

**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: Outreach and Engagement
Program Work Plan #: OE-1 (New)		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>Fresno County proposed to use Outreach and Engagement funds to reach unserved populations of children/youth/families with serious emotional disturbance (SED). Through this workplan, it is proposed that 700 children/families will be served in each year.</p> <p>Individuals that have had extremely brief and/or only crisis oriented contact with and/or service from the existing mental health system should also be considered as unserved. The special activities needed to reach the unserved populations within the overarching goals of MHSA include the following:</p> <p>Funding/contracting with existing community-based organizations that have extensive outreach and engagement capabilities. Currently, DCFS has partnered with multiple community-based organizations within the targeted population communities (Latino, Southeast Asian, African American etc.). The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations. As one of the contract requirements, community-based organizations will facilitate referrals to appropriate services. This will enable clients/families to be linked to the most appropriate service provider.</p> <p>It is proposed that a marketing plan be developed to reach the targeted populations. This marketing plan will be included within the request for proposal that is issued to community-based organizations.</p> <p>One of the goals of Outreach and Engagement funding will be to reduce ethnic disparities. This will be accomplished by selecting community-based organizations familiar and located within the targeted areas described above. In addition, part of the staffing will also consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population.</p>	

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	<p>The contracts for this funding will be executed with community- based organizations that reside in the priority populations identified above which will enable specific client/family needs being identified and successful outreach and engagement being accomplished.</p> <p>DCFS will develop and expand partnerships with Latino, South East, African American, faith-based, and Native American tribal organizations. DCFS will contract with various community-based organizations that have the experience and expertise in providing cultural, ethnic, and linguistically sensitive services. Contracting with these culturally/ethnically/linguistically-based organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings. The existing traditional mental health system has lacked the ability to understand the specific histories, traditions, beliefs, languages and values of diverse groups, which are needed to engage and provide successful treatment/wellness for clients and families. This workplan was derived based on responses/input received during our community stakeholder process.</p> <p>The selected community-based organizations will enable partnerships to be created/expanded with agencies that are knowledgeable in the mental health and primary care/health clinics.</p> <p>The selected community-based organizations will engage racially and ethnically diverse clients and families through activities such as training, information and referral, news letter or information dissemination, (in linguistic and culturally appropriate form) individual advocacy and support, and web-based information.</p> <p>Outreach and engagement shall also include cultural, ethnic and gender-sensitive activities at schools, and community programs/faith-based organizations in ethnic communities</p> <p>DCFS currently has partnerships with Neighborhood Resource Centers located throughout Fresno County. DCFS will explore the possibility of outreach and engagement activities via these existing centers.</p>
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Outreach and Engagement activities shall also focus on reaching unserved clients and families in rural areas. Rural areas due to transportation, lack of mental health providers /facilities etc. have historically been unserved. Outreach and engagement shall target outlying areas such as Laton, Pinedale, Mendota, Orange Cove etc.

Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services.

In year 2, DCFS will develop request for proposals and establish contracts with successful bidders to develop outreach and engagement services. In year two the needs of the community will be assessed through community/client family survey and assessment tools. These assessment tools will be used to develop specific strategies for outreach and engagement activities for years 2 and 3.

The Outreach and Engagement funding would allow for the recruitment of the following positions:

6 FTE Parent Partners- The Parent Partners would perform outreach and education and develop and implement a peer support for families and advocate program for youth and families. The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services. Of the 6 FTE Parent Partner positions, all 6 FTE Parent Partner positions will be occupied by Client/Family members.

2 FTE Family Involvement Coordinators- The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach. Of the 2 FTE Family Involvement Coordinator positions, 1 FTE Family Involvement Coordinator position will be occupied by a Client/Family member and 1 FTE Family Involvement Coordinator position will be occupied by a non-Client/Family member.

1 FTE Nurse Practitioner (non-Client/Family member)- The Nurse Practitioner would provide medication education to families with children on psychotropic medications

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	<p>referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate primary care physicians regarding the importance of early intervention and the referral process for families.</p> <p>The goals of the Outreach and Engagement program are to reach/engage unserved targeted SED populations as identified above. This will reduce ethnic disparities by services being provided in the ethnic and racially diverse communities, by service providers from those targeted communities, with staffing consisting of some client/family members. As a result of this engagement and outreach as well as linkage, this will result in reduced homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health. Community collaboration and cultural competency will also be promoted throughout the Outreach and Engagement program as identified above. Through these outreach and engagement activities, access, appropriate, and timely services will be promoted.</p> <p>The strategies identified above reflect Fresno County System of Care core values and principles (Fresno County CSOC Proposal, 2004). These values operate at three levels: practice/service, community program, and system/policy; service coordination and care management; evidence-based interventions; smooth transitions among providers; human rights protection and advocacy; nondiscrimination in access to services; comprehensive array of services and supports; consumer participation in all aspects of planning, service delivery, and evaluation; and, integrated services with coordinated planning across child-serving systems.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>Unserved populations of children/youth/families with serious emotional disturbance (SED). Individuals that have had extremely brief and/or only crisis oriented contact with and/or service from the existing mental health system should also be considered as unserved. Latino, South East Asian, African, and Native American populations. Outreach and Engagement activities will focus on reaching unserved clients and families in rural areas. Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services. Clients/families who have traditionally been reluctant to seek services from traditional mental health settings. Clients/families that are in danger of homelessness, hospitalizations, incarcerations, out</p>

