

**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

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| County: Fresno | Fiscal Year: 2005-06, 2006-07, 2007-2008 | Program Work Plan Name: Team Decision Making (TDM)/Community Outreach for Psychiatric Emergency (COPE) team |
| Program Work Plan #: GSD-02 (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>Fresno County proposes to use General System Development funding to expand the existing Annie E. Casey's, Team Decision Making (TDM) process by adding mental health expertise/staffing to the TDM process. Through this workplan, it is proposed that 60 children/families will be served in each year.</p> <p>The goal of the TDM is to make appropriate plans for preventing foster care placements, to reduce out-of-home care and placement changes due to emotional or behavioral problems. One of the goals of the TDM process is to maintain the child in their home setting or community, and in their current school. The TDM is a multi-disciplined, /multi-dimensional process. The current TDM consists of parents/family members/care givers, probation officers, social workers, teachers (collaboration with SELPAs and the community in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders), faith-based agencies etc. The TDM comes together to preserve/stabilize placements, as well as determine the most suitable placement needs of the client/family. Mental health involvement in the TDM process currently does not exist.</p> <p>Currently, DCFS through its Community Outreach for Psychiatric Emergency (COPE) team provides mobile mental health crisis response services Monday through Friday, 8-5 PM. After hours, there is a crisis line to DCFS' Children's Crisis, Assessment, Intervention and Resolution (CCAIR) center. The CCAIR mental health staffing will attempt to deescalate the crisis. If the need exists for actual crisis mobile services out in the community after hours, the CCAIR staff will link the client/family to 911 emergency services. The COPE team serves consumers in crisis, released from emergency rooms, hospitals, and bridges consumers with severe emotional disorders needing short-term follow-up. The COPE Team also provides; Care Management, Intensive follow up services; Relapse prevention; and interagency coordination of crisis services. Currently,</p> | |

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| | <p>mental health staffing from the COPE team is unable to attend the TDM process.</p> <p>Through the use of General System Development funds, 1 FTE (non-client family member) Community Mental Health Specialist (CMHS) and 1 FTE (client/family member) Parent Partner associated with the COPE team will be added to strengthen the TDM process. This will allow specific client/family mental health needs to be addressed.</p> <p>The CMHS would be part of the TDM group/process. The CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health. One of the roles of the CMHS would be to participate in the initial/entry level TDMs when mental health needs are first discussed. In addition, the CMHS will continue to address mental health needs of client/family(s) on all future TDMs. The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant. The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to children's mental health providers.</p> <p>The Parent Partner would also be part of the TDM process. The Parent Partner shall provide peer support services to the family. In addition, the Parent Partner would provide education and advocacy services to clients/families. The Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems. The Parent Partner identified above shall be a consumer/family member position.</p> <p>The goals of the MHSA will be promoted by providing-</p> <p>Community collaboration. Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process. This collaboration will lead to shared information and resources to meet the needs of clients/families.</p> |
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| | <p>Wellness focus which includes concepts of recovery and resiliency. Through the emphasis on peer support for the family, provided by the Parent Partner, resiliency will be promoted. Through peer support for the family, the client/family will be able to become more optimistic and hopeful towards recovery.</p> <p>Client family driven. The Parent Partner position will be a client/family member. The expanded TDM process will include the involvement of the client/family members in placement decisions which take into consideration mental health needs. Integrated service experience for client. The expanded TDM process will lead to services being seamless as clients/families do not need to negotiate with multiple agencies to obtain mental health services. This will result in critical mental health needs being identified and lead to the development of resiliency. Mental health needs shall be coordinated through the Parent Partner/CMHS positions.</p> <p>Cultural competence. The Parent Partner shall be a client/family member. The Parent Partner shall represent the cultural, linguistic, ethnic and gender needs of the community. The Parent Partner shall provide peer support services for the family in a culturally competent manner. Clients/families will be less reluctant to seek services as they can identify more fully with this Parent Partner position.</p> |
| <p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p> | <p>The priority population for this workplan are unserved, or underserved Latino, Southeast Asian, and African-American children/families with serious emotional disturbance (SED) who are at-risk of out home placement, or at risk of institutional care, hospitalization, incarceration, or at risk of changes to their current placement.</p> <p>General System Development funds will be used to target children and youth/families that have no or limited means of payment for services.</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) 1 FTE (non-client/family member) Community Mental Health Specialist (CMHS) and 1 FTE (client/family member) Parent Partner associated with the COPE team to be added to strengthen the TDM process. This will allow specific client/family mental health needs to be addressed. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to children's mental health providers. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of maintaining stable placements for those with serious emotional disorders. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) The Parent Partner shall provide peer support services to the family. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Parent Partner would provide education and advocacy services to clients/families. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) The Parent Partner identified above shall be a consumer/family member position. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) The Parent Partner shall provide peer support services to the family in a | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| culturally competent manner. | | | | | | | |
| 12) Currently DCFS provides mobile mental health crisis response services Monday through Friday, 8-5 PM. After hours, there is a crisis line to DCFS' Children's Crisis, Assessment, Intervention and Resolution (CCAIR) center. The CCAIR mental health staffing will attempt to deescalate the crisis. If the need exists for actual crisis mobile services out in the community after hours, the CCAIR staff will link the client/family to 911 emergency services. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Collaboration with SELPAs and the community in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) 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 General System Development workplan. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Team Decision-Making (TDM) process- Focuses on collaboration/wellness. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) COPE team- Provides mobile crisis services. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EXHIBIT 4 NARRATIVE QUESTIONS
SECTION VI, ITEM II OF STATE INSTRUCTIONS
CHILDREN AND YOUTH
Workplan # GSD-02 - TEAM DECISION MAKING/ MOBILE CRISIS UNIT
(CHILD WELFARE STRATEGY)

