Outcomes, and Services to the State	Dec. 2006 and Onwards

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

County(ies): Fresno Fiscal Year: 2005-06
 Program Workplan # GSD-01 Date: 9/19/06
 Program Workplan Name Functional Family Therapy (FFT) Page 1 of 1
 Type of Funding 2. System Development Months of Operation- 0
 Proposed Total Client Capacity of Program/Service: 90 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 90 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (559) 253-9590

	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				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$0	\$0
e. Other Support Expenditures (provide description in budget narrative)			\$0	\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$0	\$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				
6. Total Proposed Program Budget				
	\$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				\$0
g. Other Revenue				\$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			\$165,129	\$165,129
D. Total Funding Requirements			\$165,129	\$165,129
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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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
2. 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
No MHSA services to be provided in FY 2005-06.	
Existing services provided by the County.	

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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b. New Program Management	\$0
No MHSA services to be provided in FY 2005-06. Existing services provided by the County.	
c. Total Program Management	\$0
5. Estimated Total Expenditures when service 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 Revenue	\$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 Revenue	\$0
C. One-Time CSS Funding Expenditures	\$165,129
Office Landscaping	\$22,000
Approximate cost of \$2,000 for office landscaping for 11 staff. (Estimated purchase date- 12/2006)	
Staff Chairs	\$3,091
Approximate cost of \$281 per chair for 11 staff (Estimated purchase date- 12/2006)	

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Guest Chairs Approximate cost of \$133 each for 11 chairs (Estimated purchase date- 12/2006)	\$1,463
Bookcases Approximate cost of \$138 per bookcase for 11 staff (Estimated purchase date- 12/2006)	\$1,518
Four drawer file cabinets Approximate cost of \$136 per file cabinet for 11 staff (Estimated purchase date- 12/2006)	\$1,496
Storage Cabinets Approximate cost of \$200 each (Estimated purchase date- 12/2006)	\$400
Personal Computers 10 personal computers (PC and flat screen monitor) at \$1,635 each, plus one-time licensing at \$744 each (Estimated installation/purchase date- 12/2006)	\$23,790
Network Connectivity/Support Approximate cost of \$1,747 per person for 11 staff (Estimated installation/purchase date- 12/2006)	\$19,217
Phones and Connection Fees Approximate cost of \$300 each for 11 staff (connection fee of \$200 and hardware fee of \$100) (Estimated installation/purchase date- 12/2006)	\$3,300
Deskjet printers Approximate cost of \$270 each for 11 staff (Estimated purchase date- 12/2006)	\$2,970
Laser printer Approximate cost \$1,802 each for 1 laser printer (Estimated purchase date- 12/2006)	\$1,802
Laptop computer	\$3,349

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Approximate cost of \$3,349 per laptop for 1 laptop
(Estimated purchase date- 12/2006)

Scanner	\$550
Approximate cost of \$225 each for 2 scanners With 2 year maintenance. (Estimated purchase date- 12/2006)	

TV/DVD/VCR Unit	\$1,500
Approximate cost of \$1,500 each for use in educational Videos/staff training/children/parenting groups. 1 unit. (Estimated purchase date- 12/2006)	

Fax machine	\$963
Approximate cost of \$963 each (\$763 to purchase, with a \$200 cost for installation of phone line). 1 unit. (Estimated purchase date- 12/2006)	

Copier Machine	\$4,200
Approximate cost of \$4,200 each. 1 units (Estimated purchase date- 12/2006)	

Projectors	\$2,500
Approximate cost of \$2,500 each for 1 projector (Estimated purchase date- 12/2006)	

Start Up Supplies	\$2,500
For initial office and meeting supplies and brochures (Estimated purchase date- 12/2006 through 2/2007)	

Cell Phones	\$700
7 (4 for CMHS, 1 for Clinician, 2 for Care Managers) cell phones at \$100/each (Estimated purchase date- 12/2006)	

