

**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: Smart Model of Care- Full Service Partnership
Program Work Plan #: FSP-01 (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 Department of Children and Family services (DCFS) proposes to expand the existing SMART Model of Care (MOC) program. Currently, the SMART MOC program consists of an assessment center. Assessment services are provided on a 9 through 5, Monday through Friday schedule. The assessment center targets multi-system multi-problem children who are unable to maintain in preschool, day care or kindergarten settings due to their attachment/bonding issues, Serious Emotional Disturbance and/or exhibiting risk factors including office referrals, crisis contact, frequent absences, disruptive behaviors and/or co-occurring disorders.</p> <p>The existing SMART MOC currently serves children 0-5 and their families. Many of these children are at risk or court dependents through the Child Welfare System. About one-half of the children pending or in out-of-home placement in the foster care system are 0-5. Many children in this target population are reared by teen mothers of color. Children of color are markedly over represented in the foster care system. For example, once removed, parental rights are terminated in nearly one-in-five African American cases. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, educational failure and disproportionate institutionalization as youth and adults.</p> <p>The existing SMART MOC program is a collaboration between many agencies and multiple disciplines. The following agencies are a part of this collaboration: Department of Children and Family Services (children’s mental health and child protective services), Department of Employment and Temporary Assistance (temporary assistance to needy families, medi-cal/healthy family applications, food stamps); First 5 Fresno County (provide services and funding for families and children 0-5); Exceptional Parents Unlimited, Inc (in home services for pregnant, parenting, developmentally delayed etc); Fresno Unified School District; Fresno County Office of Education; Clovis Unified School District (educational services); Central Valley Regional Center (developmental center);</p>	

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	<p>Court-Appointed Special Advocates (advocacy services for children); Fresno Metro Ministry (parenting classes) ; Fresno County Juvenile and Dependency Courts (juvenile justice services) ; University of California San Francisco-Fresno Medical Education, Department of Pediatrics (pediatric/medical services); and Fresno County Mental Health Board (advisory board to county mental health departments).</p> <p>New services proposed under this plan include the following:</p> <p>The County of Fresno proposes to add 24hr/day 7days a week comprehensive and intensive services and supports. This will lead to full service partnerships (FSP) being developed as detailed below. The comprehensive and intensive services and supports will include care management, case management, linkage, referral, evidenced based treatment, peer support for families, coordination of services, translation services, emergency housing assistance, child care services, utility assistance, clothing, food, hygiene vouchers, transportation, and crisis services (wrap around services) etc.</p> <p>The following expansion (new) services shall be provided:</p> <ol style="list-style-type: none">1) The program will consist of 24 hour a day, 7 days a week comprehensive array of services. Each individual identified as a FSP client, will be assigned a Care Manager. Each FSP client will participate in the development of their individualized services and supports plan. The program will hire 13 Full Time Equivalent (FTE) Care Managers who will have a caseload of 10 clients each. Of the 13 FTE Care Manager positions, 7 FTE Care Manager positions will be occupied by Client/Family members and 6 FTE Care Manager positions will be occupied by non-Client/Family members. The Care Managers will provide a single point of responsibility and contact for each FSP client. The Care Managers will provide services to include case management, linkage to other needed services, and crisis services. Some of the Care Manager positions will be occupied by client/family members. The FSP will be designed to do whatever it takes to engage with the serious emotionally disturbed youth. Services shall be provided throughout the year. <p>The Care Managers shall be hired based on linguistic and cultural needs of targeted</p>
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	<p>clients (i.e. Latinos, Southeast Asian, African Americans etc).</p> <p>In addition, a Nurse Practitioner (1 FTE-non client/family member) shall be added to provide linkage of clients to services by education of primary care providers, health care providers and schools to increase coordination & integration of mental health. In addition, the Nurse Practitioner will administer medications as needed to FSP clients.</p> <p>2) FSP clients that are identified as candidates for Parent Child Interaction Therapy (PCIT) will be linked and referred to this evidenced based treatment program. Access to PCIT services shall be expanded for this targeted population.</p> <p>PCIT is an effective evidenced-based treatment model with highly specified, step-by step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. A PCIT trained therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. The goals of treatment are: an improvement in the quality of the parent-child relationship;a decrease in child behavior problems with an increase in prosocial behaviors; an increase in parenting skills, including positive discipline; and a decrease in parenting stress. PCIT is an evidenced-based treatment model for children ages 2 to 7 (FSP clients through age 5, siblings of FSP clients ages 6-7).</p> <p>The requested funding would add four therapists (4 FTE) which would develop the capacity to provide this evidenced-based clinical treatment. Of the 4 FTE therapist positions, 1 FTE therapist position will be occupied by a Client/Family member and 3 FTE therapist positions will be occupied by non-Client/Family members. These positions would be recruited based on linguistic and cultural needs of the targeted population (Latino, South East Asian, African American SED clients). This will ensure integrated services for clients that are referred from the SMART MOC program. Through the referral process, clients would not need to negotiate services from multiple agencies creating a seamless service delivery. This will enable clients to move towards recovery and develop resiliency. The Care Managers would assist clients referred to the PCIT</p>
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	<p>program with linkage and case management while continuing to be the single point of responsibility for clients.</p> <p>3) FSP clients that are identified as candidates for the Incredible Years (IY) program will be linked and referred to this evidenced-based treatment program. Access to IY services shall be expanded for this targeted population.</p> <p>IY is an effective evidence-based intervention that was initiated (2003) through a partnership with the California Institute of Mental Health (CIMH). The IY program is a program that can provide treatment for school age children with severe emotional and behavioral problems. These children were in need of an effective intervention, follow-up and support as they were failing in the school system because of their emotional and behavioral problems.</p> <p>The requested funding would add 4 Community Mental Health Specialists (CMHS) which would develop the capacity to provide this evidenced-based clinical treatment. 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. These positions would be recruited based on linguistic and cultural needs of the targeted population (Latinos, South East Asian, African American SED clients). The Incredible Years program consists of the following three components: 1) Parent Basic: educates parents on social learning and child development and non-violent discipline techniques. Parent Advanced: to aid parents cope with personal and interpersonal problems. It also helps parents collaborate with teachers and work with their child to foster academic readiness (peer support for families-parenting groups); 2) Teacher training: this component will be provided by the schools/educational districts. MHSA funding will not be required for this component. Teacher training works with the teacher to learn how to manage misbehavior and develop a plan with the parents for behavior management; and, 3) Children's Groups: promotes pro-social behavior and is a source of on-going treatment. MHSA funding is requested for Parent Basic, and Children's Groups.</p> <p>The requirements for the CMHS positions would be 12 college units (psychology, counseling, etc). Some of the CMHS positions will be occupied by client/family members.</p>
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	<p>Through the referral process, clients would not need to negotiate services from multiple agencies creating a seamless service delivery. This will enable clients to move towards recovery and develop resiliency. The Care Managers will assist clients in referral to the IY program.</p> <p>Incredible Years is an effective evidenced-based treatment model for children up to 8 years of age (FSP clients through age 5, siblings of FSP clients ages 6-8).</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, some start up/one-time costs will be provided to selected bidder(s). 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(s), services will be provided in-house by the county.</p> <p>The total number of FSP clients to be served will be 130. Goals of the program are to reduce recidivism, reduce out of home placements, and avoid unnecessary institutionalization.</p> <p>It is proposed that services identified in this workplan will be contracted out to the most qualified bidder(s).</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>There are many youth with SED ages 0 through 5 who are at high risk or court dependents through the Child Welfare System. Many times this population is underinsured or uninsured. Many of these youth are from racially and ethnically diverse populations (Latino, Southeast Asian, African American etc.). Many children in this target population are reared by teen mothers of color. The target population also consists of families effected by substance abuse issues, and or experiencing extreme behaviors at school. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, educational failure and disproportionate institutionalization as youth and adults.</p>