- 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 proposes to use General System Development funding to expand the existing Annie E. Casey's, Team Decision Making (TDM) process by adding mental health expertise/staffing to the TDM process. Through this workplan, it is proposed that 60 children/families will be served in each year. Services delivered by this workplan shall be performed by County of Fresno DCFS.

The goal of the TDM is to make appropriate plans for supporting foster care placements to reduce out-of-home care and placement changes due to emotional or behavioral problems. One of the goals of the TDM process is to maintain the child in their home setting or community, and in their current school. The TDM is a multi-disciplined, /multi-dimensional process. The current TDM consists of parents/family members/care givers, probation officers, social workers, teachers (collaboration with SELPAs and the community in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders), faith-based agencies etc. The TDM comes together to preserve/stabilize placements, as well as determine the most suitable placement needs of the client/family. Mental health involvement in the TDM process currently does not exist. Currently, no client/family members are part of the staffing.

Currently, DCFS through its Community Outreach for Psychiatric Emergency (COPE) team provides mobile mental health crisis response services Monday through Friday, 8-5 PM. After hours, there is a crisis line to DCFS' Children's Crisis, Assessment, Intervention and Resolution (CCAIR) center. The CCAIR mental health staffing will attempt to deescalate the crisis. If the need exists for actual crisis mobile services out in the community after hours, the CCAIR staff will link the client/family to 911 emergency services. The COPE team serves consumers in crisis, released from emergency rooms, hospitals, and bridges consumers with severe emotional disorders needing short-term follow-up. The COPE Team also provides; Care Management, Intensive follow up services; Relapse prevention; and interagency coordination of crisis services. Currently, mental health staffing from the COPE team is unable to attend the TDM process.

Through the use of General System Development funds, 1 FTE (non-client family member) Community Mental Health Specialist (CMHS) and 1 FTE (client/family member) Parent Partner associated with the COPE team will be added to

strengthen the TDM process. This will allow specific client/family mental health needs to be addressed.

The CMHS would be part of the TDM group/process. The CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health. One of the roles of the CMHS would be to participate in the initial/entry level TDM when mental health needs are first discussed. In addition, the CMHS will continue to address mental health needs of client/family(s) on all future TDMs. The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant. The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to children's mental health providers.

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The goals of the MHSA will be promoted by providing-

Community collaboration. Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process. This collaboration will lead to shared information and resources to meet the needs of clients/families.

Wellness focus which includes concepts of recovery and resiliency. Through the emphasis on peer support for families, provided by the Parent Partner, resiliency will be promoted. Through peer support for families, the client/family will be able to become more optimistic and hopeful towards recovery.

Client family driven. The Parent Partner position will be a client/family member. The expanded TDM process will include the involvement of the client/family members in placement decisions which take into consideration mental health needs.

Integrated service experience for client. The expanded TDM process will lead to services being seamless as clients/families do not need to negotiate with multiple agencies to obtain mental health services. This will result in critical mental health needs being identified and development of resiliency. Mental health needs shall be coordinated through the Parent Partner/CMHS positions.

Cultural competence. The Parent Partner shall be a client/family member. The Parent Partner shall represent the cultural, linguistic, ethnic and gender needs of the community. The Parent Partner shall provide peer support services for families in a culturally competent manner. Clients/families will be less reluctant to seek services as they can identify more fully with this Parent Partner position.

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

Not applicable.

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

Not applicable.

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

The current TDM consists of parents/family members/care givers, probation officers, social workers, teachers (collaboration with SELPAs) and faith-based agencies etc. in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders. The TDM comes together to preserve/stabilize placements, as well as determine the most suitable placement needs of the client/family. Currently, no client/family members are part of the staffing.

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The Parent Partner shall represent the cultural, linguistic, ethnic and gender needs of the community. The Parent Partner shall provide peer support services for families in a culturally competent manner. Clients/families will be less reluctant to seek services as they can identify more fully with this Parent Partner position.

The goals of this workplan would be to reduce the long-term adverse community impacts of untreated mental illness. Community and supportive services would be provided in a culturally competent manner including language competence and views on cultural issues/services. Client/family member services would be offered with a focus on wellness, recovery and resiliency. Staff 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 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).

Outcomes will be determined and measured for this workplan based on assessment tools given to clients/families. Evaluation shall include promoting cultural competency, emphasizing resiliency and recovery.

