

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

<p>County: Fresno</p>	<p>Fiscal Year: 05—06, 06—07, 07—08</p>	<p>Program Work Plan Name: Older Adult Expansion Team</p> <p>Estimated Start Date: October 2006</p>
<p>Program Work Plan #: Older Adult—SDF—1</p> <p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p> <p>It is the County’s intention to effectively maximize the MHSA funding (“best bang for the buck”) to provide mental health services for our consumers and families. Therefore, the County will select the most qualified provider(s) who can provide the most cost effective services to successfully implement the strategies listed in this proposed program.</p> <p>Three strategies were recommended by stakeholders and the MHSA Older Adult Planning Committee. The strategies/work plans included expanding the functions of the existing Older Adult Mental Health Team to include mental health assessments, expansion of services in the rural areas and expansion of services in the metropolitan areas of Fresno County. These three existing work plans have been combined into the Older Adult Expansion Team as follows.</p> <p><u>Strategy# 1: Mobile Geriatric Assessment Team</u></p> <p>Through the MHSA plan, it is proposed that this service be expanded to provide outreach, crisis intervention mental health assessments and short term treatment (up to six months) for older adults and if appropriate, transition aged older adults (ages 55 through 59). This geriatric mental health assessment services team would be integrated with the existing Adult Protective Services (APS) Elder Abuse Intervention multidisciplinary team (social services, law enforcement, public administrator/guardian, victim witness) that investigates elder abuse and neglect. This service is available 24 hours a day/seven days a week. A crisis line provides services in the County’s threshold languages (Hmong and Spanish) as well as TTY.</p>		

Consumers need not be victims of elder abuse or neglect to qualify for mental health services, although it is anticipated that many consumers may have multiple issues that crossover into other disciplines.

The Mental Health Clinicians (bilingual) from the Sierra and Rural Expansions (Strategies 2 & 3) will provide crisis intervention and assessments for the clients. On-going treatment, education, personal service coordination and supportive services will be provided by members of the Sierra and Rural Expansion Teams. Services will be available 24/7.

For Strategy # 1, it is estimated that approximately 100 individuals will be served in FY 06-07 and 110 individuals served in FY 07-08.

Strategies # 2&3: Sierra and Rural Expansion of Older Adult Services

Therapeutic mental health, personal service coordination, and community services and supports will be expanded for senior adults aged 60 and older and their families/significant others in the metropolitan and rural areas of Fresno County. Transition age older adults (approximately age 55 through 59) may be included under the older adult programs when appropriate. These services will be available Monday through Friday, 8:00 a.m. to 5:00 p.m.

Services to the underserved Southeast Asian, African-American and Latino population will be emphasized through partnerships with community based organizations. Licensed bilingual/bicultural clinical staff and personal service coordinators, who have knowledge and expertise in working with the African-American, Latino and Southeast Asian populations, will be sought. The two positions for consumers/family members will be filled by individuals from these ethnic populations. The expansion includes the availability of translators and interpreters.

The Promotora model has proven to be an extremely helpful way to connect with Latino and Southeast Asian clients to improve their access to health care and to provide health

education services. This model will be developed utilizing clients/family members and interested members of the community. The Promotoras will work closely with the Older Adult Services staff to meet the health needs of the Latino, Southeast Asian and African-American communities.

The Promotoras will be trained in basic mental health and health education. Bilingual and bicultural Promotoras will offer in-home services to local families, distributing educational materials and offering information about locally available services. Promotoras work as a team. Information and educational services will be available in English, Spanish and Hmong.

Discussions with community based organizations and in-depth ethnographic interviews will be used to explore the ways local Latinos, Hmong and African-Americans understand mental illness. Using this information, culturally sensitive material and literacy level appropriate educational materials will be developed.

Services will be provided in the client's home as well as in the community. Current partnerships with primary care physicians/physical health care providers, faith-based organizations, senior centers and other community agencies serving the older adult African-American, Latino and Southeast Asian populations will be expanded with efforts to co-locate with providers already serving these target populations. An Individual Service Plan that is consumer and family driven will be developed with services tailored to the specific needs of the client to achieve the goals identified.

For Strategy # 2 under Rural Expansion, it is estimated that approximately 75 individuals will be served in FY 06-07 and 85 individuals served in FY 07-08.

For Strategy # 3 under Sierra Expansion, it is estimated that approximately 75 individuals will be served in FY 06-07 and 85 individual served in FY 07-08.

Staffing

The existing Older Adult Mental Health Team operated by Fresno County Department of Behavioral Health has 9.0 FTE positions including one (1) Clinical Supervisor, one (1)

<p>Nurse, four (4) Senior Licensed Mental Health Clinicians, one (1) Mental Health Clinician, one (1) Community Mental Health Specialist, and one (1) Clerical staff).</p> <p>If approved, under MHSA's System Development fund type, the Older Adult Mental Health Expansion Work Plans will allow the following additional staffing to the program.</p> <p>For Mobile Geriatric Assessment Team: The mental health clinicians from the Sierra and Rural Expansion teams will provide assessment and crisis intervention for the clients.</p> <p>For Rural Expansion: The expansion will allow adding one half-time (.50) Geriatric Psychiatrist, one half-time (.50) Mental Health Nurse, two (2) Unlicensed Mental Health Clinicians, two (2) Personal Services Coordinators, one (1) Bilingual Mental Health Worker and one (1) Client/Family Support Position.</p> <p>The Rural Expansion Team will serve older adults in the eastern region of Fresno County, which includes the cities of Del Rey, Fowler, Kingsburg, Orange Cove, Parlier, Reedley, Sanger, Selma and Squaw Valley and in the western region of Fresno County, which includes the cities of Biola, Cantua Creek, Caruthers, Coalinga, Del Rio, Dos Palos, Easton, Firebaugh, Huron, Kerman, Laton, Mendota, Raisin City, Riverdale, San Joaquin and Tranquility. The focus of services will be to the unserved and underserved Latino population. During FY 06-07, approximately 75 individuals will be served. During FY 07-08, approximately 85 will be served.</p> <p>For Sierra Expansion: The Sierra Expansion will add one half-time (.50) Geriatric Psychiatrist, one half-time (.50) Mental Health Nurse, two (2) Unlicensed Mental Health Clinicians, two (2) Personal Services Coordinators, one (1) Bilingual Mental Health Worker and one (1) Client/Family Support Position.</p> <p>In addition, one (1) Office Assistant will be added to provide clerical support to the Older Adult Expansion Team.</p> <p>Professional and specialized services include a contract with a Pharmacist specializing in Geriatrics for consulting services regarding medications. A contract with a neuro-</p>	
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psychologist will also be developed. The services from this neuro-psychologist will be used to evaluate clients with dementia and Alzheimer's Disease as a co-occurring disorder with mental illness.

There will be monies available for emergency housing. Monies will also be available for rental assistance to assist an elder, who may be on the brink of losing existing housing due to declining mental health. Other monies will be available for food, clothing, assistance with transportation and respite care and the training of family members and care givers (individually, in groups and in workshops) on providing services to elder clients with mental health issues. A registry of care givers will be developed, who have received appropriate training to provide for the special needs of the elder mental health client.

Consumers will be encouraged to use the Warm-line or CALM line as proposed in the Peer Program (see Adult FSP-2 for specific details), but funding may also be used to help create an interchange connection between the APS Care line and the mental health CALM line. This would enable consumers to make one call to reach needed mental health services.

Summary:

- Total Number of Clients Served from Work Plan # 1, 2 and 3

For FY 05-06: None. MHSA Plan being submitted and reviewed.

For FY 06-07: Approximately 250 clients and families

For FY 07-08: Approximately 280 clients and families

- Total New Staffing from Work Plan # 1, 2 and 3

For FY 05-06: None. MHSA Plan being submitted and reviewed.