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	of home placements, and emergency room visits. Clients that have been resistant to seek mental health services based on the perceived stigma by individuals and communities.						
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
1) Funding/contracting with existing community-based organizations that have extensive outreach and engagement capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Community-based organizations will facilitate referrals to appropriate services. This will enable clients/families to be linked to the most appropriate service provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) A marketing plan will be developed to reach the targeted populations. This marketing plan will be included within the request for proposal that is issued to community-based organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Selecting community-based organizations familiar and located within the targeted areas described above.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Part of the staffing to consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population. Of the 6 FTE Parent Partner positions, all 6 FTE Parent Partner positions will be occupied by Client/Family members. Of the 2 FTE Family Involvement Coordinator positions, 1 FTE Family Involvement Coordinator position will be occupied by a Client/Family member and 1 FTE Family Involvement Coordinator position will be occupied by a non-Client/Family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7) Expand partnerships with Latino, South East Asian, African American, Native American tribal organizations and faith-based organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Contracting with these culturally/ethnically/linguistically-based organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Selected community-based organizations will engage racially and ethnically diverse clients and families through activities such as training, information and referral, news letter or information dissemination (in linguistic and culturally appropriate form), individual advocacy and support, and web-based information.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Outreach and engagement shall also include cultural, ethnic and gender-sensitive activities at schools, and community programs/faith-based organizations in ethnic communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Outreach and Engagement activities shall also focus on reaching unserved clients and families in rural areas. Rural areas due to transportation, lack of mental health providers /facilities etc. have historically been unserved.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) The hiring of Parent Partners- The Parent Partners would perform outreach and education and develop and implement a peer support for families and advocate program for youth and families. The hiring of Family Involvement Coordinators- The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach. The hiring of a Nurse Practitioner (1 FTE- non-Client/Family member). The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate primary care physicians regarding the importance of early intervention and the referral process for families.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14) Linkage/information and referral of clients to services by Parent Partners to reduce homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Allow Full Service Partnership client/families from workplan number FSP-01, to receive services under this workplan. This will be achieved through referral and linkage to this Outreach and Engagement workplan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 # OE-01- OUTREACH AND ENGAGEMENT**

- 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.**

Fresno County proposed to use Outreach and Engagement funds to reach unserved populations of children/youth/families with serious emotional disturbance (SED). Through this workplan, it is proposed that 700 children/families will be served in each year. This workplan shall be contracted out.

Individuals that have had extremely brief and/or only crisis oriented contact with and/or service from the existing mental health system should also be considered as unserved. The special activities needed to reach the unserved populations within the overarching goals of MHSA include the following:

Funding/contracting with existing community-based organizations that have extensive outreach and engagement capabilities. Currently, DCFS has partnered with multiple community-based organizations within the targeted population communities (Latino, Southeast Asian, African American etc.). The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations. As one of the contract requirements, community-based organizations will facilitate referrals to appropriate services. This will enable clients/families to be linked to the most appropriate service provider.

It is proposed that a marketing plan be developed to reach the targeted populations. This marketing plan will be included within the request for proposal that is issued to community-based organizations.

One of the goals of Outreach and Engagement funding will be to reduce ethnic disparities. This will be accomplished by selecting community-based organizations familiar and located within the targeted areas described above. In addition, part of the staffing will also consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population.

The contracts for this funding will be executed with community- based organizations that reside in the priority populations (contracts will be with community-based, racially and ethnically diverse organizations that serve the Latino, African-American, and Southeast Asian communities in Fresno County)

identified above which will enable specific client/family needs being identified and successful outreach and engagement being accomplished.

DCFS will develop and expand partnerships with Latino, South East Asian, African American, faith-based, and Native American tribal organizations. DCFS will contract with various community-based organizations that have the experience and expertise in providing cultural, ethnic, and linguistically sensitive services. Contracting with these culturally/ethnically/linguistically-based organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings. The existing traditional mental health system has lacked the ability to understand the specific histories, traditions, beliefs, languages and values of diverse groups, which are needed to engage and provide successful treatment/wellness for clients and families. This workplan was derived based on responses/input received during our community stakeholder process.