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

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Through the use of General System Development funds, a Community Mental Health Specialist (CMHS) and a Parent Partner associated with the COPE team will be added to strengthen the TDM process. This will allow specific client/family mental health needs to be addressed.

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The Parent Partner would also be part of the TDM process. The Parent Partner shall provide peer support services for families. In addition, the Parent Partner would provide education and advocacy services to clients/families. The Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems. The Parent Partner identified above shall be a consumer/family member position.

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.

1 FTE Parent Partner (client/family member) will be integrated into this workplan. The Parent Partner shall provide peer support services for families. In addition,

the Parent Partner would provide education and advocacy services to clients/families. The Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems. The Parent Partner identified above shall be a consumer/family member position.

- 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.**

Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process. This collaboration will lead to shared information and resources to meet the needs of clients/families.

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

The current TDM consists of parents/family members/care givers, probation officers, social workers, teachers (collaboration with SELPAs) and faith-based agencies etc. in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders.

The COPE Team provides interagency coordination of crisis services. This collaboration exists with law enforcement, local hospitals, local schools, probation, and other community stakeholders.

- 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 will hire bi-lingual and culturally competent staff in addition to sending staff to annual trainings on cultural competency. The goal of an effective cultural competency program is to reduce mental health ethnic, linguistic, gender disparities. In addition, there are currently no client/family members within the COPE/TDM team. Recruitment of the Parent Partner and the CMHS shall be from the targeted populations (Latino, Southeast Asian, African American). In

addition, should the County be unable to recruit bi-lingual staff, County shall budget funding for securing contracted translators/interpreters. We know that cultural values and traditions offer special strengths that should help guide health care messages and treatments. Fresno County understands that mental health services are more effective when they are provided within the most relevant and meaningful cultural, gender-sensitive, and age-appropriate context for the people being served.

The expansion of the TDM/COPE program through the recruitment of a Parent Partner, and a Community Mental Health Specialist will increase the availability of care and access to care. Part of the staffing will be derived from client/family members. An annual cultural competency self-assessment shall be performed. 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 a CMHS providing mental health services/linkage, this will allow greater opportunities for members of the Latino, Southeast Asian, and African American communities to be part of the service delivery system/reduce the ethnic disparities amongst service providers. This strategy will assist in hiring direct service staff which more appropriately reflect racial and ethnic make up of the targeted communities to be served. With the collaboration of the multiple stakeholders identified above a seamless delivery of services shall be provided.

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

Staff to provide services as part of this workplan shall receive cultural awareness training, diversity training and civil rights training. Sexual harassment training will be offered to staff and 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 rancherias, reservations, and other targeted population areas.
- Developing TDM plans which are flexible and open to changes as needed by targeted populations/client families.
- Developing plans which will continually engage targeted populations/client families.
- 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.
- Establish culturally specific multidisciplinary TDM/COPE teams responsible for assuring or providing needed services.
- Provide referrals for safe and adequate affordable housing and referrals for wraparound services for those deemed homeless by virtue of their mental disability.
- Peer support groups for families 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.

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.

DCFS staff receives cultural, diversity, civil rights, and sexual harassment training which 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 Partner, Community Mental Health Specialist), these specialists will be trained annually to provide interventions (or referral to specific providers) related to lesbian, gay, bi-sexual, transgender (LGBT) individuals, as well as gender-sensitivity training.

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

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

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

Staff delivering 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, Fresno County will also seek to hire and train staff 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 Team Decision Making/COPE Team, 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. County to Recruit, Hire and Train staff | Oct.18 – Nov. 20 2006 |
| 4. Program Services Begin | November 20, 2006 |
| 5. Monitor and Evaluate Service Delivery | Nov. 2006 – Term of Contract |
| 6. Monitor Outcomes and Best Practices | Nov. 2006 – Term of Contract |
| 7. Monitor and Track Service Capacity | Nov. 2006 – Term of Contract |
| 8. Ongoing Training of Staff and Identifying Service Needs. | Dec. 2006 – Term of Contract |
| 9. MHSA Reporting of Outcomes, and Services to the State | Nov. 2006 and Onwards |

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

County(ies): Fresno Fiscal Year: 2005-06
 Program Workplan # GSD-02 Date: 9/19/06
 Program Workplan Name TDM/COPE TEAM Page 1 of 1
 Type of Funding 2. System Development Months of Operation- 0
 Proposed Total Client Capacity of Program/Service: 300 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 300 Prepared by: Cathi Huerta
 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 | \$47,508 | | | \$47,508 |
| D. Total Funding Requirements | \$47,508 | \$0 | \$0 | \$47,508 |
| 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- 02- Team Decision Making/COPE Team

Fiscal Year: 2005-06

Date: 9/19/06

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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. | |

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

Children and Youth

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2005-06

Date: 9/19/06

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| | |
|---|-----------------|
| b. New Program Management | \$0 |
| 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 | \$47,508 |
| Office Landscaping | \$4,000 |
| Approximate cost of \$2,000 for office landscaping for 2 staff. (Estimated purchase date- 11/2006) | |
| Staff Chairs | \$562 |
| Approximate cost of \$281 per chair for 2 staff (Estimated purchase date- 11/2006) | |