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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) Crisis Services 24 hours a day, 7 days a week, mobile crisis response.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Development of individualized services and support plans to contain youth involvement/planning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Recruitment based on needs of the community- specific to linguistic and cultural and gender.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Evidenced-based, and promising clinical services that are integrated with overall service planning and which support youth/family selected goals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Recruitment of Nurse Practitioner (1 FTE- non-client/family member) to provide linkage of clients to services by education of primary care providers, health care providers and schools to increase coordination & integration of mental health. In addition, the Nurse Practitioner will administer medications as needed to FSP clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Recruitment of 13 FTE Care Managers (Of the 13 FTE Care Manager positions, 7 FTE Care Manager positions will be occupied by Client/Family members and 6 FTE Care Manager positions will be occupied by non-Client/Family members) who will have a caseload of 10 clients each. The Care Managers will provide a single point of responsibility and contact for each FSP client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Recruitment of 4 FTE CMHS positions (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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Recruitment of 4 FTE therapist positions (of the 4 FTE therapist positions, 1 FTE therapist position will be occupied by a Client/Family member and 3 FTE therapist positions will be occupied by non-Client/Family members).							
9) Collaborations with Community based organizations and school districts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Seamless delivery of services-integrated services and supports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Transportation for clients by Care Managers as well as provision of bus tokens for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12) Provision of clothing, food, and hygiene vouchers along with utility assistance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Provision of emergency housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Provision of Childcare services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Provision of education classes for family members.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Services and supports in the community and in the home.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Provision of services focusing on Latino, Southeast Asian, African-American communities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Peer support groups for families through parenting groups within the IY strategy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Provision of translation services as needed for clients and families.	<input checked="" type="checkbox"/>	<input 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
Workplan # FSP-01- SMART MODEL OF CARE

- 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 Department of Children and Family services (DCFS) proposes to expand the existing SMART Model of Care (MOC) program. Currently, the SMART MOC program consists of an assessment center. Assessment services are provided on a 9 through 5, Monday through Friday schedule. The assessment center targets multi-system multi-problem children who are unable to maintain in preschool, day care or kindergarten settings due to their attachment/bonding issues, Serious Emotional Disturbance and/or exhibiting risk factors including office referrals, crisis contact, frequent absences, disruptive behaviors and/or co-occurring disorders.

The existing SMART MOC currently serves children 0-5 and their families. Many of these children are at risk or court dependents through the Child Welfare System. About one-half of the children pending or in out-of-home placement in the foster care system are 0-5. Many children in this target population are reared by teen mothers of color. Children of color are markedly over represented in the foster care system. For example, once removed, parental rights are terminated in nearly one-in-five African American cases. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, educational failure and disproportionate institutionalization as youth and adults.

The existing SMART MOC program is a collaboration between many agencies and multiple disciplines. The following agencies are a part of this collaboration: Department of Children and Family Services (children's mental health and child protective services), Department of Employment and Temporary Assistance (temporary assistance to needy families, medi-cal/healthy family applications, food stamps); First 5 Fresno County (provide services and funding for families and children 0-5); Exceptional Parents Unlimited, Inc (in home services for pregnant, parenting, developmentally delayed etc); Fresno Unified School District; Fresno County Office of Education; Clovis Unified School District (educational services); Central Valley Regional Center (developmental center); Court-Appointed Special Advocates (advocacy services for children); Fresno Metro Ministry (parenting classes) ; Fresno County Juvenile and Dependency Courts (juvenile justice services) ; University of California San Francisco-Fresno Medical Education, Department of Pediatrics (pediatric/medical services); and Fresno County Mental Health Board (advisory board to county mental health departments).