For FY 06-07: 15 FTE (including 2 FTE designated for family/client positions)

For FY 07-08: 15 FTE (same as FY 06-07)

	<p><u>Goals of the Program and Funding Types</u></p> <p>The goals of this strategy will be to;</p> <ul style="list-style-type: none"> • Reduce the long-term adverse community impacts of untreated mental illness and serious emotional disorders. • To define serious mental illness among seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care. • To reduce hospitalization, emergency room visits, reduction in institutionalization, isolation and increase community functioning and social community supports. <p>The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:</p> <ol style="list-style-type: none"> (1) Suicide (2) Incarcerations (3) Prolonged suffering (4) Homelessness (5) Isolation <p>System Development Funding is being requested. This strategy will be providing ongoing mental health services and personal service coordination to African-American, Southeast Asian and Latino older adults ages 60 and older. Transition age older adults (approximately age 55 through 59) may be included under the older adult programs when appropriate.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>Older adults aged 60 and older and transition age older adults (approximately age 55 through 59) may be included under the older adult programs when appropriate. Services will be provided to the older adult population in rural areas of Fresno County. Outreach to the Latino, African-American and Southeast Asian populations will be emphasized.</p>

	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)							
Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education for and coordination or co-location with primary care providers to increase coordination and integration of mental health and primary care services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated multidisciplinary service teams and planning with social service agencies, law enforcement and other community providers to meet the complex needs of older adults.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers to provide individualized, inter-disciplinary, coordinated services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home care assistance, including respite, training of caregivers and providers about enhancing the “therapeutic environment” of the home.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trauma-informed and trauma-specific services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crisis services including:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• 24-hour crisis phone line							
• Mobile crisis services							

2. Please describe in detail

a. The proposed program for which you are requesting MHSa funding

In Fresno County, there has been growth in the older adult population. Current estimates are approximately 80,000 and rising. Approximately 29% of the senior population resides in rural regions. Access and the availability of services were the highest priorities identified by the community during the MHSa planning process. Three strategies were developed. One strategy was to add staff to expand the functions of the County's existing Older Adult Mental Health Team to provide mental health assessments. The other two strategies were to expand existing services in the rural and metropolitan areas of Fresno County. Those three strategies have been combined into one plan for the expansion of services to the African-American, Latino and Southeast Asian older adult population and transition age older adult population (ages 55—59), if appropriate. The total number of clients/families served for FY 06-07 is 590. The total number of clients/families served for FY 07-08 is 620. Please see individual services for the number of clients/families served for each service.

Geriatric Assessment Team Expansion

In 1995, the John A. Hartford Foundation created a Geriatric Interdisciplinary Team Training program citing the three forces converging to accelerate the need for interdisciplinary teams to provide services to the older adult population:

- The unprecedented growth of older populations whose complex conditions require the skills of several disciplines;
- The shift of services from inpatient to ambulatory and community-based care;
- Growth in managed care financing, which demands that healthcare professionals become more efficient in delivering care. (Hyer,1998)

The shift from inpatient to ambulatory and community-based care is not only cost-driven but is therapeutically beneficial when adequate treatment can be delivered in the consumer's own home. It is important to provide healthcare services, including mental health services and interventions, in a more efficient manner. In 1995, the County created an Elder Abuse Intervention Team comprised of Adult Protective Services (APS) social work staff, law enforcement, victim/witness program personnel and the Public Guardian's office staff in an effort to streamline services and remedy the complex issue of elder abuse and neglect from a multidisciplinary approach. This program has received awards from the Department of Justice for its innovation, creativity and effectiveness.

County APS referrals and past interventions have shown that approximately one-third of the individuals who are abused or neglected often have underlying, untreated mental health needs. More specifically, the issue of self-neglect can often draw direct correlation to underlying mental illness. It is proposed that more effective interventions and remedies to elder abuse and neglect and self-neglect can be achieved with the addition of mental health personnel to this already existing multidisciplinary team.

This team intervenes in nearly 500 cases of elder abuse and neglect monthly. They provide crisis services which include a 24-hour crisis phone line (in all threshold languages as well as TTY), mobile crisis response services, emergency housing resources and in-home respite care services for elders who are in danger of neglect and/or abuse. Several of the seniors who have been served by this team have required a comprehensive mental health assessment and mental health interventions to remedy the abuse and/or neglect.

It has also been discovered that certain seniors were being served through social service agencies and mental health services but neither agencies knew that the services were being provided simultaneously. The proposed staff additions to this existing team would provide those linkages to county and community mental health providers so treatment services would be coordinated. Proposed staff will focus on the integration of services within mental health, as well as in collaboration with other service delivery agencies such as community-based clinics, faith-based organizations, and community-based organizations that share the team's clients.

The Geriatric Assessment Team will provide crisis interventions. The proposed expansion of the rural and Sierra older adult teams may provide short-term counseling services for up to six months. If it appears the client will need mental health services beyond this period, he/she will be transitioned to an existing County or Community Older Adult Mental Health Provider as appropriate.

Geriatric Assessment Team Expansion Staffing/Numbers Served

Through the MHSA plan, it is proposed that this service in FY 2006-07 would utilize the Mental Health Clinicians from the proposed Rural and Sierra expansions. During FY 06—07, outreach and education will be provided to approximately 100 older adults. During FY 07—08, approximately 110 will be served.

Rural Services Expansion Staffing/Numbers Served

Currently, only one licensed County mental health clinician is based in Selma to provide older adult services to the eastern portions of Fresno County. This clinician is unable to meet the need for additional requested services. This expansion will focus on the Latino population in the rural regions of eastern and western Fresno County.

The addition of one half-time Geriatric Psychiatrist, one half-time Mental Health Nurse, two Unlicensed Mental Health Clinicians, two Personal Services Coordinators, one Bilingual Mental Health Worker and one Client/Family Member will enable the Sierra Expansion Team to provide assessments, crisis intervention, short-term personal services coordination and linkage to older adult clients residing in the rural communities of Fresno County. The Team will be available Monday through Friday from 8:00 a.m. to 5:00 p.m.

During FY 06--07, approximately 75 clients will be served. During FY 07—08, approximately 85 will be served.

This team's services would be provided through managed competition (County staff). Bilingual and bicultural staff with expertise in serving the Latino population would be sought due to the large number of this ethnic group living in the rural areas of Fresno County.

Sierra Expansion Team Staffing/Numbers Served

This program will expand the services currently provided by the County's Older Adult Mental Health Team. It is proposed that additional services in the metropolitan area of Fresno and the city of Clovis be implemented. Staff will provide therapeutic and personal service coordination services to the unserved and underserved older adults, with a particular emphasis on outreach and engagement of the African-American, Latino and Southeast Asian populations.

The addition of one half-time Geriatric Psychiatrist, one half-time Mental Health Nurse, two Unlicensed Mental Health Clinicians, two Personal Services Coordinators, one Bilingual Mental Health Worker and one Client/Family Member will enable the Sierra Expansion Team to provide assessments, crisis intervention, short-term personal services coordination and linkage to older adult clients residing in the cities of Fresno and Clovis. The Team will be available Monday through Friday from 8:00 a.m. to 5:00 p.m.

During FY 06--07, approximately 75 clients will be served. During FY 07—08, approximately 85 will be served.

This team's services would be provided through managed competition (County staff). Bilingual and bicultural staff with expertise in serving the African-American, Latino and Southeast Asian population would be sought due to the large number of this ethnic group living in the cities of Fresno and Clovis.

One Office Assistant will provide clerical support to the new staff added through MHSA funds.

Staffing Descriptions and Services Provided

These mobile, multidisciplinary team services will provide outreach and/or mobile services to reach older adults who currently do not access clinics and other services due to physical disabilities, language barriers, mental disabilities, cultural or stigma issues and other factors. These teams will go "wherever the client is at," to provide assessments and crisis services.

The bilingual Mental Health Workers as a family member, client or caregiver would be primarily a community-based position, acting as a community educator and liaison for each team with;

- Consumers and families in urban and rural communities,
- Faith-based organizations and,
- Community-based agencies.

The Promotora model has been proven to be an extremely helpful way to connect with Latino clients to improve their access to health care, to provide health education and to work with them on health care issues. This model of services started in China and worked well with the population of that country. It is proposed that this model be developed for the provision of health education services and improving access to care for the African-American, Southeast Asian and Latino populations. The Promotoras will be the Mental Health Workers and community members. They will be trained in basic mental health and health education.

The Promotoras will work closely with the Older Adult Services staff to meet the health needs of the Latino, Southeast Asian and African-American communities. Bilingual and bicultural staff and community volunteers will offer in-home services to local families, distributing educational materials and offering information about locally available services. Promotoras work as a team. Information and education will be available in English, Spanish and Hmong.

Discussions with community based organizations and in-depth ethnographic interviews will be used to explore the ways local Latinos, Hmong and African Americans understand the illnesses. Using this information, Promotoras will develop culturally sensitive and literacy level appropriate educational materials.

The mental health psychiatric component of this team shall provide services in the areas of medication prescription, administration, monitoring and documentation. The team's psychiatrist shall:

- Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;
- Regularly review and document the consumer's mental illness symptoms as well as his/her response to the prescribed medications;
- Educate the consumer and family members on the purpose of medication and any side effects;
- Monitor, treat and document any medication side effects;
- Monitor possible interactions with other medications the client may be taking.