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

Children and Youth

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2005-06

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| | |
|--|---------|
| Guest Chairs Approximate cost of \$133 each for 2 chairs (Estimated purchase date- 11/2006) | \$266 |
| Bookcases Approximate cost of \$138 per bookcase for 2 staff (Estimated purchase date- 11/2006) | \$276 |
| Four drawer file cabinets Approximate cost of \$136 per file cabinet for 2 staff (Estimated purchase date- 11/2006) | \$272 |
| Storage Cabinets Approximate cost of \$200 each. 1 unit. (Estimated purchase date- 11/2006) | \$200 |
| Personal Computers 2 personal computers (PC and flat screen monitor) at \$1,635 each, plus one-time licensing at \$744 each, (Estimated purchase date- 11/2006) | \$4,758 |
| Network Connectivity/Support Approximate cost of \$1,747 per person for 2 staff (Estimated installation/purchase date- 11/2006) | \$3,494 |
| Phones and Connection Fees Approximate cost of \$300 each for 2 staff (connection fee of \$200 and hardware fee of \$100) (Estimated installation/purchase date- 11/2006) | \$600 |
| Deskjet printers Approximate cost of \$270 each for 2 staff (Estimated purchase date- 11/2006) | \$540 |
| Laser printers Approximate cost \$1,802 each for 1 laser printer (Estimated purchase date- 11/2006) | \$1,802 |
| Scanner Approximate cost of \$275 for 1 scanner. | \$275 |

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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With 2 year maintenance.

(Estimated purchase date- 11/2006)

TV/DVD/VCR Unit

Approximate cost of \$1,500 each for use in educational presentations/staff trainings/peer support for families/activities). 1 unit.

\$1,500

(Estimated purchase date- 11/2006)

Fax machine

Approximate cost of \$963 each (\$763 to purchase, with a \$200 cost for installation of phone line). 1 unit.

\$963

(Estimated purchase date- 11/2006)

Copier Machine

\$4,200

Approximate cost of \$4,200 each. 1 unit.

(Estimated purchase date- 11/2006)

Start Up Supplies

\$2,500

For initial office and meeting supplies and brochures

(Estimated purchase date- 11/2006 through 2/2007)

Cell Phones

\$200

2 cell phones at \$100/each (all staff participating in TDM/COPE Team activities)

(Estimated purchase date- 11/2006)

Family to Family Trainings

\$2,000

\$1,000 per staff for 2 staff to attend

TDM Family to Family trainings.

(Estimated training to begin- 11/2006 through 1/2007)

Building capacity Training

\$2,000

Local training of staff and community, consumer advocacy, for 2 staff at \$1,000 per staff.

(Estimated training to begin- 11/2006 through 6/2007)

Family Advocacy Training

\$3,000

For 2 staff (all staff) at \$1,500 per staff

(Estimated training to begin- 11/2006 through 6/2007)

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

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Vehicles \$14,100
Cost of 1 mid size vehicles at \$14,100 each.
These vehicles to be used by staff for attending
TDMs/offsite meetings with families/peer support
for families in metropolitan and rural areas.
(Estimated purchase date- 11/2006)

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 \$47,508

**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: 2005-06
 Program Workplan # GSD- 02 Date: 7/14/06
 Program Workplan Name TDM/COPE TEAM Page 1 of 1
 Type of Funding 2. General System Development Months of Operation 0
 Proposed Total Client Capacity of Program/Service: 300 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 300 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (559) 253-9590

| Classification | Function | Client, FM & CG FTEs ^{a/} | Total Number of FTEs | Salary, Wages and Overtime per FTE ^{b/} | Total Salaries, Wages and Overtime |
|--------------------------------------|---|------------------------------------|----------------------|--|--|
| A. Current Existing Positions | | | | | |
| No MHSA services in FY 2005-06 | | | | | \$0 \$0 \$0 \$0 |
| | Total Current Existing Positions | 0.00 | 0.00 | | \$0 |
| B. New Additional Positions | | | | | |
| | | | | | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| | Total New Additional Positions | 0.00 | 0.00 | | \$0 |
| C. Total Program Positions | | 0.00 | 0.00 | | \$0 |