New services proposed under this plan include the following:

The County of Fresno proposes to add 24hr/day 7days a week comprehensive and intensive services and supports. This will lead to full service partnerships (FSP) being developed as detailed below. The comprehensive and intensive services and supports will include care management, case management, linkage, referral, evidenced based treatment, peer support for families, coordination of services, translation services, emergency housing assistance, child care services, utility assistance, clothing, food, hygiene vouchers, transportation, and crisis services (wrap around services) etc.

The following expansion (new) services shall be provided:

- 1) The program will consist of 24 hour a day, 7 days a week comprehensive array of services. Each individual identified as a FSP client, will be assigned a Care Manager. Each FSP client will participate in the development of their individualized services and supports plan. The program will hire 13 Care Managers who will have a caseload of 10 clients each (of the 13 FTE Care Manager positions, 7 FTE Care Manager positions will be occupied by Client/Family members and 6 FTE Care Manager positions will be occupied by non-Client/Family members). The Care Managers will provide a single point of responsibility and contact for each FSP client. The Care Managers will provide services to include case management, linkage to other needed services, and crisis services. Some of the Care Manager positions will be occupied by client/family members. The FSP will be designed to do whatever it takes to engage with the serious emotionally disturbed youth. Services shall be provided throughout the year.

The Care Managers shall be hired based on linguistic and cultural needs of targeted clients (i.e. Latinos, Southeast Asian, African Americans etc).

In addition, a Nurse Practitioner (1 FTE-non client/family member) shall be added to provide linkage of clients to services by education of primary care providers, health care providers and schools to increase coordination & integration of mental health. In addition, the Nurse Practitioner will administer medications as needed to FSP clients.

- 2) FSP clients that are identified as candidates for Parent Child Interaction Therapy (PCIT) will be linked and referred to this evidenced based treatment program. Access to PCIT services shall be expanded for this targeted population.

PCIT is an effective evidenced-based treatment model with highly specified, step-by step, live-coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions, and, using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she

interacts in specific play with the child. A PCIT trained therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/caregiver child patterns. The goals of treatment are: an improvement in the quality of the parent- child relationship; a decrease in child behavior problems with an increase in prosocial behaviors; an increase in parenting skills, including positive discipline; and a decrease in parenting stress. PCIT is an evidenced-based treatment model for children ages 2 to 7 (FSP clients through age 5, siblings of FSP clients ages 6-7).

The requested funding would add four therapists (4 FTE) which would develop the capacity to provide this evidenced-based clinical treatment. Of the 4 FTE therapist positions, 1 FTE therapist position will be occupied by a Client/Family member and 3 FTE therapist positions will be occupied by non-Client/Family members. These positions would be recruited based on linguistic and cultural needs of the targeted population (Latino, South East Asian, African American SED clients). This will ensure integrated services for clients that are referred from the SMART MOC program. Through the referral process, clients would not need to negotiate services from multiple agencies creating a seamless service delivery. This will enable clients to move towards recovery and develop resiliency. The Care Managers would assist clients referred to the PCIT program with linkage and case management while continuing to be the single point of responsibility for clients.

- 3) FSP clients that are identified as candidates for the Incredible Years (IY) program will be linked and referred to this evidenced-based treatment program. Access to IY services shall be expanded for this targeted population.

IY is an effective evidence-based intervention that was initiated (2003) through a partnership with the California Institute of Mental Health (CIMH). The IY program is a program that can provide treatment for school age children with severe emotional and behavioral problems. These children were in need of an effective intervention, follow-up and support as they were failing in the school system because of their emotional and behavioral problems.

The requested funding would add 4 Community Mental Health Specialists which would develop the capacity to provide this evidenced-based clinical treatment. 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. These positions would be recruited based on linguistic and cultural needs of the targeted population (Latinos, South East Asian, African American SED clients). The incredible years program consists of the following three components: 1) Parent Basic: educates parents on social learning and child development and non-violent discipline techniques. Parent Advanced: to aid parents cope with personal and interpersonal problems. It also helps parents collaborate with teachers and work with their child to foster academic readiness

(peer support for families-parenting groups); 2) Teacher training: this component will be provided by the schools/educational districts. MHSA funding will not be required for this component. Teacher training works with the teacher to learn how to manage misbehavior and develop a plan with the parents for behavior management; and, 3) Children's Groups: promotes pro-social behavior and is a source of on-going treatment. MHSA funding is requested for Parent Basic, and Children's Groups.

The requirements for the CMHS positions would be 12 college units (psychology, counseling, etc). Some of the CMHS positions will be occupied by client/family members. Through the referral process, clients would not need to negotiate services from multiple agencies creating a seamless service delivery. This will enable clients to move towards recovery and develop resiliency. The Care Managers will assist clients in referral to the IY program.

Incredible Years is an effective evidenced-based treatment model for children up to 8 years of age (FSP clients through age 5, siblings of FSP clients ages 6-8).

Year 1 activities will involve issuing Request for Proposal for services, developing contracts, working with selected bidder(s) to become operational etc. In addition, some start up/one-time costs will be provided to selected bidder(s). RFP issuance in June of 2006, with selection of bidder(s) 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.

The total number of FSP clients to be served will be 130. Goals of the program are to reduce recidivism, reduce out of home placements, and avoid unnecessary institutionalization.

It is proposed that services identified in this workplan will be contracted out to the most qualified bidder(s).

There will be three types of medication administered to clients. Stimulants, anti-psychotics, and anti-depressants will be provided. Medications will be provided based upon specific need of clients and age specific. Medical supports will be provided by the Nurse Practitioner.

By moving from the existing current mental health system to one that focuses on entering into partnerships with clients/families/communities, and one that is client driven and involves the family- this will allow the county to transform its mental health delivery to one that enables clients/families to more successfully attain their goals.

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

FSP clients to be served will receive rental subsidies/emergency housing as needed. The housing vouchers will assist clients/families in immediate need for housing. If needed, clients in need of additional longer-term housing will be referred to an existing Homeless network.