Nursing staff shall establish medication policies and procedures which identify processes to:

- Administer medications to program consumers;
- Train other team members regarding medication education, medication delivery, medication side effects, observation of self administration of medication and medication monitoring;

- Regularly assess other team members' competency in this area.

All unlicensed mental health staff shall be supervised by Senior Licensed Staff of the current Older Adult Mental Health Team and shall:

- Assess and document the consumer's mental illness symptoms and behavior;
- Shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts;
- Provide appropriate therapeutic interventions as necessary;
- Provide personal service coordination as necessary;
- Provide crisis intervention services as necessary; and
- Make appropriate referrals to other agencies/services, e.g., substance abuse providers, primary care physicians, senior social agencies, food banks, etc.

Mental Health Services Provided

An initial skilled mental health gero-psychiatric assessment is integral to recognizing the unique needs of this vulnerable population. Once this has been completed, appropriate interventions can be accomplished. The consumer's needs will be presented to the multidisciplinary team to discuss the client's mental health concerns, strengths, risk status and service provision. Other issues addressed will include cultural and language issues, family involvement (or the lack of), legal concerns, advocacy needs, diagnostic questions including co-occurring disorders and physical health needs, and any other needed linkages which would be desired by the consumer and enhance their quality of life.

The team will include the consumer and any appropriate person the consumer wishes to participate in his/her treatment. This team may consist of the consumer's physician, the family member(s), faith-based provider, natural healers, etc. The consumer's mental health concerns, strengths, risk status and service provision would be discussed.

Based upon the client's personal input, and input from the client's significant others, specific treatment/interventions will be recommended to mitigate any negative symptoms from the consumer's diagnosis. These could include peer support services, therapeutic interventions, social service interventions, faith-based interventions/services, traditional healers, etc. These will be written in the client's individualized treatment plan with consumer input and direction. The staff person assigned will integrate the services mentioned in the treatment plan and involve the consumer and family members in the provision of services which are strength-based and client directed. Based upon the client's personal input, and input from the client's significant others, specific treatments/interventions will be recommended to mitigate any negative symptoms from the client's diagnosis.

The Teams will participate in joint service planning to provide a complete and comprehensive Individual Services Plan directed by the client. The development of self-directed care plans such as Wellness Recovery Action Plans will be emphasized. Each

consumer will be served by a Personal Service Coordinator (PSC) that is culturally competent and knows the community resources of the consumer's racial community.

Culturally appropriate, community-based, collaborative services with primary care health clinics and health care services will reduce barriers to access as well as services in collaboration with existing community agencies and faith-based organizations. When possible, the teams will provide community-based services such as where the client's primary care physician is located as part of a best practice model. By having staff work with primary care providers and link with the senior centers throughout the rural and metropolitan areas, they can educate the public and other providers of services to seniors on mental illness, its effects, coping mechanisms and types of treatment services available. This collaborative approach in settings familiar to the older adult client provides a more consistent and enduring "coaxing" into needed mental health services, as well as treating co-occurring disorders.

Mobile services will enable the teams to reach older adults who currently do not access clinics and other services due to physical disabilities, language barriers, mental disabilities, cultural or stigma issues and other factors. Home-based mental health and supportive services will be provided to support the older adult to live in the least restrictive environment possible. Staff specializing in services to the African-American, Latino and Southeast Asian populations will be sought.

Other Services Provided

It is proposed that monies be made available for vouchers for temporary, emergency housing of mentally ill seniors who are at risk of homelessness, especially due to abuse and neglect. Vouchers for clients to pay for existing housing are also proposed. This emergency housing money will help to stabilize situations where a consumer's existing housing is at risk due to their declining mental health.

Another service funded through this strategy will be for respite care and the training of care givers on providing services to older clients with mental health issues. A registry of care givers will be developed who have appropriate training to provide for the special needs of the older adult mental health consumer.

This strategy will also;

- Contract for an interchange connection between the APS 24-Hour Care Line to the proposed mental health CALM line (see Adult FSP-2) to handle the calls from clients with mental health needs in crisis, thus requiring that consumers make only one call to connect to services;
- Contract with a pharmacist who specializes in geriatrics, to consult on the types and dosages of pharmaceutical medications clients may be taking;
- Contract with a neuro-psychologist to evaluate clients who may have co-occurring mental illness and have dementia and/or Alzheimer's disease.

Outcomes

Outcome data will be collected on the effectiveness of the services, client/family member satisfaction and if this proposed program reduced the need for inpatient/hospitalization services, incarcerations and homelessness. Outcome measures developed by the State will be used in addition to the program's data and County reviews on the reduction of homelessness, hospitalizations, incarcerations, demographics, etc., on consumers served.

b. How that program advances the goals of the MHSA

Cost-effectiveness in the reduction of 5150's requiring mental health and law enforcement professionals in the field, reduction of emergency hospitalizations, and reduction of out-of-home placements are all goals of the MHSA. These can be achieved through the use of the mental health team services such as the ones proposed with clinical staff, personal service coordinators and clients/family members. Client outcomes such as;

- A safe living environment,
- Decreased isolation,
- Reduced emotional trauma, and
- Coordinated and comprehensive care can be achieved through coordinated care, client involvement and strength based service planning.

The addition of these staff will enable accurate mental health assessments in the field and appropriate mental health interventions that will help to stabilize an elder in a time of crisis. A chief outcome of this staff addition will be to prevent or reduce the necessity for psychiatric and/or medical hospitalization with interventions that include supportive community-based resources.

Tangible supports such as housing, clothing, food, etc. are key to helping stabilize clients so that they can focus on mental health treatment and recovery rather than worrying about losing the very basics needed for living.

Goals of the program will be to reduce hospitalization, emergency room visits, reduction in institutionalization, isolation and increase community functioning and social community supports. These outcomes will be monitored by DBH utilizing State mandated assessment tools and through monitoring of contracted services.

Outcome data will be collected on the effectiveness of the services, client/family member satisfaction and if this proposed program reduced the need for inpatient/hospitalization services, incarcerations and homelessness. Client/family member, as well as other stakeholder/provider satisfaction surveys, will be developed and results monitored. Program may be modified to better serve the population's needs and to assure quality services are provided.

3. Describe any housing or employment services to be provided

Housing vouchers will also be provided for those clients, who have housing, but are at risk of losing their housing due to declining mental health. These housing vouchers can be used for limited rent assistance, safety deposits, home improvements, etc. as needed to enhance the client's recovery plan.

Funds are designated for preparing the client for employment opportunities/gainful activities.

4. Please provide

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

Not applicable. Proposed services are System Development Funds.

5. Describe how the proposed program will

- a. Advance the goals of recovery for adults and older adults or resiliency for children and youth.**
- b. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Individualized treatment plans from the client's perspective is fundamental to serving older adult clients. This is a priority for this proposed program. The proposed staff will assist the client to move towards their self-identified goals. The staff will focus on working with clients to identify and help them reach their goals. This is recovery.

Training in recovery concepts and principles will be provided to contract organization employees. The contracted staff will be required to attend culturally competency training and recovery concept and principles training on a yearly basis. Periodic evaluations will be done to insure cultural issues are addressed and met.

The peer and family member staff and the Senior Peer Counseling staff of the "Village" type model of the client/family member center will be available to provide technical assistance to all contracted organizations to orient their staff toward providing outreach and engagement services in the context of recovery. Please see Adult FSP-2 for specific details.

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

The current Older Adult Mental Health Team does not have a mental health assessment component. Through the MHSA, it is proposed that mental health staffing become part of the assessment services for this team. This team will then be able to provide mental health assessments to elders who are at risk of abuse or neglect.

Currently there is only one County mental health clinician who provides services to the older adult population in the rural areas of Fresno County. Through the MHSA funds, these services will be expanded. Additional staff will provide ongoing mental health and supportive services to the rural areas of Fresno County. Outreach to the Latino population will be emphasized.

Existing services in the metropolitan area of Fresno will be expanded. There will be specific outreach to the Latino, African-American and Southeast Asian older adult populations.

This strategy will increase the number of staff and the types of services provided. Personal services coordination and therapeutic services will be offered. Client/family member staff will be employed as an integral part of the team. It is hoped that services can be co-located with primary care physicians and provided on-site for at risk seniors and their families. Staff will consult with doctors and other health providers whom a senior may seek first for mental health services. Outreach to the Latino population will be emphasized in the rural areas. Outreach to the African-American, Latino and Southeast Asian populations will be provided through the MHSA expansion. There is a large unserved and underserved population who resides particularly in the rural and metropolitan areas of Fresno County.