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

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

County(ies): Fresno Fiscal Year: 2006-07
 Program Workplan #: GSD-02 Date: 7/14/06
 Program Workplan Name: TDM/COPE TEAM Page 1 of 1
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 360 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 300 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 60 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 | \$13,564 | | \$0 | \$13,564 |
| b. Travel and Transportation | \$9,564 | | \$0 | \$9,564 |
| c. Housing | | | | |
| i. Master Leases | | | | \$0 |
| ii. Subsidies | | | | \$0 |
| iii. Vouchers | | | \$0 | \$0 |
| iv. Other Housing | | | | \$0 |
| d. Employment and Education Supports | \$10,000 | | \$0 | \$10,000 |
| e. Other Support Expenditures (provide description in budget narrative) | | | \$0 | \$0 |
| f. Total Support Expenditures | \$33,128 | \$0 | \$0 | \$33,128 |
| 2. Personnel Expenditures | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | \$0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | \$72,423 | | \$0 | \$72,423 |
| c. Employee Benefits | \$34,039 | | \$0 | \$34,039 |
| d. Total Personnel Expenditures | \$106,462 | \$0 | \$0 | \$106,462 |
| 3. Operating Expenditures | | | | |
| a. Professional Services | \$0 | | | \$0 |
| b. Translation and Interpreter Services | \$8,563 | | \$0 | \$8,563 |
| c. Travel and Transportation | \$10,000 | | \$0 | \$10,000 |
| d. General Office Expenditures | \$400 | | \$0 | \$400 |
| e. Rent, Utilities and Equipment | \$6,396 | | \$0 | \$6,396 |
| f. Medication and Medical Supports | \$5,000 | | \$0 | \$5,000 |
| g. Other Operating Expenses (provide description in budget narrative) | | | \$0 | \$0 |
| h. Total Operating Expenditures | \$30,359 | \$0 | \$0 | \$30,359 |
| 4. Program Management | | | | |
| a. Existing Program Management | | | | \$0 |
| b. New Program Management | \$0 | | | \$0 |
| c. Total Program Management | \$0 | \$0 | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | | | | |
| 6. Total Proposed Program Budget | | | | |
| | \$169,949 | \$0 | | \$169,949 |
| 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) | \$16,364 | | \$0 | \$16,364 |
| b. Medicare/Patient Fees/Patient Insurance | | | | \$0 |
| c. State General Funds (EPSDT) | \$13,120 | | \$0 | \$13,120 |
| d. Other Revenue (MAA) | \$6,140 | | \$0 | \$6,140 |
| e. Total New Revenue | \$35,624 | \$0 | \$0 | \$35,624 |
| 3. Total Revenues | | | | |
| | \$35,624 | \$0 | \$0 | \$35,624 |
| C. One-Time CSS Funding Expenditures | | | | |
| | | | | \$0 |
| D. Total Funding Requirements | | | | |
| | \$134,325 | \$0 | \$0 | \$134,325 |
| 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- 02- Team Decision Making/COPE Team

Fiscal Year: 2006-07

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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 **\$13,564**

Some of the families served by the TDM/COPE Team program are un-served and under-served. Funding for food/snacks for families is important during TDM sessions and peer support services. Clothing vouchers at \$100 each, hygiene vouchers at \$50 each, and food vouchers at \$75 each.

b. Travel and Transportation **\$9,564**

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

c. Housing **\$0**

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.

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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e. Other support expenditures \$0

f. Total Support Expenditures \$33,128

2. Personnel Expenditures

Specified job descriptions are based on current salary estimates. Employee benefits are estimated at 47% of salary. This benefit rate reflects the rate for services provided by Fresno County. This service will not be contracted out. This benefit rate is based on estimated health insurance, retirement, disability insurance, etc. according to current Fresno County benefit rates. These rates are significantly higher than the benefit rates for non-government agencies for items such as retirement, health insurance, etc. Staffing explanations are shown in the staffing detail worksheets under the "function" heading.

a. Current Existing Personnel Expenditures \$0
(from staffing detail)

b. New Additional Personnel Expenditures \$72,423
(from staffing detail)

c. Employee Benefits \$34,039

d. Total Personnel Expenditures \$106,462

3. Operating Expenditures

a. Professional services \$0

b. Translation and Interpreter services \$8,563

Amounts based on current contracted out average cost of \$45/hour. County 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 take place.

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
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c. Travel and Transportation **\$10,000**

Fuel/maintenance cost for 2 vehicles.
In addition, mileage for staff reimbursement for delivery of TDM/COPE team services. Mileage calculated at 48.5 cents/mile.

d. General Office Expenditures **\$400**

Estimated cost at \$200 per staff. Total of 2 staff.
For items such as office supplies and postage.

e. Rent, Utilities, and Equipment **\$6,396**

Rent

Total square footage needed is approximately 260sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 2 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 \$4,056.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (2) at \$60 each.
Total funding \$1,440.

Land Line Monthly Charges

2 land phones at \$25 per month.
In addition, 1 fax line at \$25/month
Total funding \$900.

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

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

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

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2006-07

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is figured at \$242.

| | |
|--|----------|
| g. Other Operating Expenses | \$0 |
| h. Total Operating Expenditures | \$30,359 |

4. Program Management

| | |
|--|-----|
| a. Existing Program Management N/A- no existing services. | \$0 |
| b. New Program Management N/A- shown in county MHSA Administration budget. | \$0 |
| c. Total Program Management | \$0 |

| | |
|--|-----------|
| 5. Total Proposed Program Budget- | \$169,949 |
|--|-----------|

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 | \$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) | \$16,364 |
| b. Medicare/Patient Fees/Patient Insurance | \$0 |

**EXHIBIT 5a- Mental Health Services Act Community Services and Supports
Budget Narrative
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| | |
|--------------------------------------|-----------------|
| c. State General Funds- EPSDT | \$13,120 |
| d. Other revenue (MAA) | \$6,140 |
| e. Total New Revenue | \$35,624 |
| 3. Total Revenue | \$35,624 |