Supportive housing assistance shall be provided for homeless families and families re-unifying after a child or parent has been in an institution (e.g. jail, juvenile hall, or hospital) or other out-of-home placement.

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

The figures below were based upon taking the total Full Service Partnership (FSP) program budget and dividing it by the proposed number of FSP clients found in Exhibit 6. The average cost of each full service partnership participant is estimated at \$12,368 (\$1,607,783 divided by 130 clients) in year 2, and \$13,142 (\$1,708,514 divided by 130) in year 3. There are no clients seen in year 1. This will be entirely funded by MHSa Full Service Partnership Funds.

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 this workplan would be to reduce the long-term adverse community impacts of untreated mental illness. The concepts of recovery and resiliency will be embedded in the program through all interventions that will focus on the strengths of the family and work toward the goal of enhancing those strengths and self-sufficiency. Parenting and child groups will allow clients and families the opportunity to discuss their mental health issues. Parenting groups (for families support) will be an important component of this workplan. Community and supportive services would be provided in a culturally competent manner including language competence and views on cultural issues/services. Client/family member services would be offered with a focus on wellness, recovery and resiliency. Staff (which includes clinical, and client/family members) 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. Through participation by parents/family members in various educational opportunities, classes and services, parents/families learn problem solving skills which will lead to a sense of mastery and competence. This wellness and recovery philosophy will be continually reinforced and developed through trainings, service reviews, monitoring of contracts, monitoring outcomes, etc.

The values of recovery and resiliency will be fostered with clients/family members developing individualized services and supports plan through the assessment and Plan of Care (POC). These plans will incorporate the principles of wellness recovery and will follow the consumer throughout their recovery period. Through the development of these individualized services and supports plans which are client/family driven and through the clients/families identifying their goals, the client/family will be able to realize resiliency and recovery.

MHSA investments in Fresno County will lead to training of staff which will ensure planning which is consistent with Children's System of Care principles and the resiliency model (Bonnie Benard, Resiliency: What we have learned, 2004). Full service partnership approaches and service delivery are 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 this 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.

This workplan is an expansion of an existing program. This workplan represents successful collaboration with various community-based organizations, government agencies and school districts. The existing program employs clinical staff-clinicians, psychologist etc. The existing program does not have 24-hr a day 7-day a week intensive and integrated services which are client/family driven. In addition, the existing program does not have treatment services.

This proposal will have a separate team of staff who will be dedicated to providing 130 high-risk youth and families a "whatever it takes" approach to service delivery. This proposal will add a cultural/linguistic/gender sensitive staffing. This new staffing will add Care Managers and Community Mental Health Specialists, in addition to clinicians, and a Nurse Practitioner. The Care Managers will act as single points of contact and responsibility with low case loads that will enable clients/families to receive a complete array of services. In addition, this proposal shall add evidenced-based treatment programs for the FSP clients.

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.

Some of the Care Managers, (case managers) CMHS, and therapist positions within this workplan will be consumer or family members and are planned to be fully integrated into this strategy. The Care Managers will be hired to provide a single point of contact for clients and families to receive intensive services and supports and act as a communication liaison between families, multi-agencies and service delivery. The CMHS' shall provide some treatment services. The Care Managers and CMHS' will participate as part of the overall staffing/team within this workplan. Parenting groups will also serve as peer support for family strategies within this workplan. The therapist will be hired to provide the PCIT intervention services.

The program will hire 13 Care Managers who will have a caseload of 10 clients each (of the 13 FTE Care Manager positions, 7 FTE Care Manager positions will be occupied by Client/Family members and 6 FTE Care Manager positions will be occupied by non-Client/Family members). The requested funding would also add four therapists (4 FTE) which would develop the capacity to provide the PCIT evidenced-based clinical treatment. Of the 4 FTE therapist positions, 1 FTE therapist position will be occupied by a Client/Family member and 3 FTE therapist positions will be occupied by non-Client/Family members. The requested funding would also add 4 Community Mental Health Specialists which would develop the capacity to provide the IY evidenced-based clinical treatment. 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.

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.

This workplan includes collaboration with the following agencies: Department of Children and Family Services (children's mental health and child protective services), Department of Employment and Temporary Assistance (temporary assistance to needy families, medi-cal/healthy family applications, food stamps); First 5 Fresno County (provide services and funding for families and children 0-5); Exceptional Parents Unlimited, Inc (in home services for pregnant, parenting, developmentally delayed etc); Fresno Unified School District; Fresno County Office of Education; Clovis Unified School District (educational services); Central Valley Regional Center (developmental center); Court-Appointed Special

Advocates (advocacy services for children); Fresno Metro Ministry (parenting classes) ; Fresno County Juvenile and Dependency Courts (juvenile justice services) ; University of California San Francisco-Fresno Medical Education, Department of Pediatrics (pediatric/medical services); Fresno County Mental Health Board (advisory board to county mental health departments); Comprehensive Youth Services (clinical treatment services). This collaboration of agencies will improve system services and outcomes for individuals by drawing upon shared resources /staffing/expertise to transform mental health and other support services to children within the community. This collaboration provides:

- Increased accountability for services provided;
 - Flexibility of care options to consumers;
 - Greater cost-efficiency through more accurate assessment and effective treatment;
 - Use of culturally competent, less restrictive community-based treatment approaches;
 - Greater acceptability through culturally friendly location and ambiance and community input in design and governance.
-
- DCFS will develop and expand partnerships (referral/linkage etc.) with Latino, South East Asian, African American, faith-based, and Native American tribal organizations.