The selected community-based organizations will enable partnerships to be created/expanded with agencies that are knowledgeable in the mental health and primary care/health clinics.

The selected community-based organizations will engage racially and ethnically diverse clients and families through activities such as training, information and referral, news letter or information dissemination (in linguistic and culturally appropriate form) individual advocacy and support, and web-based information.

Outreach and engagement shall also include cultural, ethnic and gender-sensitive activities at schools, and community programs/faith-based organizations in ethnic communities

DCFS currently has partnerships with Neighborhood Resource Centers located throughout Fresno County. DCFS will explore the possibility of outreach and engagement activities via these existing centers.

Outreach and Engagement activities shall also focus on reaching unserved clients and families in rural areas. Rural areas due to transportation, lack of mental health providers /facilities etc. have historically been unserved and underserved. Outreach and engagement shall target outlying areas such as Laton, Pinedale, Mendota, Orange Cove etc.

Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services.

In year 2, DCFS will develop request for proposals and establish contracts with successful bidders to develop outreach and engagement services. In year two the needs of the community will be assessed through community/client family survey and assessment tools. These assessment tools will be used to develop

specific strategies for outreach and engagement activities. In years 2 and 3, Outreach and Engagement activities will be performed as detailed within this workplan.

The Outreach and Engagement funding would allow for the recruitment of the following positions:

6 FTE Parent Partners- The Parent Partners would perform outreach and education and develop and implement a peer support for families and advocate program for youth and families. The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services. All 6 FTE Parent Partner will be occupied by Client/Family members.

2 FTE Family Involvement Coordinators- The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach. Of the 2 FTE Family Involvement Coordinator positions, 1 FTE Family Involvement Coordinator position will be occupied by a Client/Family member and 1 FTE Family Involvement Coordinator position will be occupied by a non-Client/Family member.

1 FTE Nurse Practitioner (non-Client/Family member)- The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate primary care physicians regarding the importance of early intervention and the referral process for families.

The goals of the Outreach and Engagement program are to reach/engage unserved targeted SED populations as identified above. This will reduce ethnic disparities by services being provided in the ethnic and racially diverse communities, by service providers from those targeted communities, with staffing consisting of some client/family members. As a result of this engagement and outreach as well as linkage/information and referral of clients to services by Parent Partners. This will reduce homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health. Community collaboration and cultural competency will also promoted throughout the Outreach and Engagement program as identified above.

The strategies identified above reflect Fresno County System of Care core values and principles (Fresno County CSOC Proposal, 2004). These values operate at three levels: practice/service, community program, and system/policy; service coordination and care management; evidence-based interventions; smooth transitions among providers; human rights protection and advocacy; nondiscrimination in access to services; comprehensive array of services and supports; consumer participation in all aspects of planning, service delivery, and

evaluation; and, integrated services with coordinated planning across child-serving systems.

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

There will be no direct housing or employment services provided. However, referral to appropriate housing and employment services will be made by contracted community-based organizations. Referrals to the Fresno Madera Area Agency on housing and other housing networks can be made. Referrals to County's Employment and Temporary Assistance department, as well as to other community based employment organizations such as Workforce Development, Fresno County Economic Opportunities Commission (FCEOC) etc.

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.

Recruitment of racially and ethnically diverse community family/client members to assist in outreach and engagement activities will foster resiliency. This will be achieved by client/family members participating in their communities to solve problems that affect their families, and community. Hiring family/client members will also lead to personal qualities of optimism and hope being fostered. By recruiting family/client members, this will allow individuals to live, work, and learn with a sense of mastery and competence.

The selection of community based organizations which are ethnically and culturally diverse from the targeted populations, will also focus on resiliency and wellness. Selecting these agencies will enable family/clients to identify more positively with outreach and engagement efforts as their reluctance to engage services/service providers will be reduced as they see the selected agencies as part of their existing community.

Parent Partners providing peer support for families will lead to recovery and wellness. This will be accomplished by family/clients identifying with peer support individuals in their recovery plan.

By focusing on outreach and engagement activities, in the targeted populations own communities, trust and confidence will be built between family/clients and treatment providers.

The selected community based organizations will have training for its staff on the principles of recovery and resiliency. Training shall be specific for each targeted population's needs. Part of the staffing that is family/client member driven will assist in the development of this training.

Community and supportive services would be provided in a culturally competent manner including language competence and views on cultural issues/services. This workplan 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. This wellness and recovery philosophy will be continually reinforced and developed through training's, service reviews, monitoring of contracts, monitoring outcomes, etc.

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). Approaches and service delivery will be designed to promote concepts of hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

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

This is a new program. Currently DCFS mental health does not have an outreach and engagement program. This workplan focuses on new services to unserved family/clients in order to reduce ethnic disparities in Fresno County.