These teams are mobile and will be able to reach and provide mental health assessments and treatment services to seniors who are homebound, cannot access a clinic due to transportation issues, may not seek services due to stigma, cultural barriers and language barriers. Whenever possible, staff will be co-located with primary care providers and senior centers so they are easily accessible.

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

The Mental Health Worker positions on this team are family members, clients or caregivers and would be primarily community-based positions, acting as community

educators and liaisons for the Team with other clients and families in the rural communities, faith-based organizations and community-based agencies.

Staff will interface with Senior Peer Counseling services (see Adult FSP-2) to receive training on client/family issues with supportive services and make referrals.

8. Describe in detail

- a. Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and**
- b. Priority population, including those with tribal organizations.**
- c. Explain how they will help improve system services and outcomes for individuals.**

During the Community Planning Process for the MHSA plan, the three service priorities for the older adult population voted by the community were:

- The addition of mental health staff to the Geriatric Assessment Multidisciplinary Team;
- The expansion of older adult services to the west and east regions of the County;
- The expansion of older adult services to the central Fresno and Clovis areas.

Current collaboratives include;

Alcohol and Drug Advisory Board

Alzheimer's Foundation

Assemblyperson Villines

Central California Legal Services

City of Fresno Police Department

Community Medical Centers

Consumers/family members

Deaf and Hard of Hearing Service Center

Fresno Interdenominational Refugee Ministries, Inc.

Fresno County Community Health Department

Fresno County Department of Employment and Temporary Assistance

California State University, Fresno

Fresno County Public Guardian's Office

Fresno County Sheriff's Department

LTC Ombudsman Program

Mental Health Board

NAMI of Fresno

OASIS

Proteus

SAB

Senior Resource Center

Safe Harbor, ADHC

United Consumer Advocacy Network

University of California, San Francisco

Valley Caregivers Resource Center

Victim Services
Centro La Familia, Inc.
Fresno Center for New Americans
Mental Health Association of Greater Fresno
NAMI of Fresno
Primer Paso Institute
Poverello House
Fresno Rescue Mission
Lao Family
Center for New Americans
Khmer Society of Fresno
St. Paul Newman Center
United Black Men
Valley Center for the Blind
Central Valley Regional Center
Salsian Medical Clinic
United Health Clinics
West Fresno Crisis Center
West Hills College
Westside Tule Enterprise Community

The services developed above meet those priorities established by the community. Tribal organization input was sought. The County will reach out and will contract with various community-based, cultural and faith-based organizations for such services.

There continues to be further education of consumers, family members and the community about MHSA. The planning process continues for the MHSA services. Another round of meetings with consumers/families/stakeholders were held throughout the County in April 2006 to keep the community informed of the MHSA status and solicit feedback on the last planning process and advices to move forward. This will be an on-going process.

During the next two years, tribal organizations, faith-based, cultural and other community-based organization's input will continue to be sought and contracted for development of culturally sensitive services for its members. The expertise of the tribal leaders will be utilized to increase the understanding and cultural competency of County, MHSA program leadership and staff. This should improve services and outcomes for the community. Contracts will be developed with community-based organizations for such input and training.

Consumer and family members served through the MHSA funds will also provide input regarding their satisfaction of the services, if the services met their expectations and goals, how could services be improved and what future services they would like to have developed. These services will be modified or furthered developed based upon input from our consumers, family members and the community.

9. Cultural Competency

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

Cultural and Linguistic Competency

The DMH approved Claims Summary Data for fiscal year 2003-04 shows a penetration rate of 2.60% for Latinos, 2.28% for Asian/Pacific Islanders, and 9.12% for African-American Medi-Cal consumers. In addition it reports 2.02% for Medi-Cal clients over age of 65. The penetration rate for all Fresno County Mental Health consumers for that same year was 4% for metropolitan Fresno-Clovis and 1.6 % for the rural areas.

Data from the Fresno County Cultural Competence Plan shows Latino consumers, whose primary language is English, have a penetration rate of 8.6%, while Latinos whose primary language is Spanish, have a penetration rate of only 2%. The opposite is true among Southeast Asian consumers –if English is their primary language (.85%), the penetration rate is dramatically lower than if they do not speak English (34.3%). These current demographics are vital to identifying the diverse needs of the target populations.

The County will continue to assess the demographic make-up and population trends of its service areas to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to the planning and for the provision of appropriate and effective behavior health and substance abuse services. The need for continuous assessment of County trends are quite evident with the movement of migrant Latino families following harvests from east to west seasonally and the evolving change in historically local ethnic specific communities/neighborhoods to another ethnic specific population.

Particular attention will be made to such changes that are occurring in the west metropolitan Fresno area. Recent data gathered through the County's Family to Family program reports that although the west metropolitan Fresno area infrastructure remains African-American, the Latino and Southeast Asian population is increasing at a rapid pace.

The older adult ethnic populations, particularly the first generation of Latino and Southeast Asians, speak little to no English. Transitional age older adult Latinos (ages 55—59) may be bilingual in the metropolitan areas if they are second or third generation. The same Latino population in the rural areas may be limited or non-English speaking as well. Southeast Asian transition age older adults are most likely to be limited or non-English speaking. With the MHSA monies, it is planned to provide

access to those transition age and older adults in their preferred language. This will be done through bilingual/bicultural staff. The goal is to decrease and eliminate disparities in access and quality of care for Latino, Southeast Asian, and African-American communities.

The County or contractor will hire bilingual and bicultural staff to provide culturally and linguistically appropriate strength based mental health supportive services that are client and family-driven. All staff will meet the language proficiency requirement set by County Personnel for bilingual pay and will be interviewed in the specific language identified for the target population.

In collaboration with the County's Personnel Department every effort will be made to recruit and hire staff with proficient language ability and the knowledge and skills to work with the identified populations. It is hoped that these staff would be from the targeted communities and surrounding areas served.

Any Request for Proposal (RFP) will require that contractor(s) hire similar staff and demonstrate the organization's experience in working with Latino, Southeast Asian and African-American communities in the older adult and transition age older adult population. The County acknowledges the challenge in completing this endeavor as the local mental health workforce is not reflective of the County's diverse population. Stigma may deter consumers from ethnic communities from stepping forward. The County will continue to collaborate with the local university and community college in assisting staff, clients and community workers to develop professionally.

A potential consumer, who requires language assistance for a language outside the proficiency of the staff, will have a certified interpreter. Technical assistance will be provided through the Cultural and Linguistic Access to services (CLAS) program. This was established in 2001 to comply with the Cultural Competency Plan and the Office of Civil Rights mandates.

The County will contract with various community based organizations to provide ongoing consultation and partner for training using the modules initiated by the County's Cultural Competency Plan. The Curriculum is based on the Georgetown Model-Terry Cross and Associates as well as aspects from the Ventura and Santa Clara County Program models. A framework will be utilized as it relates to the following: attitude, practice, structure, and policy. Training will be administered within a four-tiered structure:

- Induction training (for new personnel),
- Review of cultural and linguistic considerations of the identified target populations,
- Advanced culturally appropriate assessment and best practice/strength- based interventions and,
- Evaluation of practice (client).

A case consultation approach will be utilized, which will include an empowerment-based perspective. This framework will be used as a foundation for training that will be open to further development with client and family input. In addition, training will be provided for all staff in the “Promotora” (community health worker) model of providing outreach and service delivery activities at the community level. If local trainers are not available, trainers will be recruited from counties which have integrated the model in their mental health service programs.

Strategy: The County will provide mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors.

Promotoras and clinical staff will be matched to the ethnic population served to provide outreach, education and support services to reduce stigma and assist with a warm hand off to appropriate services. Collaboration with local key community leaders and informal leaders will be part of the outreach effort. Outreach to older adults will be conducted at primary care centers, local senior centers, church groups, local grocery stores, Laundromats, family-oriented community activities, neighborhood gathering places, mobile home parks, farm labor areas and family owned farms, packing sheds, etc. Isolated older adults will be reached and served through home based services and natural support networks such as word of mouth, extended family and clan elders. All efforts will be made to build trust and rapport with key individuals and most importantly the client.

- Staff will involve family and extended family elders and other significant community supports, such as church members, healers, and clan members in the mental health support services of the older adult. Latinos, Southeast Asian and African American clients tend to use family-based support systems. Traditions and values concerning the role of the family, who is included in the family and who makes decisions vary across ethnic groups. The family or kin is often chiefly responsible for its members and support from kin may be essential in helping the older adult client.
- Staff will educate and involve clients, nuclear and extended family members and significant community members in the wellness and recovery process. Special attention will be given to Wellness Recovery Action Plans, cultural strength based approaches, healthy values and attitudes toward the aging process.