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 attempt to 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. Should successful bidder(s) fail to recruit specified staff above, they shall budget funding for securing contracted translators. 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 SMART MOC through the recruitment of Care Managers, Community Mental Health Specialists, and therapist, 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 intensive supports to clients/families such as single points of contacts (Care Managers), 24 hour/7day a week response availability, access to emergency housing, food, utility assistance, childcare, transportation, etc. (wraparound services). These services/supports will provide strength based family-driven services to children/youth and their families with multiple, complex mental health and behavioral needs. 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 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-01 (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.
- Establish culturally specific wherein mental health, substance abuse, and mental health services may be accessed.
- Provide referrals for safe and adequate affordable housing with wraparound services for those deemed homeless by virtue of their mental disability.
- 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, African American). Through workplan OE-01 (Outreach and Engagement), retention rates shall be increased to these targeted populations.

DCFS shall provide technical assistance and demographic data to successful bidder(s) in relation to cultural competency planning.

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 providing services 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. mental health therapists, Care Managers, Community Mental Health Specialists, Nurse Practitioner, 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 treatment 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 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, 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, contracted bidder(s) will also seek to hire and train staff and community stakeholders (i.e., consumers, family members, and sub-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.

It is estimated that FSP clients will be residing within Fresno County, in order to receive the full array of services identified in this workplan.

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 # FSP-01 Date: 9/19/06
 Program Workplan Name SMART MODEL OF CARE Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation- 0
 Proposed Total Client Capacity of Program/Service: 205 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 205 Prepared by: Cathy 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	\$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				
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
c. State General Funds			\$0	\$0
d. Other Revenue (MAA)			\$0	\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
			425,924	425,924
D. Total Funding Requirements				
	\$0	\$0	425,924	425,924
E. Percent of Total Funding Requirements for Full Service Partnerships				

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

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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 \$425,924

Office Landscaping	\$44,000
Approximate cost of \$2,000 for office landscaping for 22 staff (Estimated purchase date- 12/2006)	
Staff Chairs	\$6,182
Approximate cost of \$281 per chair for 22 staff	

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(Estimated purchase date- 12/2006)

Guest Chairs \$5,852

Approximate cost of \$133 each for 44 chairs
(Estimated purchase date- 12/2006)

Bookcases

Approximate cost of \$138 per bookcase for 22 staff \$3,036
(Estimated purchase date- 12/2006)

Four drawer file cabinets \$2,992

Approximate cost of \$136 per file cabinet for 22 staff
(Estimated purchase date- 12/2006)

Storage Cabinets \$400

Approximate cost of \$200 each
(Estimated purchase date- 12/2006)

Personal Computers \$49,959

21 personal computers (PC and flat screen monitor)
at \$1,635, each, plus one-time licensing at \$744, each,
(Estimated purchase date- 12/2006)

Network Connectivity/Support \$38,434

Approximate cost of \$1,747 per person for 22 staff
(Estimated installation/purchase date- 12/2006)

Phones and Connection Fees \$6,600

Approximate cost of \$300 each for 22 staff
(connection fee of \$200 and hardware fee of \$100)
(Estimated installation/purchase date- 12/2006)

Teleconferencing Equipment \$44,790

Teleconferencing Equipment at \$12,030 each,
Installation of cabling at \$1,200 each,
Installation of telephone line at \$1,500 each,
Purchase of phone at \$200 each. 3 units.

Deskjet printers \$5,940

Approximate cost of \$270 each for 22 staff
(Estimated purchase date- 12/2006)

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Laser printer Approximate cost \$1,802 each for 1 laser printer (Estimated purchase date- 12/2006)	\$1,802
Laptop computer Approximate cost of \$3,349 per laptop for 1 laptop (Estimated purchase date- 12/2006)	\$3,349
Scanner Approximate cost of \$275 each for 3 scanners With 2 year maintenance. (Estimated purchase date- 12/2006)	\$825
TV/DVD/VCR Unit Approximate cost of \$1,500 each for use in educational Videos/staff training/children/parenting groups. 2 units. (Estimated purchase date- 12/2006)	\$3,000
Fax machine Approximate cost of \$963 each (\$763 to purchase, with a \$200 cost for installation of phone line). 1 unit. (Estimated purchase date- 12/2006)	\$963
Copier Machine Approximate cost of \$4,200 each. 1 unit (Estimated purchase date- 12/2006)	\$4,200
Projectors Approximate cost of \$2,500 each for 1 projector (Estimated purchase date- 12/2006)	\$2,500
Start Up Supplies For initial office and meeting supplies and brochures (Estimated purchase date- 12/2006 through 2/2007)	\$4,000
Cell Phones 22 cell phones at \$100/each. (Estimated purchase date- 12/2006)	\$2,200
Training for Evidenced-based Practices Related to best practices for SMART Model of Care	\$22,000

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evidenced-based practices for 22 staff (all staff) at \$1,000 per staff.
 (Estimated training from 12/2006 through 6/2007)

Building capacity Training \$22,000
 Local training of staff and community, consumer advocacy, co-occurring disorders, wellness and recovery for 22 staff (all staff) at \$1,000 per staff.
 (Estimated training to begin- 12/2006-6/2007)

Family Advocacy Training \$33,000
 For 22 staff (all staff) at \$1,500 per staff
 (Estimated training to begin- 12/2006-6/2007)

Parent Child Interaction Therapy (PCIT) training \$10,600
 \$2,650 for each PCIT clinician (4 clinicians)
 (Estimated training to begin- 12/2006-1/2007)

Incredible Years Staff training \$4,000
 \$1,000 for each Community Mental Health Specialist (CMHS). 4 CMHS at \$400 for registration, \$600 for travel/lodging). Training specific to Incredible Years Therapy.
 (Estimated training to begin- 12/2006-1/2007)

Renovation and Equipment for PCIT \$60,000
 2 Rooms must be remodeled to have one way mirror, purchase transmitter/receiver system, and various play equipment. Renovation/Equipment cost per room at \$30,000 each.
 (Estimated remodeling/purchase to begin- 12/2006-1/2007)