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

D. Total Funding Requirements **\$134,325**

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 # GSD- 02 Date: 7/14/06
 Program Workplan Name TDM/COPE TEAM Page 1 of 1
 Type of Funding 2. General System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 360 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 300 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 60 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. | | | | | |
| Total Current Existing Positions | | 0.00 | 0.00 | | \$0 \$0 \$0 \$0 \$0 |
| B. New Additional Positions * | | | | | |
| Community Mental Health Specialist | The CMHS would be part of the TDM group/process. The CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health. One of the roles of the CMHS would be to participate in the initial/entry level TDM when mental health needs are first discussed. In addition, the CMHS will continue to address mental health needs of client/family(s) on all future TDMs. The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant. The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to children's mental health providers. | | 1.00 | \$41,054 | \$41,054 |
| Parent Partner | The Parent Partner would also be part of the TDM process. The Parent Partner shall provide peer support services to families. In addition, the Parent Partner would provide education and advocacy services to clients/families. The Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems. The Parent Partner identified above shall be a consumer/family member position. | 1.00 | 1.00 | \$31,369 | \$31,369 |
| * Estimates are shown based on County salary figures. | | | | | |
| Total New Additional Positions | | 1.00 | 2.00 | | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$72,423 |
| C. Total Program Positions | | 1.00 | 2.00 | | \$72,423 |

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 #: GSD-02 Date: 7/14/06
 Program Workplan Name: TDM/COPE TEAM Page 1 of 1
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 360 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 300 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 60 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 | \$13,738 | | \$0 | \$13,738 |
| b. Travel and Transportation | \$9,738 | | \$0 | \$9,738 |
| c. Housing | | | | |
| i. Master Leases | | | | \$0 |
| ii. Subsidies | | | | \$0 |
| iii. Vouchers | | | \$0 | \$0 |
| iv. Other Housing | | | | \$0 |
| d. Employment and Education Supports | \$10,000 | | \$0 | \$10,000 |
| e. Other Support Expenditures (provide description in budget narrative) | | | \$0 | \$0 |
| f. Total Support Expenditures | \$33,476 | \$0 | \$0 | \$33,476 |
| 2. Personnel Expenditures | | | | |
| a. Current Existing Personnel Expenditures (from Staffing Detail) | | | | \$0 |
| b. New Additional Personnel Expenditures (from Staffing Detail) | \$74,596 | | \$0 | \$74,596 |
| c. Employee Benefits | \$37,298 | | \$0 | \$37,298 |
| d. Total Personnel Expenditures | \$111,894 | \$0 | \$0 | \$111,894 |
| 3. Operating Expenditures | | | | |
| a. Professional Services | \$0 | | | \$0 |
| b. Translation and Interpreter Services | \$8,739 | | \$0 | \$8,739 |
| c. Travel and Transportation | \$10,000 | | \$0 | \$10,000 |
| d. General Office Expenditures | \$400 | | \$0 | \$400 |
| e. Rent, Utilities and Equipment | \$6,521 | | \$0 | \$6,521 |
| f. Medication and Medical Supports | \$5,500 | | \$0 | \$5,500 |
| g. Other Operating Expenses (provide description in budget narrative) | | | \$0 | \$0 |
| h. Total Operating Expenditures | \$31,160 | \$0 | \$0 | \$31,160 |
| 4. Program Management | | | | |
| a. Existing Program Management | | | | \$0 |
| b. New Program Management | \$0 | | | \$0 |
| c. Total Program Management | \$0 | \$0 | \$0 | \$0 |
| 5. Estimated Total Expenditures when service provider is not known | | | | |
| 6. Total Proposed Program Budget | | | | |
| | \$176,530 | \$0 | | \$176,530 |
| 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) | \$16,364 | | \$0 | \$16,364 |
| b. Medicare/Patient Fees/Patient Insurance | | | | \$0 |
| c. State General Funds (EPSDT) | \$13,120 | | \$0 | \$13,120 |
| d. Other Revenue (MAA) | \$6,140 | | \$0 | \$6,140 |
| e. Total New Revenue | \$35,624 | \$0 | \$0 | \$35,624 |
| 3. Total Revenues | | | | |
| | \$35,624 | \$0 | \$0 | \$35,624 |
| C. One-Time CSS Funding Expenditures | | | | |
| | | | | \$0 |
| D. Total Funding Requirements | | | | |
| | \$140,906 | \$0 | \$0 | \$140,906 |
| 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- 02- Team Decision Making/COPE Team

Fiscal Year: 2007-08

Date: 7/14/06

Page: 1 of 5

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 **\$13,738**

Some of the families served by the TDM/COPE Team program are un-served and under-served. Funding for food/snacks for families is important during TDM sessions and peer support services. Clothing vouchers at \$100 each, hygiene vouchers at \$50 each, and food vouchers at \$75 each.

b. Travel and Transportation **\$9,738**

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

c. Housing **\$0**

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.