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 would perform outreach and education and develop and implement a peer support for families and advocate program for youth and families.

The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach.

Linkage/information and referral of clients to services by Parent Partners to reduce homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health.

The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services. The Parent Partners and Family Involvement Coordinators will participate as part of the overall staffing/team within the Outreach and Education program. Staffing will be based on racially, ethnically, and culturally diverse client/family members from the targeted populations.

Of the 6 FTE Parent Partner positions, all 6 FTE Parent Partner positions will be occupied by Client/Family members. Of the 2 FTE Family Involvement Coordinator positions, 1 FTE Family Involvement Coordinator position will be occupied by a Client/Family member and 1 FTE Family Involvement Coordinator position will be occupied by a non-Client

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.

Contracting with existing community-based organizations that have extensive outreach and engagement capabilities will increase collaboration among service providers. Currently, DCFS has partnered with multiple community-based organizations within the targeted population communities (Latino, Southeast Asian, African American etc.). The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations.

DCFS will develop and expand partnerships with Latino, South East Asian, African American, faith-based, and Native American tribal organizations. DCFS will contract with various community-based organizations that have the experience and expertise in providing cultural, ethnic, and linguistically sensitive services. Contracting with these culturally/ethnically/linguistically-based organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings. The existing traditional mental health system has lacked the ability to understand the specific histories, traditions, beliefs, languages and values of diverse groups, which are needed to engage and provide successful treatment/wellness for clients and families. This workplan was derived based on responses/input received during our community stakeholder process.

It is proposed that a marketing plan be developed to reach the targeted populations. The marketing plan will focus on multiple collaborations within targeted populations as a means for successful outreach and engagement. Various media outlets may be part of this overall marketing plan.

Selecting community-based organizations familiar and located within the targeted areas described above will help improve system services and outcomes for individuals. In addition, part of the staffing will also consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population.

The selected community-based organizations will enable partnerships to be created/expanded with agencies that are knowledgeable in the mental health and primary care/health clinics.

These collaboration strategies will help improve system services by identifying specific needs of each community by service providers within these communities and by having part of the staffing consisting of family client members residing within these communities. Family/client members will be more responsive and better served through these collaboration efforts.

System of Care core values and principles that operate at the following levels: practice/service, community program, and system/policy; service coordination and care management; evidence-based interventions; smooth transitions among providers; human rights protection and advocacy; nondiscrimination in access to services; comprehensive array of services and supports; consumer participation in aspects of planning, service delivery, and evaluation; and, integrated services with coordinated planning across child-serving systems." (Fresno County CSOC Proposal, 2004) will be fostered.

The goal of Outreach and education is to reach unserved clients in rural and metro Fresno County.

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(s) will hire bilingual, ethnic 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. Successful bidder(s) shall hire staff from the Latino, Southeast Asian, African American and Native American targeted populations. Should successful bidder(s) 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 creation of the Outreach and Engagement program through the recruitment of Parent Partners, Family Involvement Coordinators and Nurse Practitioner 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. Outreach and engagement will be in the community as opposed to outreach efforts being performed by 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 Parent Partners and Family Involvement Coordinators providing outreach and engagement, 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 access, and availability of appropriate services can be improved.

The quality of care shall be improved by providing additional supports to clients/families such as providing linkage to appropriate services/service providers. In addition, peer support for families, education, and advocacy services will be provided. 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.

Successful bidder's staff providing services under this workplan shall receive cultural awareness /diversity training. These trainings will aid staff in sensitivity towards cultural, gender, and sexual orientation issues.

It is understood that stigma, weak identification of client needs, and poor understanding of the targeted populations' culture, family history, and socio-economic status have traditionally been barriers to successful service delivery.

By contracting these services to linguistically, ethnically, culturally based Organizations, access to services will be improved. These providers will be required to have a cultural competency plan which meets the principles of the MHSA goals and principles.

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

- Receiving input from targeted unserved 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.
- Specialize in integration and coordination of services for families that would include, community based organization, schools, and other agencies.
- Engaging leaders and community members of the following unserved populations: Latino (migrant workers, immigrants), African-American (specific targeted zip codes), South East Asian (refugees), Native American (specific targeted tribes). Engagement to include visiting rancherias, 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 peer support for families.
- Establish culturally specific centers wherein outreach and engagement activities may be accessed.

- Provide referrals for safe and adequate affordable housing with additional referrals for wraparound services for those deemed homeless by virtue of their mental disability.
- 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.

With the strategies identified above, access to services, acceptance of services, and services that are culturally competent, will be fostered to this unserved population.

The strategies identified above will enable penetration rates to increase for service delivery to the targeted communities (Latino, Southeast Asian, African American). Through this workplan 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. Parent Partners, Family Involvement Coordinators, Nurse Practitioner), these specialists will be trained annually regarding lesbian, gay, bi-sexual, transgender (LGBT) individuals, as well as gender-sensitivity training.