Incredible Years Equipment \$1,000
 \$1,000 one-time cost for 4 interpreter headsets (\$250 each) for 4 CMHS. Interpreter headsets will assist staff and clients in communicating with one another during treatment sessions.
 (Estimated purchase date - 12/2006)

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Vehicles	\$42,300
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3 mid size vehicles at \$14,100. These vehicles to be used by staff for delivering services at various locations throughout metropolitan and rural sites. The use of these vehicles will allow contracted staff to better reach underserved and unserved clients. 24/7 response capability will be required.
(Estimated purchase date- 12/2006)

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

D. Total Funding Requirements \$425,924

E. Percent of Total Funding Requirements for Full Service Partnerships – All costs identified above are for FSP.

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

County(ies): Fresno Fiscal Year: 2005-06
 Program Workplan # 1 Date: 7/14/06
 Program Workplan Name SMART Model of Care FSP-1 Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 0
 Proposed Total Client Capacity of Program/Service: 205 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 205 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
	Total Current Existing Positions				\$0
B. New Additional Positions					\$0 \$0
	Total New Additional Positions	0.00	0.00		\$0
C. Total Program Positions		0.00	0.00		\$0

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

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

County(ies): Fresno Fiscal Year: 2006-07
 Program Workplan # 1 Date: 7/14/06
 Program Workplan Name SMART Model of Care FSP-1 Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 335 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 205 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 130 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				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iv. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures			\$0	
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures			\$0	
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures			\$0	
4. Program Management				
a. Existing Program Management				
b. New Program Management				
c. Total Program Management			\$0	
5. Estimated Total Expenditures when service provider is not known				
			\$1,607,783	\$1,607,783
6. Total Proposed Program Budget				
	\$0	\$0		
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				
b. Medicare/Patient Fees/Patient Insurance				
c. Realignment				
d. State General Funds				
e. County Funds				
f. Grants				
g. Other Revenue				
h. Total Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				
d. Other Revenue (MAA)				
e. Total New Revenue				
3. Total Revenues				
C. One-Time CSS Funding Expenditures				
D. Total Funding Requirements				
	\$0	\$0	\$1,607,783	\$1,607,783
E. Percent of Total Funding Requirements for Full Service Partnerships				

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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5. Estimated Total Expenditures when service provider is not known. \$1,607,783

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 \$30,000

Many of the families served are un-served and under-served. Monies are necessary to support basic needs to fully realize benefits provided through Full Service Partnerships. In addition, funding for food/snacks for families is important during treatment sessions. Clothing vouchers at \$50 each, hygiene vouchers at \$20 each, and food vouchers at \$30 each.

b. Travel and Transportation \$20,000

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.

c. Housing \$25,000

Families may be in dire need of emergency housing. Emergency Housing vouchers at \$40 a night.

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d. Employment and Education Supports \$10,000

Training for parents to enhance wellness and recovery (i.e. NAMI, UACC, and Substance Abuse classes at Junior College) at \$300/class.
Education classes for parents who want to continue with additional parenting education classes at \$540/ class.

e. Other support expenditures \$70,000

Utility Vouchers

Emergency assistance to maintain utilities, water etc. to keep a safe environment at \$100/utility voucher. Total funding of \$25,000.

Childcare

Childcare will be provided to families during appointments. Cost is estimated at \$12.36/hour. Total funding of \$20,000.

Respite Care

Respite Care shall be provided to families who are In dire need. Cost is estimated at \$22hour. Total Funding of \$10,000.

Household Items

Household items to maintain a daily living And to maintain a safe environment. Items Such as refrigerator, oven/microwave, Laundry equipment etc. Total funding of \$15,000.

f. Total Support Expenditures \$155,000

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

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

a. Current Existing Personnel Expenditures (from staffing detail)	\$677,751
b. New Additional Personnel Expenditures (from staffing detail)	\$1,083,049
c. Employee Benefits	\$493,024
d. Total Personnel Expenditures	\$2,253,824

3. Operating Expenditures

a. Professional services	\$0
b. Translation and Interpreter services	\$37,053
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.	
c. Travel and Transportation	\$20,000
Mileage for staff reimbursement for home visitation Activities/group activities to metro and rural Fresno Areas. Mileage calculated at 48.5 cents/mile. In addition, fuel/maintenance costs for 7 vehicles	
d. General Office Expenditures	\$4,400
Estimated cost at \$200 per staff. Total of 22 staff. For items such as office supplies and postage.	

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e. Rent, Utilities, and Equipment **\$77,316**

Rent

Total square footage needed is approximately 3,460 sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 22 staff), plus an additional 300 sq.ft. for each PCIT treatment room. 2 PCIT treatment needed. 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 \$53,976

Cell Phone Monthly Charges

Monthly service cost of each cell phone (22) at \$60 each. Total funding \$15,840

Land Line Monthly Charges

22 land phones at \$25 per month. In addition, 3 fax lines at \$25/month Total funding \$7,500

f. Medication and Medical Supports **\$10,000**

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.

g. Other Operating Expenses **\$0**

h. Total Operating Expenditures **\$148,769**

4. Program Management

a. Existing Program Management **\$0**
Existing services provided by the County/direct services.