Strategy: Education and coordination/co-location with primary care providers to increase coordination and integration of mental health and primary care services.

- Latinos, Southeast Asian and African-Americans tend to use primary care providers for their physical and mental health needs. Somatization of mental health symptoms is common.
- Stigma of identification as a mental health client is another barrier. The County is already involved with co-location of mental health services for children and adults at

four primary health centers and coordinating co-location at two other sites. Of the four, three are in rural areas and one is in west metropolitan Fresno. The potential co-locations are in rural communities of east Fresno County. The Older Adult Expansion staff will join the existing staff at these locations.

- Staff will provide education and consultation on the signs and symptoms of mental illness, linkage to appropriate services, cultural strengths, wellness and recovery model, family support systems and healthy aging process. The plan will develop efficient linkage and a warm hand off to services between providers. Education and training will be interchanged.
- Co-location will provide timely access with reduced stigma and provide a holistic approach to wellness and recovery and a healthy aging process.

Strategy: Integrated multidisciplinary service teams and planning with social service agencies, law enforcement and other community providers to meet the complex needs of older adults.

- The team will ensure that the older adult client is served in a culturally sensitive and linguistically appropriate approach by providing consultation to the multidisciplinary team regarding the aging process within the target ethnic community.
- Staff will involve natural and community support systems in the integrated model of multidisciplinary service teams.
- All interventions will reinforce and integrate cultural strengths and values in the wellness and recovery model and the least restrictive level of care in the older adults' own community.

Strategy: It is proposed that physical and mental health services be integrated. This will be done through co-location and/or collaboration with primary care clinics or other health care sites/providers for individualized, interdisciplinary and coordinated services.

- Primary care providers are critical players in the early diagnosis of certain mental illnesses such as depression in the targeted older adult population. Data from a local study indicates that people tend to go to physical health providers more than they go to mental health services agencies. Staff will provide on site education and consultation as well as face-to-face screening of identified older adults. Somatization of mental health symptoms is evident in the Southeast Asian, Latino and African-American population. This often leads the client to seek help from their primary care physician.
- The onset of dementia and Alzheimer's disease may occur during the aging process. It is vital that primary care providers participate with mental health professionals in consultation and training how to differentiate between physical and mental illness

and the complexity of co-occurring illnesses. The staff will work in collaboration with primary care providers to prevent misdiagnosis and develop and implement a client driven integrated approach to wellness and recovery.

- Ethno-pharmacology considerations will be ongoing in this integrated approach.
- Traditional healers, such as local herbalists, faith healers, and acupuncturists, play important roles in recovery of mental and physical health within some cultures. Collaboration, consultation, education and training from local traditional healers are vital in this plan. Staff will acknowledge and integrate traditional methods of healing used by clients into services delivery. Staff will use the County referral system initiated by the County's Cultural Competency Plan to link clients to traditional healers, if requested. The staff will be alert for any use of dangerous healing practices and consult with the collaborating primary care provider for any corrective measures.

Strategy: Home care assistance, including respite, training of caregivers and providers about enhancing the “therapeutic environment” of the home.

- When mental illness occurs, all members of the nuclear and extended family, clan and support circle may be affected. Staff will provide client driven services that build on the client's cultural and familial strengths. All decision makers and family members will be involved in the recovery process. Cultural traditions and family values will be acknowledged and strengthened. Staff will be careful not to use intervention strategies that diffuse the power of family relationships and the role of the elder/older adult.
- Staff shall empower the client through involvement in the hiring of the respite care provider. The respite care provider must be proficient in the client's preferred language and culturally sensitive to the needs of the client. The provider will be educated regarding mental illness and wellness and recovery.
- Staff will educate the client, family members, providers and caregivers on healthy aging process and reinforcement of healthy self-care and living that is culturally based.

Strategy: Trauma-informed and trauma-specific services.

- Crisis and stabilization in the home and/or least restrictive level of care will be first and foremost in service provision.
- Emergency placement will be matched to the client's linguistic and cultural background.
- Recruit and strengthen extended family and neighborhood support systems to allow for the least restrictive living environment.

Strategy: Crisis services including: 24 hour crisis phone line mobile crisis services

- Preferred language will be available.
- Stabilize using client strengths and use of cultural customs and tradition in a time of crisis.
- Home based services will be available.

It is expected that members of the various ethnic communities will be teaching County staff as well. The County will contract with various community based organizations for this purpose. Each ethnic community's perspective on mental illness, co-occurring disorders, wellness and recovery may be very different concepts and practices. By working together to explore these concepts, appropriate approaches will be developed for each ethnic group.

The DBH recognizes that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.

Providing medically necessary specialty behavior health and co-occurring disorder services in a culturally competent manner is fundamental in any effort to ensure success of high quality and cost-effective services. Offering these services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective.

To assist the Team's efforts towards cultural and linguistic competency, the DBH shall provide the following:

- Technical assistance regarding cultural competency implementation;
- Demographic information on service area for services planning;
- Cultural competency training for Department personnel;
 - Expansion Team staff will be mandated to attend at least one cultural competency training per year;
 - Interpreter training for Expansion Team staff;
- Technical assistance in translating behavioral health and substance abuse services information to the Department's threshold language's (Spanish and Hmong). As funds become available, information will be translated into Cambodian, Laotian, Vietnamese, Punjabi and Russian;
- Perform periodic reviews to ensure cultural needs are being addressed/met.

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

Sexual orientation and sensitivity to gender and age differences is a basic cultural competence principle. This has been taught in the cultural competency training. The literature suggests that the mental health needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Older adults may be subject to age stigmatization and prejudice. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation or age bias. Mandatory training regarding the special needs of this diverse population will be required.

Staff will assume that the population served may not be in heterosexual relationships. The Contractor/County staff will make sure that an assessment of a client's sexual orientation is included in the bio-psychosocial intake process. All Team members will be required to attend cultural competency training yearly. Gender sensitivity and sexual orientation will be further expanded upon during this yearly training. Staff will utilize existing community supports, referrals to transgender support groups, etc., when appropriate.

Attention to the differing psychologies and needs of women and men are considered in the provision of services. Issues related to who is the primary care giver, the need for respite care and transportation to benefit from services, women's health issues and domestic violence will be addressed. In older adults, issues of suicide and substance abuse are also areas of great need. These issues are of concern in the area of outreach to and the treatment of trauma in adults who experience sexual harassment and intimate partner abuse.

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

All clients served by the Older Adult Services Rural Expansion Team will be residents in the rural communities of Fresno County. If any Fresno County older adult residing out of County requires mental health services, existing County and County-contract providers will provide the services necessary for that individual.

12. If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV please describe those strategies in detail including

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

Not applicable. Strategies are listed in Section IV.

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

Board of Supervisors Approval—September 27, 2005
Commission and DMH committee meeting—November 21, 2005
State Department of Mental Health Approval—June 2006
Request for Quote/Proposal—June—August 2006
Award contract(s), Recruit, hire, train staff—August—September 2006
Program Services begin – October 2006

Year 1 (2005—2006)

- Request for Quote/Proposal from community-based service organizations or managed competition (County staff) will be facilitated and completed during the fourth quarter of the fiscal year.

Year 2 (2006—2007)

- Contract developed;
- Staff hired/trained;
- Partner with community-based service organizations for additional training needs and services;
- Engage and outreach to community-based organizations for training and mutual services;
- Build service capacity;
- Monitor and evaluate co-occurring service delivery;
- Monitor outcomes;
- Benchmark best practices.

Year 3 (2007—2008);

- Continue to build service capacity;
- Monitor and evaluate co-occurring service delivery;
- Monitor outcomes;
- Benchmark best practices;
- Continue to partner with community-based service organizations for additional training needs and services;
- Continue to engage and outreach to community-based organizations for training and mutual services.