If client/families volunteer information regarding their sexual orientation 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 services under this workplan 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, workforce, mental health facilities, 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, selected bidder(s) 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. 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. With the Outreach and Education program, 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 # OE-01 Date: 9/19/06
 Program Workplan Name Outreach and Engagement Page 1 of 1
 Type of Funding 3. Outreach and Engagement Months of Operation- 0
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 0 Prepared by: 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	\$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			\$292,000	\$292,000
D. Total Funding Requirements			\$292,000	\$292,000
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- Outreach and Engagement

Fiscal Year: 2005-06

Date: 9/19/06

Page: 1 of 6

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.
- b. New Program Management \$0

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

Children and Youth

Workplan # GSD- 01- Outreach and Engagement

Fiscal Year: 2005-06

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No MHSA services to be provided in FY 2005-06.

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	\$292,000
Office Landscaping	\$18,000
Approximate cost of \$2,000 for office landscaping for 9 staff. (Estimated purchase date- 12/2006)	
Staff Chairs	\$2,529
Approximate cost of \$281 per chair for 9 staff (Estimated purchase date- 12/2006)	

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

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Guest Chairs Approximate cost of \$133 each for 9 chairs (Estimated purchase date- 12/2006)	\$1,197
Bookcases Approximate cost of \$138 per bookcase for 9 staff (Estimated purchase date- 12/2006)	\$1,242
Four drawer file cabinets Approximate cost of \$136 per file cabinet for 9 staff (Estimated purchase date- 12/2006)	\$1,224
Storage Cabinets Approximate cost of \$200 each. 3 units. (Estimated purchase date- 12/2006)	\$600
Personal Computers 7 personal computers (PC and flat screen monitor) at \$1,635 each, plus one-time licensing at \$744 each (Estimated purchase date- 12/2006)	\$16,653
Network Connectivity/Support Approximate cost of \$1,747 per person for 9 staff (Estimated installation/purchase date- 12/2006)	\$15,723
Phones and Connection Fees Approximate cost of \$300 each for 9 staff (connection fee of \$200 and hardware fee of \$100) (Estimated installation/purchase date- 12/2006)	\$2,700
Deskjet printers Approximate cost of \$270 each for 9 staff (Estimated purchase date- 12/2006)	\$2,430
Laser printers Approximate cost \$1,802 each for 1 laser printer (Estimated purchase date- 12/2006)	\$1,802
Laser Color Printers Approximate cost of \$2,725 each for 2 laser color printers	\$5,450

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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(Estimated purchase date- 12/2006)

Laptop computer \$6,698
Approximate cost of \$3,349 per laptop for 2 laptops
(Estimated purchase date- 12/2006)

Air cards for laptop Computers \$1,600
4 air cards at \$400 each for remote connection to
internet/intranet for staff delivering services in rural areas.

Scanner \$550
Approximate cost of \$275 each for 2 scanners
With 2 year maintenance.
(Estimated purchase date- 12/2006)

TV/DVD/VCR Unit \$3,000
Approximate cost of \$1,500 each for use in educational
presentations/community outreach/staff training). 2 units.
(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 unit.
(Estimated purchase date- 12/2006)

Projectors \$5,000
Approximate cost of \$2,500 each for 2 projector used
For mobile presentation capability.
(Estimated purchase date- 12/2006)

Start Up Supplies \$10,000
For initial office and meeting supplies and brochures
(Estimated purchase date- 12/2006 through 2/2006)

Cell Phones \$900

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

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Fiscal Year: 2005-06

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9 cell phones at \$100/each (all staff participating in
Outreach and Engagement activities)
(Estimated purchase date- 12/2006)

State-level training for MHSA education and outreach, \$9,000
at \$1,000 per staff for 9 staff (all staff)
(Estimated training to begin- 12/2006 through 6/2007)

Building capacity Training \$9,000
Local training of staff and community, consumer
advocacy, for 9 staff at \$1,000 per staff.
(Estimated training to begin- 12/2006 through 6/2007)

Family Advocacy Training \$13,500
For 9 staff (all staff) at \$1,500 per staff
(Estimated training to begin- 12/2006 through 6/2007)

Consultant Services for 3-year Marketing Plan/Outreach \$98,239
Marketing plan will assist in developing strategies
to implement successful intensive outreach
activities. The marketing plan will be designed to target
Latino, African-American, South East Asian, Native
American and Deaf and Hard of Hearing populations.
In addition, the marketing plan will improve collaboration
amongst community providers.