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

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2007-08

Date: 7/14/06

Page: 2 of 5

| | |
|-----------------------------------|--------------|
| e. Other support expenditures | \$0 |
| f. Total Support Expenditures | \$33,476 |

2. Personnel Expenditures

Specified job descriptions are based on current salary estimates. Employee benefits are estimated at 50% of salary. This benefit rate reflects the rate for services provided by Fresno County. This service will not be contracted out. This benefit rate is based on estimated health insurance, retirement, disability insurance, etc. according to Fresno County estimated benefit rates. These rates are significantly higher than the benefit rates for non-government agencies for items such as retirement, health insurance, etc. This rate represents a 3% increase from FY 2006-07 (estimated increase to health insurance, retirement, etc.). 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) | \$0 |
| b. New Additional Personnel Expenditures (from staffing detail) | \$74,596 |
| c. Employee Benefits | \$37,298 |
| d. Total Personnel Expenditures | \$111,894 |

3. Operating Expenditures

| | |
|---|---------|
| a. Professional services | \$0 |
| b. Translation and Interpreter services | \$8,739 |

Amounts based on current contracted out average cost of \$45/hour. County 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 take place.

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

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2007-08

Date: 7/14/06

Page: 3 of 5

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

Fuel/maintenance cost for 2 vehicles.

In addition, mileage for staff reimbursement for delivery of TDM/COPE team services. Mileage calculated at 48.5 cents/mile.

d. General Office Expenditures **\$400**

Estimated cost at \$200 per staff. Total of 2 staff.

For items such as office supplies and postage.

No increase from FY 2006-07 as sufficient allocation has been determined to reflect any increases in office supply costs.

e. Rent, Utilities, and Equipment **\$6,521**

Rent

Total square footage needed is approximately 260sq.ft. Square footage calculated at 130 sq.ft. per staff (total of 2 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 \$4,181.

Cell Phone Monthly Charges

Monthly service cost of each cell phone (2) at \$60 each.

Total funding \$1,440.

Land Line Monthly Charges

2 land phones at \$25 per month.

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

Total funding \$900.

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

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

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

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2007-08

Date: 7/14/06

Page: 4 of 5

is figured at \$266. 10% increase from prior year.

| | |
|--|----------|
| g. Other Operating Expenses | \$0 |
| h. Total Operating Expenditures | \$31,160 |

4. Program Management

| | |
|--|-----|
| a. Existing Program Management N/A- no existing services. | \$0 |
| b. New Program Management N/A- shown in County MHSA Administration budget. | \$0 |
| c. Total Program Management | \$0 |

5. Total Proposed Program Budget- **\$176,530**

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 | \$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) | \$16,364 |
|-------------------------------|----------|

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

Workplan # GSD- 02- Team Decision Making/COPE Team

Fiscal Year: 2007-08

Date: 7/14/06

Page: 5 of 5

| | |
|---|-----------------|
| b. Medicare/Patient Fees/Patient Insurance | \$0 |
| c. State General Funds- EPSDT | \$13,120 |
| d. Other revenue (MAA) | \$6,140 |
| e. Total New Revenue | \$35,624 |
| 3. Total Revenue | \$35,624 |

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

D. Total Funding Requirements **\$140,906**

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 # GSD-02 Date: 7/14/06
 Program Workplan Name TDM/COPE TEAM Page 1 of 1
 Type of Funding 2. General System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 360 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 300 Prepared by: Cathi Huerta, MSW
 Client Capacity of Program/Service Expanded through MHSA: 60 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. | | | | | |
| Total Current Existing Positions | | 0.00 | 0.00 | | \$0 \$0 \$0 \$0 \$0 |
| B. New Additional Positions * | | | | | |
| Community Mental Health Specialist | The CMHS would be part of the TDM group/process. The CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health. One of the roles of the CMHS would be to participate in the initial/entry level TDM when mental health needs are first discussed. In addition, the CMHS will continue to address mental health needs of client/family(s) on all future TDMs. The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant. The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to children's mental health providers. | | 1.00 | \$42,286 | \$42,286 |
| Parent Partner | The Parent Partner would also be part of the TDM process. The Parent Partner shall provide peer support services for families. In addition, the Parent Partner would provide education and advocacy services to clients/families. The Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems. The Parent Partner identified above shall be a consumer/family member position. | 1.00 | 1.00 | \$32,310 | \$32,310 |
| * Estimates are shown based on County salary figures. | | | | | |
| Total New Additional Positions | | 1.00 | 2.00 | | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 |
| C. Total Program Positions | | 1.00 | 2.00 | | \$74,596 |