Training for Evidenced-based Practices	\$12,120
Related to best practices for FFT for 5 staff (plus additional training for lead worker) at \$2,020/staff (Estimated training to begin- 12/2006 through 1/2007)	

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Building capacity Training Local training of staff and community, consumer advocacy, co-occurring disorders, wellness and recovery for 11 staff (all staff) at \$1,000 per staff. (Estimated training to begin- 12/2006 through 6/2007)	\$11,000
Family Advocacy Training For 11 staff (all staff) at \$1,500 per staff (Estimated training to begin- 12/2006 through 6/2007)	\$16,500
Vehicles 2 mid size vehicles at \$14,100. These vehicles to be used by contracted staff for Functional Family Therapy home visitation services in metropolitan and rural areas. The use of these vehicles will allow contracted staff to better reach underserved and unserved clients. (Estimated purchase date- 12/2006)	\$28,200

The anticipated timing of all one-time funding requests identified above is the 2nd Quarter of FY 2006-07. All one-time funding is needed by the 2nd quarter of FY 2006-07.

D. Total Funding Requirements \$165,129

**E. Percent of Total Funding Requirements for Full Service Partnerships-
N/A- 0%**

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

County(ies): Fresno Fiscal Year: 2005-06
 Program Workplan # GSD- 01 Date: 7/14/06
 Program Workplan Name Functional Family Therapy (FFT) Page 1 of 1
 Type of Funding 2. General System Development Months of Operation 0
 Proposed Total Client Capacity of Program/Service: 90 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 90 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (559) 253-9590

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 No MHSA services in FY 2005-06					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total Current Existing Positions	0.00	0.00	
B. New Additional Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		Total New Additional Positions	0.00	0.00	
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Fresno Fiscal Year: 2006-07
 Program Workplan # GSD-01 Date: 7/14/06
 Program Workplan Name Functional Family Therapy (FFT) Page 1 of 1
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 210 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 90 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 120 Telephone Number: (559) 253-9590

	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				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$0	\$0
e. Other Support Expenditures (provide description in budget narrative)			\$0	\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$0	\$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				
			\$454,719	\$454,719
6. Total Proposed Program Budget				
	\$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				\$0
g. Other Revenue				\$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
D. Total Funding Requirements				
	\$0	\$0	\$454,719	\$454,719
E. Percent of Total Funding Requirements for Full Service Partnerships				
				0.0%

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- 5. Estimated Total Expenditures when service provider is not known. \$454,719**

Note: Fiscal Year 2006-07 represents a 12 month budget. Depending Upon date of state approval of funding, the budget will be prorated accordingly.

**** Staffing described below may be decreased and operational expenditures may be increased depending upon program implementation. For instance, if the need arises, a staffing position may be reduced and a flexible funding account such as utility vouchers may be increased.**

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

- | | |
|--|-----------------|
| a. Clothing, Food and Hygiene | \$10,000 |
| Many of the families served by the Functional Family Therapy program may be un-served and under-served. Funding for food/snacks for families is important during treatment sessions. Clothing vouchers at \$100 each, hygiene vouchers at \$50 each, and food vouchers at \$75 each. | |
| b. Travel and Transportation | \$5,000 |
| Transportation is a barrier often cited by families in accessing services, assisting families with transportation using bus tokens or requested reimbursements for travel. Clients will be given Fresno Area Express (FAX) bus tokens at \$12 per client. Bus tokens to be used by clients to help keep appointments with Probation Officers and other court related events. | |
| c. Housing | \$0 |
| d. Employment and Education Supports | \$5,000 |
| Training for parents to enhance wellness and recovery (i.e. NAMI, UACC, and Substance Abuse classes at Junior College) at \$300/class. | |