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b. New Program Management	\$120,000
Estimated cost for management/accounting/ Other support costs (estimated at approximately 8% of total workplan budget)- contracted out.	
c. Total Program Management	\$120,000

5. Total Proposed Program Budget- **\$2,677,593**

B. Revenues

1. Existing Revenues	
a. Medi-cal (FFP only)	\$389,171
b. Medicare/Patient Fees/Patient insurance	\$0
c. Realignment	\$114,390
d. State General Funds- EPSDT	\$312,037
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue (MAA)	\$51,923
h. Total Existing Revenue	\$867,521

2. New Revenues

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

a. Medi-cal (FFP only)	\$80,103
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds- EPSDT	\$64,226
d. Other revenue (MAA)	\$57,960
e. Total New Revenue	\$202,289
3. Total Revenue	\$202,289

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

D. Total Funding Requirements **\$1,607,783**

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**E. Percent of Total Funding Requirements for Full Service Partnerships-
All costs identified above are for FSP.**

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

County(ies): Fresno Fiscal Year: 2006-07
 Program Workplan # 1 Date: 7/14/06
 Program Workplan Name SMART Model of Care FSP-1 Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 335 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 205 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 130 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					
Mental Health Clinicians (SMART MOC)	Provide Assessment Services		2.00	\$61,621	\$123,242
Community Mental Health Specialist (SMART MOC)	Case Management/Linkage/Referral		1.00	\$41,054	\$41,054
Mental Health Clinicians (Parent Child Interaction Therapy)	Treatment-Parent Child interaction therapy		7.00	\$61,621	\$431,347
Community Mental Health Specialist (Incredible Years)	Treatment/Case Management/Linkage/Referral		2.00	\$41,054	\$82,108
	Total Current Existing Positions	0.00	12.00		\$677,751
B. New Additional Positions *					
All positions below reflect positions/services to be contracted out. Estimates are shown based on County Salary figures.					
Care Manager	Provide a single point of contact for clients and families in their homes and/or in the community to receive intensive service and supports and act as a communication liaison between families and multi-agencies. Care Managers shall be on-call as needed. Includes \$10,400 of standby (on call) pay and \$3,000 for overtime pay as needed.	7.00	13.00	\$44,769	\$581,997
Community Mental Health Specialists	Case Management/Linkage/Referral for IY program.	2.00	4.00	\$41,054	\$164,216
Mental Health Clinicians	Conduct treatment services related to PCIT to children and families.	1.00	4.00	\$61,621	\$246,484
Nurse Practitioner	Educate primary care physicians regarding the importance of early intervention and the referral process for families with children age 0-5. In addition, the Nurse Practitioner will administer medications as needed to FSP clients.		1.00	\$90,352	\$90,352
*All positions above reflect positions/services to be contracted out. Estimates are shown based on County salary figures. *Staffing ratio for the Care Managers shall be 1 staff to 10 clients. There shall be a total of 13 Care Managers for 130 FSP clients. *Contractor to determine exact job title. * Only new additional staffing positions shown above will provide MHSA funded services					
	Total New Additional Positions	10.00	22.00		\$1,083,049
C. Total Program Positions		10.00	34.00		\$1,760,800

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 # 1 Date: 7/14/06
 Program Workplan Name SMART Model of Care FSP-1 Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 335 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 205 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 130 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				
b. Travel and Transportation				
c. Housing				
i. Master Leases				
ii. Subsidies				
iii. Vouchers				
iv. Other Housing				
d. Employment and Education Supports				
e. Other Support Expenditures (provide description in budget narrative)				
f. Total Support Expenditures	\$0	\$0		
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				
b. New Additional Personnel Expenditures (from Staffing Detail)				
c. Employee Benefits				
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpreter Services				
c. Travel and Transportation				
d. General Office Expenditures				
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				
g. Other Operating Expenses (provide description in budget narrative)				
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
			\$1,708,514	\$1,708,514
6. Total Proposed Program Budget				
	\$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)				
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				
d. Other Revenue				
e. Total New Revenue	\$0	\$0		
3. Total Revenues				
	\$0	\$0		
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$1,708,514	\$1,708,514
E. Percent of Total Funding Requirements for Full Service Partnerships				

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5. Estimated Total Expenditures when service provider is not known. \$1,708,514

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 \$30,000

Many of the families served are un-served and under-served. Monies are necessary to support basic needs to fully realize benefits provided through Full Service Partnerships. In addition, funding for food/snacks for families is important during treatment sessions. Clothing vouchers at \$50 each, hygiene vouchers at \$20 each, and food vouchers at \$30 each.

b. Travel and Transportation \$15,000

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.

c. Housing \$20,000

Families may be in dire need of emergency housing. Emergency Housing vouchers at \$40 a night.

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d. Employment and Education Supports \$10,000

Training for parents to enhance wellness and recovery (i.e. NAMI, UACC, and Substance Abuse classes at Junior College) at \$300/class.
Education classes for parents who want to continue with additional parenting education classes at \$540/ class.

e. Other support expenditures \$61,236

Utility Vouchers
Emergency assistance to maintain utilities, water etc. to keep a safe environment at \$100/utility voucher. Total funding of \$25,000.

Childcare
Childcare will be provided to families during appointments. Cost is estimated at \$12.36/hour. Total funding of \$16,236.

Respite Care
Respite Care shall be provided to families who are In dire need. Cost is estimated at \$22hour. Total Funding of \$10,000.

Household Items
Household items to maintain a daily living And to maintain a safe environment. Items Such as refrigerator, oven/microwave, Laundry equipment etc. Total funding of \$10,000

f. Total Support Expenditures \$136,236

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

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(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 (from staffing detail)	\$698,084
b. New Additional Personnel Expenditures (from staffing detail)	\$1,115,540
c. Employee Benefits	\$616,632
d. Total Personnel Expenditures	\$2,430,256

3. Operating Expenditures

a. Professional services	\$0
b. Translation and Interpreter services 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.	\$37,053
c. Travel and Transportation Mileage for staff reimbursement for home visitation Activities/group activities to metro and rural Fresno Areas. Mileage calculated at 48.5 cents/mile. In addition, fuel/maintenance costs for 7 vehicles	\$20,000
d. General Office Expenditures Estimated cost at \$200 per staff. Total of 22 staff. For items such as office supplies and postage. No increase from FY 2006-07 as sufficient allocation	\$4,400

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has been determined to reflect any increases in office supply costs.

e. Rent, Utilities, and Equipment \$78,977

Rent

Total square footage needed is approximately 3,460 sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 22 staff), plus an additional 300 sq.ft. for each PCIT treatment room. 2 PCIT treatment needed. Cost per sq.ft. is estimated at a \$1.34/sq.ft. Increase of 3% from prior year.