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

County(ies):	Fresno	Fiscal Year:	2005-06
Program Workplan #	OA SDF-1	Date:	5/22/06
Program Workplan Name	Older Adult Expansion Team	Page:	1 of 12
Type of Funding	2. System Development	Months of Operation:	
Proposed Total Client Capacity of Program/Service:	0	New Program/Service or Expansion:	Expansion
Existing Client Capacity of Program/Service:	0	Prepared by:	I. Takahashi
Client Capacity of Program/Service Expanded through MHSA:	0	Telephone Number:	559-253-9180

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies			\$0	\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)			\$0	\$0
c. Employee Benefits	\$0		\$0	\$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	\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management			\$0	\$0
b. New Program Management			\$0	\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
	\$0			\$0
6. Total Proposed Program Budget				
	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
	\$380,621			\$380,621
D. Total Funding Requirements				
	\$380,621	\$0	\$0	\$380,621
E. Percent of Total Funding Requirements for Full Service Partnerships				
				0.0%

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult SDF-1 Older Adult Expansion Team**

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/22/06
Page: 2 of 12

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures will include:

a. Clothing, Food and Hygiene	\$0
b. Travel and Transportation	\$0
c. Housing	\$0
d. Employment and Education Supports	\$0
e. Other Support Expenditures	\$0
f. Total Support Expenditures	\$0

2. Personnel Expenditures

a. Current Existing Positions (current County staff)	\$0
b. New Additional Personnel Expenditures (contract program staff)	\$0
c. Employee Benefits	\$0
d. Total Personnel Expenditures	\$0

3. Operating Expenditures

a. Professional Services	\$0
b. Translation and Interpreter Services	\$0
c. Travel and Transportation	\$0
d. General Office Expenditures	\$0
e. Rent, Utilities and Equipment	\$0
f. Medication and Medical Supports	\$0
g. Other Operating Expenses	\$0
h. Total Operating Expenditures	\$0

4. Program Management

a. Existing Program Management	\$0
b. New Program Management	\$0
c. Total Program Management	\$0

5. Estimated Total Expenditures when services provider is not known

\$0

6. Total Proposed Program Budget

\$0

B. Revenues:

1. Existing Revenues

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. Realignment	\$0
d. State General Funds	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue	\$0
h. Total Existing Revenues	\$0

2. New Revenues

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds	\$0
d. Other Revenue	\$0
e. Total New Revenue	\$0

3. Total Revenues

\$0

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult SDF-1 Older Adult Expansion Team**

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/22/06
Page: 3 of 12

C. One-Time CSS Funding Expenditures - none

\$380,621

<u>Description:</u>	<u>Quantity</u>	<u>Amount</u>	<u>Est. Start Date</u>
Passenger Vehicles @ \$14,100	6	\$84,600	Aug-06
Office landscape @ \$2,000/ea.	12	\$24,000	Aug-06
Staff chairs @ \$281/ea.	12	\$3,372	Aug-06
Computers @ \$2,500/ea.	12	\$30,000	Aug-06
Software Licensing @ \$1,341/ea.	12	\$16,092	Aug-06
Deskjet Printers @ \$270/ea.	4	\$1,080	Aug-06
Laser Printer @ \$1,802/ea.	2	\$3,604	Aug-06
Fax Machine @ \$763/ea.	1	\$763	Aug-06
Install telephone line for fax @ \$200/ea.	1	\$200	Sep-06
Install telephone lines for phones @ \$200/ea.	12	\$2,400	Sep-06
Cell phones @ \$100/ea.	6	\$600	Aug-06
2-Drawer File cabinets @ \$98/ea.	9	\$882	Aug-06
4-Drawer File cabinet @ \$136/ea.	3	\$408	Aug-06
Bookcases @ \$138/ea.	12	\$1,656	Aug-06
Storage Cabinet for Supplies @ \$200/ea.	2	\$400	Aug-06
Guest Chairs @ \$133/ea.	12	\$1,596	Aug-06
Anti-Stigma Campaign		\$25,000	Jul-06
Outreach to Community		\$72,621	Sep-06
Two-Year Marketing Plan		\$18,155	Sep-06

All training RFP's developed Jul-Sep 06; Contracts Oct 06

Additional training expenses to include:

1. Work in a team approach; Work with Primary Health Care; working with law enforcement/courts		\$1,845	
2. Crisis Counseling: Cognitive Behavioral Therapy		\$851	
3. Co-Occurring Disorders		\$59,413	
4. Culturally Competent Mental Health Services		\$3,690	
5. Sexual Orientation and Gender Sensitivity		\$1,230	
6. Sexual Harrassment; Intimate Partner Abuse		\$922	
7. How to Build Service Capacity		\$397	
8. Best Practices - Training for General Staff		\$922	
9. Gero-Psych Assessments/Services		\$12,000	
10. Housing Policy Academy Regional Training		\$4,139	
11. CASRA Training - Includes Family Advocacy Training		\$7,783	
		\$93,192	

D. Total Funding Requirements

\$380,621

E. Percent of Total Funding Requirements for full Service Partnerships (N/A)

0%

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

County(ies): <u>Fresno</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>OA SDF-1</u>	Date: <u>5/22/06</u>
Program Workplan Name <u>Older Adult Expansion Team</u>	Page: <u>4 of 12</u>
Type of Funding <u>2. System Development</u>	Months of Operation _____
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program/Service or Expansion <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>I. Takahashi</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>559-253-9180</u>

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:	County Staff				\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	Total Current Existing Positions	0.00	0.00		\$0	
B. New Additional Positions					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	Total New Additional Positions	0.00	0.00		\$0	
C. Total Program Positions		0.00	0.00		\$0	

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

County(ies): <u>Fresno</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>OA SDF-1</u>	Date: <u>5/22/06</u>
Program Workplan Name <u>Older Adult Expansion Team</u>	Page: <u>5 of 12</u>
Type of Funding <u>2. System Development</u>	Months of Operation: <u>9</u>
Proposed Total Client Capacity of Program/Service: <u>590</u>	New Program/Service or Expansion: <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>340</u>	Prepared by: <u>I. Takahashi</u>
Client Capacity of Program/Service Expanded through MHSA: <u>250</u>	Telephone Number: <u>559-253-9180</u>

	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	\$12,000			\$12,000
b. Travel and Transportation	\$16,000			\$16,000
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers	\$25,000			\$25,000
iv. Other Housing	\$9,000			\$9,000
d. Employment and Education Supports	\$15,000			\$15,000
e. Other Support Expenditures (provide description in budget narrative)	<u>\$45,000</u>			<u>\$45,000</u>
f. Total Support Expenditures	\$122,000	\$0	\$0	\$122,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$402,512		\$0	\$402,512
b. New Additional Personnel Expenditures (from Staffing Detail)	\$514,146		\$0	\$514,146
c. Employee Benefits (Employee benefits range from 27% to 45%)	<u>\$404,824</u>		<u>\$0</u>	<u>\$404,824</u>
d. Total Personnel Expenditures	\$1,321,482	\$0	\$0	\$1,321,482
3. Operating Expenditures				
a. Professional Services	\$103,456		\$0	\$103,456
b. Translation and Interpreter Services	\$20,000		\$0	\$20,000
c. Travel and Transportation	\$38,172		\$0	\$38,172
d. General Office Expenditures	\$4,603		\$0	\$4,603
e. Rent, Utilities and Equipment	\$141,030		\$0	\$141,030
f. Medication and Medical Supports	\$78,750		\$0	\$78,750
g. Other Operating Expenses (provide description in budget narrative)	<u>\$34,624</u>		<u>\$0</u>	<u>\$34,624</u>
h. Total Operating Expenditures	\$420,635	\$0	\$0	\$420,635
4. Program Management				
a. Existing Program Management			\$0	\$0
b. New Program Management			\$0	\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
	\$0			\$0
6. Total Proposed Program Budget				
	\$1,864,117	\$0	\$0	\$1,864,117
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$271,263		\$0	\$271,263
b. Medicare/Patient Fees/Patient Insurance	\$13,274		\$0	\$13,274
c. Realignment	\$353,950		\$0	\$353,950
d. State General Funds	\$0		\$0	\$0
e. County Funds	\$98,681		\$0	\$98,681
f. Grants	\$0		\$0	\$0
g. Other Revenue (State QI and MAA)	<u>\$28,160</u>		<u>\$0</u>	<u>\$28,160</u>
h. Total Existing Revenues	\$765,328	\$0	\$0	\$765,328
2. New Revenues				
a. Medi-Cal (FFP only)	\$52,313		\$0	\$52,313
b. Medicare/Patient Fees/Patient Insurance	\$1,000		\$0	\$1,000
c. State General Funds	\$0		\$0	\$0
d. Other Revenue	<u>\$0</u>		<u>\$0</u>	<u>\$0</u>
e. Total New Revenue	\$53,313	\$0	\$0	\$53,313
3. Total Revenues				
	\$818,641	\$0	\$0	\$818,641
C. One-Time CSS Funding Expenditures				
	\$0			\$0
D. Total Funding Requirements				
	\$1,045,476	\$0	\$0	\$1,045,476
E. Percent of Total Funding Requirements for Full Service Partnerships				
				0.0%

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult SDF-1 Older Adult Expansion Team**