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e. Other support expenditures \$0

f. Total Support Expenditures \$20,000

2. Personnel Expenditures

All positions reflect positions/services to be contracted out. Estimates are shown based on County salary figures. Employee benefits are figured at 28% of salary. This benefit rate reflects the rate for contracted out services (non-government). This benefit rate is based on estimated health insurance, retirement, disability insurance, etc. of local agencies. Staffing explanations are shown in the staffing detail worksheets under the "function" heading.

a. Current Existing Personnel Expenditures \$249,442
(from staffing detail)

b. New Additional Personnel Expenditures \$417,067
(from staffing detail)

c. Employee Benefits \$186,623

d. Total Personnel Expenditures \$853,132

3. Operating Expenditures

a. Professional services \$0

b. Translation and Interpreter services \$6,000

Amounts based on current contracted out average cost of \$45/hour. Contracted vendor will attempt to use in-house bilingual staff. If in-house bilingual staff are insufficient to meet service needs, contracted translators/interpreters will be used. In addition, culturally competent services/training of staff will be stated in all contracted out services/RFP/ as well as for in-house services.

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c. Travel and Transportation **\$10,000**

Mileage for staff reimbursement for delivery of FFT intervention/services. Mileage calculated at 48.5 cents/mile. In addition, fuel/maintenance costs for 5 vehicles.

d. General Office Expenditures **\$2,200**

Estimated cost at \$200 per staff. Total of 11 staff. For items such as office supplies and postage.

e. Rent, Utilities, and Equipment **\$33,828**

Rent

Total square footage needed is approximately 1,430 sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 11 staff).

Cost per sq.ft. is estimated at a \$1.30/sq.ft.

The cost of utilities- electricity, gas, etc.

is included in the cost of the rent cost shown above.

Total funding of \$22,308.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (11) at \$60 each.

Total funding \$7,920.

Land Line Monthly Charges

11 land phones at \$25 per month.

In addition, 1 fax lines at \$25/month

Total funding \$3,600.

f. Medication and Medical Supports **\$5,000**

Pharmacy costs will be incurred for clients that do not have any insurance. Assistance with medication needs and medical supports to ensure maximization of service delivery. Annual cost per child without insurance is figured at \$242.

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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g. Other Operating Expenses	\$0
h. Total Operating Expenditures	\$57,028

4. Program Management

a. Existing Program Management NA- Existing services provided by the County.	\$0
b. New Program Management Estimated cost for management/accounting/ Other support costs (estimated at approximately 8% of total workplan budget)- contracted out.	\$35,905
c. Total Program Management	\$35,905

5. Total Proposed Program Budget- \$966,065

B. Revenues

1. Existing Revenues	
a. Medi-cal (FFP only)	\$103,629
b. Medicare/Patient Fees/Patient insurance	\$0
c. Realignment	\$123,055
d. State General Funds- EPSDT	\$83,089
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue (MAA)	\$9,513
h. Total Existing Revenue	\$319,286

2. New Revenues

Revenues to be received are based on Medi-Cal, EPSDT and MAA services to be provided.

a. Medi-cal (FFP only)	\$90,509
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds- EPSDT	\$72,571

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Workplan # GSD- 01- Functional Family Therapy (FFT)**

Fiscal Year: 2006-07

Date: 7/14/06

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d. Other revenue (MAA)	\$28,980
e. Total New Revenue	\$192,060
3. Total Revenue	\$192,060
C. One-Time CSS Funding Expenditures	\$0
D. Total Funding Requirements	\$454,719
E. Percent of Total Funding Requirements for Full Service Partnerships-	
0%	

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

County(ies): Fresno Fiscal Year: 2007-08
 Program Workplan # GSD-01 Date: 7/14/06
 Program Workplan Name Functional Family Therapy (FFT) Page 1 of 1
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 210 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 90 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 120 Telephone Number: (559) 253-9590

	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				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$0	\$0
e. Other Support Expenditures (provide description in budget narrative)			\$0	\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$0	\$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				
			\$501,253	\$501,253
6. Total Proposed Program Budget				
	\$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				\$0
g. Other Revenue				\$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
D. Total Funding Requirements				
	\$0	\$0	\$501,253	\$501,253
E. Percent of Total Funding Requirements for Full Service Partnerships				
				0.0%

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
Workplan # GSD- 01- Functional Family Therapy (FFT)**

Fiscal Year: 2007-08

Date: 7/14/06

Page: 1 of 5

- 5. Estimated Total Expenditures when service provider is not known. \$501,253**

Note: *Fiscal Year 2007-08 represents a 12 month budget.