Vehicles \$59,800
Cost of 3 mid size vehicles at \$14,100 each.
One van at \$17,500. These vehicles to be used by staff for
outreach activities in metropolitan and rural areas. The
use of these vehicles will allow staff to better reach
undeserved and unserved clients.
(Estimated purchase date- 12/2006)

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 \$292,000

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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**E. Percent of Total Funding Requirements for Full Service Partnerships-
N/A- 0%**

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

County(ies): Fresno Fiscal Year: 2006-07
 Program Workplan # OE-01 Date: 7/14/06
 Program Workplan Name Outreach and Engagement Page 1 of 1
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 700 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 700 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			\$581,048	\$581,048
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				
D. Total Funding Requirements	\$0	\$0	\$581,048	\$581,048
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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Children and Youth
Workplan # OE-01 Outreach and Engagement**

Fiscal Year: 2006-07

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- 5. Estimated Total Expenditures when service provider is not known. \$581,048**

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	\$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

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 (from staffing detail)	\$0
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**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Fiscal Year: 2006-07

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b. New Additional Personnel Expenditures (from staffing detail)	\$363,056
c. Employee Benefits	\$101,656
d. Total Personnel Expenditures	\$464,712

3. Operating Expenditures

a. Professional services	\$0
b. Translation and Interpreter services	\$35,000

Amounts based on current contracted out average cost of \$45/hour. Contracted vendor(s) 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.

Funding to include the cost of translating brochures, Letters, and other outreach materials into multiple languages. Translation will be required at community forums, educational presentations, etc.

c. Travel and Transportation Fuel/maintenance cost for 6 vehicles (5 car and 1 van) In addition, mileage for staff reimbursement for delivery of Outreach and Engagement services. Mileage calculated at 48.5 cents/mile.	\$40,000
--	----------

d. General Office Expenditures Estimated cost at \$200 per staff. Total of 9 staff. For items such as office supplies and postage. In addition, cost to prepare/purchase items such as pamphlets, posters, brochures, educational items etc. for Outreach and Engagement activities.	\$25,000
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**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Fiscal Year: 2006-07
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e. Rent, Utilities, and Equipment \$27,732

Rent

Total square footage needed is approximately 1,170sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 9 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 \$18,252.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (9) at \$60 each.
Total funding \$6,480.

Land Line Monthly Charges

9 land phones at \$25 per month.
In addition, 1 fax line at \$25/month
Total funding \$3,000.

f. Medication and Medical Supports \$0

g. Other Operating Expenses \$0

h. Total Operating Expenditures \$127,732

4. Program Management

a. Existing Program Management \$0
N/A- no existing services.

b. New Program Management \$45,633
Estimated cost for management/accounting/
Other support costs (estimated at approximately 8%of total workplan budget)- contracted out.

c. Total Program Management \$45,633

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
 Budget Narrative
 Children and Youth
 Workplan # OE-01 Outreach and Engagement**

Fiscal Year: 2006-07

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5. Total Proposed Program Budget- **\$638,077**

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- EPSDT	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue (MAA)	\$0
h. Total Existing Revenue	\$0

2. New Revenues

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

a. Medi-cal (FFP only)	\$8,674
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds- EPSDT	\$6,955
d. Other revenue (MAA)	\$41,400
e. Total New Revenue	\$57,029
3. Total Revenue	\$57,029

C. One-Time CSS Funding Expenditures **\$0**

D. Total Funding Requirements **\$581,048**

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 Fiscal Year: 2006-07
 Program Workplan # OE-01 Date: 7/14/06
 Program Workplan Name Outreach and Engagement Page 1 of 1
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 700 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 700 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 existing mental health staffing- New services					\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	Total Current Existing Positions	0.00			\$0
B. New Additional Positions*					
*All positions below reflect positions/services to be contracted out. Estimates are shown based on County salary figures.					
Parent Partners	The Parent Partner would perform outreach and education and develop and implement a peer support for families and advocate program for youth and families. The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services.	6.00	6.00	\$31,369	\$188,214
Family Involvement Coordinators	The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach.	1.00	2.00	\$42,245	\$84,490
Nurse Practitioner	The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate primary care physicians regarding the importance of early intervention and the referral process for families.		1.00	\$90,352	\$90,352
*Contractor to determine exact job title.					\$0 \$0 \$0 \$0 \$0 \$0
	Total New Additional Positions	7.00	9.00		\$363,056
C. Total Program Positions		7.00	9.00		\$363,056

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: 2007-08
 Program Workplan # OE-01 Date: 7/14/06
 Program Workplan Name Outreach and Engagement Page 1 of 1
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 700 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 700 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				
			\$621,083	\$621,083
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				
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
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
D. Total Funding Requirements				
	\$0	\$0	\$621,083	\$621,083
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 # OE-01 Outreach and Engagement**

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5. Estimated Total Expenditures when service provider is not known. \$621,083

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	\$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

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).