The cost of utilities- electricity, gas, etc. is included in the cost of the rent cost shown above. Total funding of \$55,637.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (22) at \$60 each. Total funding \$15,840.

Land Line Monthly Charges

22 land phones at \$25 per month. In addition, 3 fax lines at \$25/month Total funding \$7,500

f. Medication and Medical Supports \$11,000

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 \$266. Increase of 10% from prior year.

g. Other Operating Expenses \$0

h. Total Operating Expenditures \$151,430

4. Program Management

a. Existing Program Management \$0
Existing services provided by the County/direct services.

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b. New Program Management	\$128,313
Estimated cost for management/accounting/ Other support costs. (estimated at approximately 8%of total workplan budget)- contracted out.	
c. Total Program Management	\$128,313

5. Total Proposed Program Budget- \$2,846,235

B. Revenues

1. Existing Revenues	
a. Medi-cal (FFP only)	\$420,305
b. Medicare/Patient Fees/Patient insurance	\$0
c. Realignment	\$123,541
d. State General Funds- EPSDT	\$337,000
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue (MAA)	\$54,586
h. Total Existing Revenue	\$935,432

2. New Revenues

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

a. Medi-cal (FFP only)	\$80,103
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds- EPSDT	\$64,226
d. Other revenue (MAA)	\$57,960
e. Total New Revenue	\$202,289
3. Total Revenue	\$202,289

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C. One-Time CSS Funding Expenditures \$0

D. Total Funding Requirements \$1,708,514

**E. Percent of Total Funding Requirements for Full Service Partnerships-
All costs identified above are for FSP.**

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

County(ies): Fresno Fiscal Year: 2007-08
 Program Workplan # 1 Date: 7/14/06
 Program Workplan Name SMART Model of Care FSP-1 Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 335 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 205 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 130 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					
Mental Health Clinicians (SMART MOC)	Provide Assessment Services		2.00	\$63,470	\$126,939
Community Mental Health Specialist (SMART MOC)	Case Management/Linkage/Referral		1.00	\$42,286	\$42,286
Mental Health Clinicians (Parent Child Interaction Therapy)	Treatment-Parent Child interaction therapy		7.00	\$63,470	\$444,287
Community Mental Health Specialist (Incredible Years)	Treatment/Case Management/Linkage/Referral		2.00	\$42,286	\$84,571
Total Current Existing Positions		0.00	12.00		\$698,084
B. New Additional Positions *					
All positions below reflect positions/services to be contracted out. Estimates are shown based on County salary figures.					
Care Manager	Provide a single point of contact for clients and families in their homes and/or in the community to receive intensive service and supports and act as a communication liaison between families and multi-agencies. Care Managers shall be on-call as needed. Includes \$10,712 of standby (on call) pay and \$3,090 for overtime pay as needed.	7.00	13.00	\$46,112	\$599,457
Community Mental Health Specialists	Case Management/Linkage/Referral for IY program.	2.00	4.00	\$42,286	\$169,142
Mental Health Clinicians	Conduct treatment services related to PCIT to children and families.	1.00	4.00	\$63,470	\$253,879
Nurse Practitioner	Educate primary care physicians regarding the importance of early intervention and the referral process for families with children age 0-5. In addition, the Nurse Practitioner will administer medications as needed to FSP clients.		1.00	\$93,063	\$93,063
*Staffing ratio for the Care Managers shall be 1 staff to 10 clients. There shall be a total of 13 Care Managers for 130 FSP clients.					
*Contractor to determine exact job title.					
* Only new additional staffing positions shown above will provide MHSA funded services					
Total New Additional Positions		10.00	22.00		\$1,115,540
C. Total Program Positions		10.00	34.00		\$1,813,624

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 #: 1
Program Work Plan Name: SMART Model of Care- FSP- 01
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	There are many youth with SED ages 0 through 5 who are at high risk or court dependents through the Child Welfare System. Many times this population is underinsured or uninsured. Many of these youth are from racially and ethnically diverse populations (Latino, Southeast Asian, African American etc.). Many children in this target population are	0		0		0		0		0	

	reared by teen mothers of color. The target population also consists of families effected by substance abuse issues, and or experiencing extreme behaviors at school. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, educational failure and disproportionate institutionalization as youth and adults.										
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

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: 1
Program Work Plan Name: SMART Model of Care- FSP- 01
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	There are many youth with SED ages 0 through 5 who are at high risk or court dependents through the Child Welfare System. Many times this population is underinsured or uninsured. Many of these youth are from racially and ethnically diverse populations (Latino, Southeast Asian, African American etc.). Many children in this target population are	32		64		97		130		130	

	reared by teen mothers of color. The target population also consists of families effected by substance abuse issues, and or experiencing extreme behaviors at school. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, educational failure and disproportionate institutionalization as youth and adults.										
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

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

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: 1
Program Work Plan Name: SMART Model of Care- FSP- 01
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	There are many youth with SED ages 0 through 5 who are at high risk or court dependents through the Child Welfare System. Many times this population is underinsured or uninsured. Many of these youth are from racially and ethnically diverse populations (Latino, Southeast Asian, African American etc.). Many children in this target population are	130		130		130		130		130	

	reared by teen mothers of color. The target population also consists of families effected by substance abuse issues, and or experiencing extreme behaviors at school. Because of unaddressed social, emotional and health needs, these children experience behavioral problems, multiple placements, educational failure and disproportionate institutionalization as youth and adults.										
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