**** Staffing described below may be decreased and operational expenditures may be increased depending upon program implementation. For instance, if the need arises, a staffing position may be reduced and a flexible funding account such as utility vouchers may be increased.**

***** Some line items shown below do not reflect an increase from FY 2006- 07 amounts as sufficient allocations have been included in FY 2007-08 to account for any possible increases to these line item amounts.**

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

- a. Clothing, Food and Hygiene \$10,000**

Many of the families served by the Functional Family Therapy program may be un-served and under-served. Funding for food/snacks for families is important during treatment sessions. Clothing vouchers at \$100 each, hygiene vouchers at \$50 each, and food vouchers at \$75 each.

- b. Travel and Transportation \$5,000**

Transportation is a barrier often cited by families in accessing services, assisting families with transportation using bus tokens or requested reimbursements for travel. Clients will be given Fresno Area Express (FAX) bus tokens at \$12 per client. Bus tokens to be used by clients to help keep appointments with Probation Officers and other court related events.

- c. Housing \$0**

- d. Employment and Education Supports \$5,000**

Training for parents to enhance wellness and recovery (i.e. NAMI, UACC, and Substance Abuse classes at Junior College) at \$300/class.

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
Workplan # GSD- 01- Functional Family Therapy (FFT)**

Fiscal Year: 2007-08

Date: 7/14/06

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e. Other support expenditures \$0

f. Total Support Expenditures \$20,000

2. Personnel Expenditures

All positions reflect positions/services to be contracted out. Estimates are shown based on County salary figures. Employee benefits are figured at 34% of salary. This benefit rate reflects the rate for contracted out services (non-government) and represents a 6% increase from FY 2006-07 (estimated increase to health insurance, retirement, etc.). This benefit rate is based on estimated health insurance, retirement, disability insurance, etc. of local agencies. In addition, salaries reflect an increase of 3% from FY 2006-07 (estimated cost of living adjustment/increase). Staffing explanations are shown in the staffing detail worksheets under the "function" heading.

a. Current Existing Personnel Expenditures \$256,926
(from staffing detail)

b. New Additional Personnel Expenditures \$429,579
(from staffing detail)

c. Employee Benefits \$233,412

d. Total Personnel Expenditures \$919,917

3. Operating Expenditures

a. Professional services \$0

b. Translation and Interpreter services \$6,000

Amounts based on current contracted out average cost of \$45/hour. Contracted vendor will attempt to use in-house bilingual staff. If in-house bilingual staff are insufficient to meet service needs, contracted translators/interpreters will be used. In addition, culturally competent services/training of staff will be stated in all contracted out services/RFP/ as well as for in-house services.

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
Workplan # GSD- 01- Functional Family Therapy (FFT)**

Fiscal Year: 2007-08

Date: 7/14/06

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c. Travel and Transportation **\$10,000**

Mileage for staff reimbursement for delivery of FFT intervention/services. Mileage calculated at 48.5 cents/mile. In addition, fuel/maintenance costs for 5 vehicles.

d. General Office Expenditures **\$2,200**

Estimated cost at \$200 per staff. Total of 11 staff. For items such as office supplies and postage. No increase from FY 2006-07 as sufficient allocation has been determined to reflect any increases in office supply costs.

e. Rent, Utilities, and Equipment **\$34,514**

Rent

Total square footage needed is approximately 1,430 sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 11 staff). Cost per sq.ft. is estimated at a \$1.34/sq.ft. 3% increase from prior year. The cost of utilities- electricity, gas, etc. is included in the cost of the rent cost shown above. Total funding of \$22,994.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (11) at \$60 each. Total funding \$7,920.