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
Workplan # OE-01 Outreach and Engagement**

Fiscal Year: 2007-08

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Staffing explanations are shown in the staffing detail worksheets under the "function" heading.

a. Current Existing Personnel Expenditures (from staffing detail)	\$0
b. New Additional Personnel Expenditures (from staffing detail)	\$373,948
c. Employee Benefits	\$127,142
d. Total Personnel Expenditures	\$501,090

3. Operating Expenditures

a. Professional services	\$0
b. Translation and Interpreter services	\$35,000

Amounts based on current contracted out average cost of \$45/hour. Contracted vendor(s) 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.

Funding to include the cost of translating brochures, Letters, and other outreach materials into multiple languages. Translation will be required at community forums, educational presentations, etc.

c. Travel and Transportation Fuel/maintenance cost for 6 vehicles (5 car and 1 van) In addition, mileage for staff reimbursement for delivery of Outreach and Engagement services. Mileage calculated at 48.5 cents/mile.	\$40,000
d. General Office Expenditures Estimated cost at \$200 per staff. No increase from FY 2006-07 as sufficient allocation	\$25,000

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
Workplan # OE-01 Outreach and Engagement**

Fiscal Year: 2007-08

Date: 7/14/06

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has been determined to reflect any increases in office supply costs. Total of 9 staff.

For items such as office supplies and postage.

In addition, cost to prepare/purchase items such as pamphlets, posters, brochures, educational items etc. for Outreach and Engagement activities.

e. Rent, Utilities, and Equipment \$28,294

Rent

Total square footage needed is approximately 1,170sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 9 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 \$18,814.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (9) at \$60 each.

Total funding \$6,480.

Land Line Monthly Charges

9 land phones at \$25 per month.

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

Total funding \$3,000.

f. Medication and Medical Supports \$0

g. Other Operating Expenses \$0

h. Total Operating Expenditures \$128,294

4. Program Management

a. Existing Program Management \$0
N/A- no existing services.

b. New Program Management \$48,728
Estimated cost for management/accounting/

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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Other support costs (estimated at approximately 8% of total workplan budget)- contracted out.

c. Total Program Management \$48,728

5. Total Proposed Program Budget- \$678,112

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- EPSDT	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue (MAA)	\$0
h. Total Existing Revenue	\$0

2. New Revenues

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

a. Medi-cal (FFP only)	\$8,674
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds- EPSDT	\$6,955
d. Other revenue (MAA)	\$41,400
e. Total New Revenue	\$57,029
3. Total Revenue	\$57,029

C. One-Time CSS Funding Expenditures \$0

D. Total Funding Requirements \$621,083

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
Children and Youth
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**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 Fiscal Year: 2007-08
 Program Workplan # OE-01 Date: 7/14/06
 Program Workplan Name Outreach and Engagement Page 1 of 1
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 700 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 700 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 existing mental health staffing- New services					\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
	Total Current Existing Positions	0.00			\$0
B. New Additional Positions*					
*All positions below reflect positions/services to be contracted out. Estimates are shown based on County salary figures.					
Parent Partners	The Parent Partners would perform outreach and education and develop and implement a peer support for families and advocate program for youth and families. The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services.	6.00	6.00	\$32,310	\$193,860
Family Involvement Coordinators	The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach.	1.00	2.00	\$43,512	\$87,025
Nurse Practitioner	The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate primary care physicians regarding the importance of early intervention and the referral process for families.		1.00	\$93,063	\$93,063
*Contractor to determine exact job title.					\$0 \$0 \$0 \$0 \$0
	Total New Additional Positions	7.00	9.00		\$373,948
C. Total Program Positions		7.00	9.00		\$373,948

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: OE-01
Program Work Plan Name: Outreach and Engagement
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
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
0	Funding/contracting with existing community-based	0		0		0		0		0	

	<p>organizations that have extensive outreach and engagement capabilities; The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations; Community-based organizations will facilitate referrals to appropriate services. This will enable clients/families to be linked to the most appropriate service provider; A marketing plan will be developed to reach the targeted populations. This marketing plan will be included within the request for proposal that is issued to community-based</p>					
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	<p>organizations; Selecting community-based organizations familiar and located within the targeted areas described above; Staffing to consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population; Expand partnerships with Latino, South East Asian, African American, Native American tribal organizations, and faith-based organizations; Contracting with these culturally/ethnically/linguistically-based</p>					
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	<p>organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings; Selected community-based organizations will engage racially and ethnically diverse clients and families through activities such as training, information and referral, news letter or information dissemination (in linguistic and culturally appropriate form), individual advocacy and support, and web-based information; This will include various media outlets/activities; Outreach and engagement shall also include cultural,</p>					
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	<p>ethnic and gender-sensitive activities at schools, and community programs/faith-based in ethnic communities; Outreach and Engagement activities shall also focus on reaching unserved clients and families in rural areas. Rural areas due to transportation, lack of mental health providers /facilities etc. have historically been unserved; Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services; The hiring of Parent Partners- The Parent Partners would perform outreach and education and</p>					
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	<p>develop and implement family/peer support and advocate program for youth and families. The hiring of Family Involvement Coordinators- The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach. The hiring of a Nurse Practitioner- The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate</p>					
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	<p>primary care physicians regarding the importance of early intervention and the referral process for families; Linkage/information and referral of clients to services by Parent Partners to reduce homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health; The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services.</p>					
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EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: OE-01
Program Work Plan Name: Outreach and Engagement
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
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
700	Funding/contracting with existing community-based	175		350		525		700		700	