County(ies): Fresno

Fiscal Year: 2006-07
Date: 5/22/06
Page: 6 of 12

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures will include:

a. Clothing, Food and Hygiene	\$12,000
b. Travel and Transportation	\$16,000
c. Housing (subsidies and vouchers)	\$34,000
d. Employment and Education Supports	\$15,000
e. Other Support Expenditures (Respite care, training for caregivers, registry)	\$45,000
f. Total Support Expenditures	\$122,000

2. Personnel Expenditures

a. Current Existing Positions (current County staff)	\$402,512					
	<table border="0"> <tr> <td></td> <td align="center"><u>Salary/Mo</u></td> <td align="center"><u># of mos.</u></td> <td align="center"><u># of staff</u></td> <td align="center"><u>Amount</u></td> </tr> </table>		<u>Salary/Mo</u>	<u># of mos.</u>	<u># of staff</u>	<u>Amount</u>
	<u>Salary/Mo</u>	<u># of mos.</u>	<u># of staff</u>	<u>Amount</u>		
Clinical Supervisor	\$6,487	9	1	\$58,383		
Mental Health Nurse	\$6,276	9	1	\$56,483		
Senior Lic. Mental Health Clinician	\$5,521	9	4	\$198,744		
Mental Health Clinician	\$3,876	9	1	\$34,886		
Community Mental Health Specialist	\$3,417	9	1	\$30,752		
Office Assistant	\$2,585	9	1	\$23,264		
b. New Additional Personnel Expenditures (contract program staff)				\$514,146		
Psychiatrist	\$12,075	9	1	\$108,675		
Mental Health Nurse II	\$5,565	9	1	\$50,085		
Unlicensed MH Clinician	\$3,702	9	4	\$133,272		
Personal Services Coordinators	\$3,016	9	4	\$108,588		
Mental Health Worker (Bilingual)	\$1,590	9	2	\$28,619		
Client/Family Support Position	\$1,590	9	2	\$28,619		
Office Assistant	\$2,343	9	1	\$21,088		
Bilingual pay-\$50 per pay period x 19 pay periods x 6 staff				\$5,700		
Standby/Call Response				\$29,500		
c. Employee Benefits (Employee benefits range from 27% to 45%)				\$404,824		
d. Total Personnel Expenditures				\$1,321,482		

3. Operating Expenditures

Existing Program (9-month expenses)	
a. Professional Services (pharmacy consultant)	\$1,368
b. Translation and Interpreter Services	\$6,750
c. Travel and Transportation	\$24,672
d. General Office Expenditures	\$1,275
e. Rents, Utilities and Equipment	\$89,027
f. Medication and Medical Supports	\$20,250
g. Other Operating Expenses (Household expense - \$337, PeopleSoft HR Charges - \$1,334, PS Financial Charges - \$2,846 Data Processing Services - \$30,107)	\$34,624
h. Total Operating Expenditures	\$177,966

New Expansion Program (9-month expenses)

a. Professional Services	
Neuropsychological and pharmacy consultations and 24/7 Call line	\$102,088
b. Translation and Interpreter Services (for consumers & materials)	\$13,250
c. Travel and Transportation (maintenance/gas/mileage)	\$13,500
d. General Office Expenditures (supplies, brochures, etc.)	\$3,328
e. Rent, Utilities and Equipment	
Cell phones (6) @ \$200/yr	\$1,620
PC costs (12) @ \$1,747/per staff per year	\$15,723
Fax machine (1) @ \$5.53/mo., maint. Fees \$18.94/mo.	\$220
Fax supplies @ \$200/yr, local/long distance @ \$60mo	\$690

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult SDF-1 Older Adult Expansion Team**

County(ies): Fresno

Fiscal Year: 2006-07
Date: 5/22/06
Page: 7 of 12

Phones (12) @ \$500/yr per phone	\$4,500	
Rent--1,300 sq. ft. @ \$2.50/staff/sq.ft/mo includes rent, utilities security, janitorial, etc.	\$29,250	
f. Medication and Medical Supports (\$500/3 mos. 39 clients)	\$58,500	
g. Other Operating Expenses	\$0	
h. Total Operating Expenditures	<u>\$242,669</u>	\$420,635
4. Program Management		
a. Existing Program Management		
b. New Program Management		
c. Total Program Management		<u>\$0</u>
5. Estimated Total Expenditures when services provider is not known		\$0
6. Total Proposed Program Budget		\$1,864,117
B. Revenues:		
1. Existing Revenues		
a. Medi-Cal (FFP only)	\$271,263	
b. Medicare/Patient Fees/Patient Insurance	\$13,274	
c. Realignment	\$353,950	
d. State General Funds	\$0	
e. County Funds	\$98,681	
f. Grants	\$0	
g. Other Revenue (QI and MAA)	\$28,160	
h. Total Existing Revenues	<u>\$765,328</u>	
2. New Revenues		
a. Medi-Cal (FFP only)	\$52,313	
b. Medicare/Patient Fees/Patient Insurance	\$1,000	
c. State General Funds	\$0	
d. Other Revenue	\$0	
e. Total New Revenue	<u>\$53,313</u>	
3. Total Revenues		<u>\$818,641</u>
C. One-Time CSS Funding Expenditures		\$0
D. Total Funding Requirements		<u>\$1,045,476</u>
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): <u>Fresno</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>OA SDF-1</u>	Date: <u>5/22/06</u>
Program Workplan Name <u>Older Adult Expansion Team</u>	Page: <u>8 of 12</u>
Type of Funding <u>2. System Development</u>	Months of Operation: <u>9</u>
Proposed Total Client Capacity of Program/Service: <u>590</u>	New Program/Service or Expansion: <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>340</u>	Prepared by: <u>I. Takahashi</u>
Client Capacity of Program/Service Expanded through MHSA: <u>250</u>	Telephone Number: <u>559-253-9180</u>

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: County Staff					
Clinical Supervisor	Clinical oversight/supervision		1.00	\$58,383	\$58,383
Mental Health Nurse	Nursing support to team		1.00	\$56,483	\$56,483
Senior Lic MH Clinician	Consults, counsels and treats MH cliets		4.00	\$66,248	\$198,744
Mental Health Clinician	Consults, counsels and treats MH cliets		1.00	\$34,886	\$34,886
Community MH Specialist	Personal services coordination		1.00	\$30,752	\$30,752
Office Assistant	Clerical support		1.00	\$23,264	\$23,264
Total Current Existing Positions			9.00		\$402,512
B. New Additional Positions: County Staff					
Geriatric Psychiatrist	Medication services		1.00	\$108,675	\$108,675
Mental Health Nurse	Nursing support to M.D. and team		1.00	\$50,085	\$50,085
Unlicensed MH Clinician	Consults, counsels and treats MH clients		4.00	\$33,318	\$133,272
Personal Services Coordinator	Personal services coordination		4.00	\$27,147	\$108,588
MH Worker (bilingual)	Monitors/controls/transportes MH clients	2.00	2.00	\$14,309	\$28,619
Client/Family Support Position	Peer/Family Position-Monitors/controls/transportes MH c	2.00	2.00	\$14,309	\$28,619
Office Assistant	Clerical support		1.00	\$21,088	\$21,088
Bilingual Pay	Provides culturally competent staff				\$5,700
Standby/Call Time	Standby and overtime pay for 24-hour response				\$29,500
Total New Additional Positions		4.00	15.00		\$514,146
C. Total Program Positions		4.00	24.00		\$916,658

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

County(ies): <u>Fresno</u>	Fiscal Year: <u>2007-08</u>
Program Workplan # <u>OA SDF-1</u>	Date: <u>5/22/06</u>
Program Workplan Name <u>Older Adult Expansion Team</u>	Page: <u>9 of 12</u>
Type of Funding <u>2. System Development</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>620</u>	New Program/Service or Expansion: <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>340</u>	Prepared by: <u>I. Takahashi</u>
Client Capacity of Program/Service Expanded through MHSA: <u>280</u>	Telephone Number: <u>559-253-9180</u>