Land Line Monthly Charges

11 land phones at \$25 per month. In addition, 1 fax lines at \$25/month. Total funding \$3,600.

f. Medication and Medical Supports **\$5,500**

Pharmacy costs will be incurred for clients that do not have any insurance. Assistance with medication needs and medical supports to ensure maximization of

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth**

Workplan # GSD- 01- Functional Family Therapy (FFT)

Fiscal Year: 2007-08

Date: 7/14/06

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service delivery. Annual cost per child without insurance is figured at \$266. 10% increase from prior year.

g. Other Operating Expenses	\$0
h. Total Operating Expenditures	\$58,214

4. Program Management

a. Existing Program Management	\$0
NA- Existing services provided by the County.	
b. New Program Management	\$39,463
Estimated cost for management/accounting/ Other support costs (estimated at approximately 8%of total workplan budget)- contracted out.	
c. Total Program Management	\$39,463

5. Total Proposed Program Budget- \$1,037,594

B. Revenues

1. Existing Revenues	
a. Medi-cal (FFP only)	\$111,919
b. Medicare/Patient Fees/Patient insurance	\$0
c. Realignment	\$132,899
d. State General Funds- EPSDT	\$89,736
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue (MAA)	\$9,727
h. Total Existing Revenue	\$344,281

2. New Revenues

Revenues to be received are based on Medi-Cal, EPSDT and MAA services to be provided.

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
Workplan # GSD- 01- Functional Family Therapy (FFT)**

Fiscal Year: 2007-08

Date: 7/14/06

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a. Medi-cal (FFP only)	\$90,509
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds- EPSDT	\$72,571
d. Other revenue (MAA)	\$28,980
e. Total New Revenue	\$192,060
3. Total Revenue	\$192,060
C. One-Time CSS Funding Expenditures	\$0
D. Total Funding Requirements	\$501,253
E. Percent of Total Funding Requirements for Full Service Partnerships-	
0%	

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: GSD-01
Program Work Plan Name: Functional Family Therapy
Fiscal Year: FY 2005-06 <i>(please complete one per fiscal year)</i>

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
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
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
0	New staffing to consist of Community Mental Health Specialists (the requirements for the CMHS positions would be 12 college units (psychology, counseling, etc); A	0		0		0		0		0	

	<p>licensed mental health clinician would also be added to serve as the Supervisor/Team leader for this expansion. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program; Part of the staffing to be client/family member driven and also</p>					
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	<p>recruitment will be based upon cultural and linguistic, and gender needs of the community; Values-driven, evidenced-based, and promising clinical services that are integrated with overall service planning and which support youth/family selected goals (Functional Family Therapy Program); Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of alternatives to incarceration for those with serious emotional disorders who are part of the juvenile justice system; Integrated services and supports for</p>					
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	<p>children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan; Flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend; The CMHS', Parent Partner, and Care Managers can also assist in promoting community collaboration between service providers that provide Functional</p>					
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	<p>Family Therapy. This will be accomplished by referring/linkage; This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities; Care Manager and Parent Partner positions will be funded which will enable peer support, education, advocacy service coordination, and advocacy services to families of clients; The CMHS', Parent Partners, and Care Managers can also assist in promoting</p>					
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	<p>community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage; Services and supports provided in the home and in the community; Provision of clothing, food, and hygiene vouchers along with utility assistance; Bus tokens for clients/family members; Provision of translation services as needed for clients and families; Provision of services in racial/ethnic communities within rural and metropolitan Fresno County. The FFT intervention is provided within the home of clients.</p>					
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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