	<p>organizations that have extensive outreach and engagement capabilities; The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations; Community-based organizations will facilitate referrals to appropriate services. This will enable clients/families to be linked to the most appropriate service provider; A marketing plan will be developed to reach the targeted populations. This marketing plan will be included within the request for proposal that is issued to community-based</p>					
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	<p>organizations; Selecting community-based organizations familiar and located within the targeted areas described above; Staffing to consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population; Expand partnerships with Latino, South East Asian, African American, Native American tribal organizations, and faith-based organizations; Contracting with these culturally/ethnically/linguistically-based</p>					
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	<p>organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings; Selected community-based organizations will engage racially and ethnically diverse clients and families through activities such as training, information and referral, news letter or information dissemination (in linguistic and culturally appropriate form), individual advocacy and support, and web-based information; This will include various media outlets/activities; Outreach and engagement shall also include cultural,</p>					
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	<p>ethnic and gender-sensitive activities at schools, and community programs/faith-based in ethnic communities; Outreach and Engagement activities shall also focus on reaching unserved clients and families in rural areas. Rural areas due to transportation, lack of mental health providers /facilities etc. have historically been unserved; Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services; The hiring of Parent Partners- The Parent Partners would perform outreach and education and</p>					
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	<p>develop and implement family/peer support and advocate program for youth and families. The hiring of Family Involvement Coordinators- The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach. The hiring of a Nurse Practitioner- The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate</p>					
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	<p>primary care physicians regarding the importance of early intervention and the referral process for families; Linkage/information and referral of clients to services by Parent Partners to reduce homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health; The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services.</p>					
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EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: OE-01
Program Work Plan Name: Outreach and Engagement
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
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
700	Funding/contracting with existing community-based	700		700		700		700		700	

	<p>organizations that have extensive outreach and engagement capabilities; The selected community-based organizations will be racially ethnically and linguistically diverse community-based service organizations; Community-based organizations will facilitate referrals to appropriate services. This will enable clients/families to be linked to the most appropriate service provider; A marketing plan will be developed to reach the targeted populations. This marketing plan will be included within the request for proposal that is issued to community-based</p>					
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	<p>organizations; Selecting community-based organizations familiar and located within the targeted areas described above; Staffing to consist of client/family members who are from the targeted communities. This will enable a keen understanding of the specific outreach and engagement activities needed to be carried out in order to reach this targeted population; Expand partnerships with Latino, South East Asian, African American, Native American tribal organizations, and faith-based organizations; Contracting with these culturally/ethnically/linguistically-based</p>					
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	<p>organizations will aid in engaging clients/families who have traditionally been reluctant to seek services from traditional mental health settings; Selected community-based organizations will engage racially and ethnically diverse clients and families through activities such as training, information and referral, news letter or information dissemination (in linguistic and culturally appropriate form), individual advocacy and support, and web-based information; This will include various media outlets/activities; Outreach and engagement shall also include cultural,</p>					
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	<p>ethnic and gender-sensitive activities at schools, and community programs/faith-based in ethnic communities; Outreach and Engagement activities shall also focus on reaching unserved clients and families in rural areas. Rural areas due to transportation, lack of mental health providers /facilities etc. have historically been unserved; Outreach and Engagement funds will be targeted to unserved clients and families that have no or limited means of payment for services; The hiring of Parent Partners- The Parent Partners would perform outreach and education and</p>					
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	<p>develop and implement family/peer support and advocate program for youth and families. The hiring of Family Involvement Coordinators- The Family Involvement Coordinators will oversee outreach and education activities and the development and implementation of hiring and training peers for peer to peer outreach. The hiring of a Nurse Practitioner- The Nurse Practitioner would provide medication education to families with children on psychotropic medications referred by the Family Involvement Coordinators. The Nurse Practitioner would also educate</p>					
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	<p>primary care physicians regarding the importance of early intervention and the referral process for families; Linkage/information and referral of clients to services by Parent Partners to reduce homelessness, hospitalizations, incarcerations, out of home placements, emergency room visits, stigma associated with mental health; The Parent Partners would also provide educational presentations for clients/families on services available within the community and how to access services.</p>					
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