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 #: GSD-02 |
| Program Work Plan Name: TDM/COPE Team |
| Fiscal Year: FY 2005-06 <i>(please complete one per fiscal year)</i> |

| Full Service Partnerships | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
|---------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Age Group | Description of Initial Populations | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| Child/Youth | | | | | | | | | | | |
| Transition Age Youth | | | | | | | | | | | |
| Adults | | | | | | | | | | | |
| Older Adults | | | | | | | | | | | |
| System Development | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| 0 | A Community Mental Health Specialist (CMHS) and a Parent Partner associated with the COPE team to be added to strengthen the TDM process. This will allow specific | 0 | | 0 | | 0 | | 0 | | 0 | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | <p>client/family mental health needs to be addressed; CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health; The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant; The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to children's mental</p> | | | | | |
|--|--|--|--|--|--|--|

| | | | | | | |
|--|---|--|--|--|--|--|
| | <p>health providers; Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of maintaining stable placements for those with serious emotional disorders; Integrated services and supports for children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan; The Parent Partner shall provide peer support services to families; Parent Partner would provide education and advocacy services to clients/families;</p> | | | | | |
|--|---|--|--|--|--|--|

| | | | | | | |
|--|--|--|--|--|--|--|
| | <p>Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems; The Parent Partner identified above shall be a consumer/family member position; Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process; The Parent Partner shall provide peer support services to families in a culturally competent</p> | | | | | |
|--|--|--|--|--|--|--|

| | | | | | | | | | | | |
|----------------------------------|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | <p>manner; Existing Crisis services including 24-hour phone line for crisis/mobile crisis services; Collaboration with SELPAs and the community in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders; Team Decision Making (TDM) process is a collaboration/wellness focused program; COPE team is an integrated services/crisis program.</p> | | | | | | | | | | |
| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| | | | | | | | | | | | |

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

Estimated/Actual Population Served

| |
|---|
| County: Fresno |
| Program Work Plan #: GSD-02 |
| Program Work Plan Name: TDM/COPE Team |
| 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 |
| 60 | A Community Mental Health Specialist (CMHS) and a Parent Partner associated with the COPE team to be added to strengthen the TDM process. This will allow specific | 15 | | 30 | | 45 | | 60 | | 60 | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | <p>client/family mental health needs to be addressed; CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health; The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant; The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to</p> | | | | | |
|--|--|--|--|--|--|--|

| | | | | | | |
|--|---|--|--|--|--|--|
| | <p>children's mental health providers; Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of maintaining stable placements for those with serious emotional disorders; Integrated services and supports for children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan; The Parent Partner shall provide peer support services to families; Parent Partner would provide education and advocacy services to</p> | | | | | |
|--|---|--|--|--|--|--|

| | | | | | | |
|--|---|--|--|--|--|--|
| | <p>clients/families; Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems; The Parent Partner identified above shall be a consumer/family member position; Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process; The Parent Partner shall provide peer support services to families in a</p> | | | | | |
|--|---|--|--|--|--|--|

| | | | | | | | | | | | |
|----------------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | <p>culturally competent manner; Existing Crisis services including 24-hour phone line for crisis/mobile crisis services; Collaboration with SELPAs and the community in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders; Team Decision Making (TDM) process is a collaboration/wellness focused program; COPE team is an integrated services/crisis program.</p> | | | | | | | | | | |
| Outreach and Engagement | | Qtr 1 | | Qtr 2 | | Qtr 3 | | Qtr 4 | | Total | |
| Total Number to be served | Services/Strategies | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |

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

Estimated/Actual Population Served

| |
|---|
| County: Fresno |
| Program Work Plan #: GSD-02 |
| Program Work Plan Name: TDM/COPE Team |
| 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 |
| 60 | A Community Mental Health Specialist (CMHS) and a Parent Partner associated with the COPE team to be added to strengthen the TDM process. This will allow specific | 60 | | 60 | | 60 | | 60 | | 60 | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | <p>client/family mental health needs to be addressed; CMHS would act as the liaison for the mental health needs (including the identification of crisis services being needed) of the client/family. The CMHS would act as the liaison between the TDM process and children's mental health; The CMHS will maintain case management/linkage and referral services for the client/family as specific needs warrant; The CMHS will facilitate needed services, such as psychiatric evaluation, medication support, ongoing therapy- by identifying and linking clients/families to</p> | | | | | |
|--|--|--|--|--|--|--|

| | | | | | | |
|--|---|--|--|--|--|--|
| | <p>children's mental health providers; Integrated services with law enforcement, child welfare, probation, schools, mental health, and court services for the purpose of maintaining stable placements for those with serious emotional disorders; Integrated services and supports for children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan; The Parent Partner shall provide peer support services to families; Parent Partner would provide education and advocacy services to</p> | | | | | |
|--|---|--|--|--|--|--|

| | | | | | | |
|--|---|--|--|--|--|--|
| | <p>clients/families; Parent Partner would assist client/families in navigating through the mental health and child welfare delivery systems; The Parent Partner identified above shall be a consumer/family member position; Collaboration between child welfare services, probation, schools, family/care givers, faith-based agencies, and children's mental health (interagency collaboration), will be achieved by the addition of the CMHS and Parent Partner (mental health staffing) to the TDM process; The Parent Partner shall provide peer support services to families in a</p> | | | | | |
|--|---|--|--|--|--|--|

| | | | | | | | | | | | |
|----------------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | <p>culturally competent manner; Existing Crisis services including 24-hour phone line for crisis/mobile crisis services; Collaboration with SELPAs and the community in operationalizing a wellness philosophy that includes the concepts of both recovery and resiliency for children with serious emotional disorders; Team Decision Making (TDM) process is a collaboration/wellness focused program; COPE team is an integrated services/crisis program.</p> | | | | | | | | | | |
| 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 |