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: GSD-1
Program Work Plan Name: Functional Family Therapy
Fiscal Year: FY 2006-07 <i>(please complete one per fiscal year)</i>

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
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
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
120	New staffing to consist of Community Mental Health Specialists (the requirements for the CMHS positions would be 12 college units (psychology, counseling, etc); A	30		60		90		120		120	

	<p>licensed mental health clinician would also be added to serve as the Supervisor/Team leader for this expansion. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program. Part of staffing to be client/family member driven and also</p>					
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	<p>recruitment will be based upon cultural and linguistic, and gender needs of the community; Values-driven, evidenced-based, and promising clinical services that are integrated with overall service planning and which support youth/family selected goals (Functional Family Therapy Program); Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of alternatives to incarceration for those with serious emotional disorders who are part of the juvenile justice system; Integrated services and supports for</p>					
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	<p>children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan; Flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend; The CMHS', Parent Partners, and Care Managers can also assist in promoting community collaboration between service providers that provide Functional</p>					
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	<p>Family Therapy. This will be accomplished by referring/linkage; This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities; Care Manager and Parent Partner positions will be funded which will enable peer support, education, advocacy service coordination, and advocacy services to families of clients; The CMHS', Parent Partner, and Care Managers can also assist in promoting</p>					
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	<p>community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage; Services and supports provided in the home and in the community; Provision of clothing, food, and hygiene vouchers along with utility assistance; Bus tokens for clients/family members; Provision of translation services as needed for clients and families; Provision of services in racial/ethnic communities within rural and metropolitan Fresno County. The FFT intervention is provided within the home of clients.</p>					
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		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Outreach and Engagement Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: GSD-1
Program Work Plan Name: Functional Family Therapy
Fiscal Year: FY 2007-08 <i>(please complete one per fiscal year)</i>

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
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
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
120	New staffing to consist of Community Mental Health Specialists (the requirements for the CMHS positions would be 12 college units (psychology, counseling, etc); A	120		120		120		120		120	

	<p>licensed mental health clinician would also be added to serve as the Supervisor/Team leader for this expansion. The mental health clinician would oversee all administrative functions. The clinician would act as a liaison between different agencies in order to successfully implement this expansion. Part of the Request for proposal will require that the successful bidder consult and collaborate with existing FFT agencies. The successful bidder will be required to establish a referral system to expand this program. Partial staffing to be client/family member driven and also</p>					
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	<p>recruitment will be based upon cultural and linguistic, and gender needs of the community; Values-driven, evidenced-based, and promising clinical services that are integrated with overall service planning and which support youth/family selected goals (Functional Family Therapy Program); Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of alternatives to incarceration for those with serious emotional disorders who are part of the juvenile justice system; Integrated services and supports for</p>					
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	<p>children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan; Flexible hours of treatment- outside of the traditional 8-5, Monday through Friday schedule. It is planned that service can be provided at hours convenient for the client/family- proposed hours would be 10AM to 7PM including coverage over the weekend; The CMHS', Parent Partners, and Care Managers can also assist in promoting community collaboration between service providers that provide Functional</p>					
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	<p>Family Therapy. This will be accomplished by referring/linkage; This expansion is proposed to be contracted out to community-based organizations. This will increase the opportunity for clients and families to have greater choices in service provider location as opposed to receiving services at the traditional county mental health facilities; Care Manager, and Parent Partner positions will be funded which will enable peer support, education, advocacy service coordination, and advocacy services to families of clients; The CMHS', Parent Partners, and Care Managers can also</p>					
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	<p>assist in promoting community collaboration between service providers that provide Functional Family Therapy. This will be accomplished by referring/linkage; Services and supports provided in the home and in the community; Provision of clothing, food, and hygiene vouchers along with utility assistance; Bus tokens for clients/family members; Provision of translation services as needed for clients and families; Provision of services in racial/ethnic communities within rural and metropolitan Fresno County. The FFT intervention is provided within the</p>					
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	home of clients.										
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