	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	\$12,000			\$12,000
b. Travel and Transportation	\$16,000			\$16,000
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers	\$25,000			\$25,000
iv. Other Housing (Emergency)	\$9,000			\$9,000
d. Employment and Education Supports	\$15,000			\$15,000
e. Other Support Expenditures (provide description in budget narrative)	<u>\$45,000</u>			<u>\$45,000</u>
f. Total Support Expenditures	\$122,000	\$0	\$0	\$122,000
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$555,465			\$555,465
b. New Additional Personnel Expenditures (from Staffing Detail)	\$703,746			\$703,746
c. Employee Benefits (Employee benefits range from 27% to 45%)	<u>\$555,953</u>			<u>\$555,953</u>
d. Total Personnel Expenditures	\$1,815,164	\$0	\$0	\$1,815,164
3. Operating Expenditures				
a. Professional Services	\$117,216			\$117,216
b. Translation and Interpreter Services	\$20,000			\$20,000
c. Travel and Transportation	\$51,883			\$51,883
d. General Office Expenditures	\$6,189			\$6,189
e. Rent, Utilities and Equipment	\$193,076			\$193,076
f. Medication and Medical Supports	\$84,810			\$84,810
g. Other Operating Expenses (provide description in budget narrative)	<u>\$47,087</u>		\$0	<u>\$47,087</u>
h. Total Operating Expenditures	\$520,261	\$0	\$0	\$520,261
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
	\$0			\$0
6. Total Proposed Program Budget				
	\$2,457,425	\$0	\$0	\$2,457,425
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$450,184			\$450,184
b. Medicare/Patient Fees/Patient Insurance	\$18,277			\$18,277
c. Realignment	\$546,502			\$546,502
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue (State QI and MAA)	<u>\$38,774</u>			<u>\$38,774</u>
h. Total Existing Revenues	\$1,053,737	\$0	\$0	\$1,053,737
2. New Revenues				
a. Medi-Cal (FFP only)	\$289,758			\$289,758
b. Medicare/Patient Fees/Patient Insurance	\$7,000			\$7,000
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	<u>\$296,758</u>	\$0	\$0	<u>\$296,758</u>
3. Total Revenues				
	\$1,350,495	\$0	\$0	\$1,350,495
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$1,106,930	\$0	\$0	\$1,106,930
E. Percent of Total Funding Requirements for Full Service Partnerships				
				0.0%

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult SDF-1 Older Adult Expansion Team**

County(ies): Fresno

Fiscal Year: 2007-08
Date: 5/22/06
Page: 10 of 12

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures will include:

a. Clothing, Food and Hygiene	\$12,000
b. Travel and Transportation	\$16,000
c. Housing (subsidies and vouchers for temporary relocation)	\$34,000
d. Employment and Education Supports	\$15,000
e. Other Support Expenditures (respite care, training for caregivers, registry)	\$45,000
f. Total Support Expenditures	<u>\$122,000</u>

2. Personnel Expenditures

a. Current Existing Positions (current County staff)	\$555,465																																													
	<table border="0"> <thead> <tr> <th></th> <th align="right"><u>Salary/Mo</u></th> <th align="right"><u># of mos.</u></th> <th align="right"><u># of staff</u></th> <th align="right"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>Clinical Supervisor</td> <td align="right">\$6,714</td> <td align="right">12</td> <td align="right">1</td> <td align="right">\$80,569</td> </tr> <tr> <td>Mental Health Nurse</td> <td align="right">\$6,496</td> <td align="right">12</td> <td align="right">1</td> <td align="right">\$77,946</td> </tr> <tr> <td>Senior Lic. Mental Health Clinician</td> <td align="right">\$5,714</td> <td align="right">12</td> <td align="right">4</td> <td align="right">\$274,267</td> </tr> <tr> <td>Mental Health Clinician</td> <td align="right">\$4,012</td> <td align="right">12</td> <td align="right">1</td> <td align="right">\$48,142</td> </tr> <tr> <td>Community Mental Health Specialist</td> <td align="right">\$3,536</td> <td align="right">12</td> <td align="right">1</td> <td align="right">\$42,437</td> </tr> <tr> <td>Office Assistant III</td> <td align="right">\$2,675</td> <td align="right">12</td> <td align="right">1</td> <td align="right">\$32,104</td> </tr> </tbody> </table>		<u>Salary/Mo</u>	<u># of mos.</u>	<u># of staff</u>	<u>Amount</u>	Clinical Supervisor	\$6,714	12	1	\$80,569	Mental Health Nurse	\$6,496	12	1	\$77,946	Senior Lic. Mental Health Clinician	\$5,714	12	4	\$274,267	Mental Health Clinician	\$4,012	12	1	\$48,142	Community Mental Health Specialist	\$3,536	12	1	\$42,437	Office Assistant III	\$2,675	12	1	\$32,104										
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b. New Additional Personnel Expenditures (contract program staff)	\$703,746																																													
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Psychiatrist	\$12,498	12	1	\$149,972																																										
MH Nurse II	\$5,760	12	1	\$69,117																																										
Unlicensed MH Clinician	\$3,832	12	4	\$183,916																																										
Personal Services Coordinators	\$3,122	12	4	\$149,852																																										
MH Worker (Bilingual)	\$1,646	12	2	\$39,494																																										
Client/Fam-MHW	\$1,646	12	2	\$39,494																																										
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Bilingual pay-\$50 per pay period x 26 pay periods x 6 staff			6	\$7,800																																										
Standby/Call Time				\$35,000																																										
c. Employee Benefits (Employee benefits range from 27% to 45%)	\$555,953																																													
d. Total Personnel Expenditures	<u>\$1,815,164</u>																																													

3. Operating Expenditures

Existing Program	
a. Professional Services (pharmacy consultant)	\$1,879
b. Translation and Interpreter Services	\$9,270
c. Travel and Transportation	\$33,883
d. General Office Expenditures	\$1,751
e. Rents, Utilities and Equipment	\$122,727
f. Medication and Medical Supports	\$27,810
g. Other Operating Expenses (Household expense - \$462 PeopleSoft HR Charges - \$1,832, PS Financial Charges - \$3,909 Data Processing Services - \$41,346)	\$47,087
h. Total Operating Expenditures	<u>\$244,407</u>
New Expansion Program	
a. Professional Services Neuropsychological and pharmacy consultations and 24/7 Call line	\$115,337
b. Translation and Interpreter Services (for consumers & materials)	\$10,730
c. Travel and Transportation (maintenance/gas/mileage)	\$18,000
d. General Office Expenditures (supplies, brochures, etc.)	\$4,438
e. Rent, Utilities and Equipment (with 3% increase) Cell phones (6) @ \$206/yr	\$1,236
PC costs (12) @ \$1,799/per staff per year	\$21,588
Fax machine (1) @ \$5.70/mo., maint. Fees \$19.51/mo.	\$303

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports
Budget Narrative
Older Adult SDF-1 Older Adult Expansion Team**

County(ies): Fresno

Fiscal Year: 2007-08
Date: 5/22/06
Page: 11 of 12

Fax supplies @ \$206/yr, local/long distance @ \$62mo	\$950	
Phones (12) @ \$515/yr per phone	\$6,180	
Rent--1,300 sq. ft. @ \$2.57/staff/sq.ft/mo includes rent, utilities security, janitorial, etc.	\$40,092	
f. Medication and Medical Supports (\$500/3 mos. 38 clients)	\$57,000	
g. Other Operating Expenses	\$0	
h. Total Operating Expenditures	\$275,854	\$520,261
4. Program Management		
a. Existing Program Management		\$0
b. New Program Management		\$0
c. Total Program Management		\$0
5. Estimated Total Expenditures when services provider is not known		\$0
6. Total Proposed Program Budget		\$2,457,425
B. Revenues:		
1. Existing Revenues		
a. Medi-Cal (FFP only)	\$450,184	
b. Medicare/Patient Fees/Patient Insurance	\$18,277	
c. Realignment	\$546,502	
d. State General Funds	\$0	
e. County Funds	\$0	
f. Grants	\$0	
g. Other Revenue (State QI and MAA)	\$38,774	
h. Total Existing Revenues	\$1,053,737	
2. New Revenues		
a. Medi-Cal (FFP only)	\$289,758	
b. Medicare/Patient Fees/Patient Insurance	\$7,000	
c. State General Funds	\$0	
d. Other Revenue	\$0	
e. Total New Revenue	\$296,758	
3. Total Revenues		\$1,350,495
C. One-Time CSS Funding Expenditures		\$0
D. Total Funding Requirements		\$1,106,930
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): <u>Fresno</u>	Fiscal Year: <u>2007-08</u>
Program Workplan # <u>OA SDF-1</u>	Date: <u>5/22/06</u>
Program Workplan Name <u>Older Adult Expansion Team</u>	Page: <u>12 of 12</u>
Type of Funding <u>2. System Development</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>620</u>	New Program/Service or Expansion: <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>340</u>	Prepared by: <u>I. Takahashi</u>
Client Capacity of Program/Service Expanded through MHSA: <u>280</u>	Telephone Number: <u>559-253-9180</u>

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: County Staff					
Clinical Supervisor	Clinical oversight/supervision		1.00	\$80,569	\$80,569
Senior Lic MH Clinician	Consults, counsels and treats MH cliets		4.00	\$68,567	\$274,267
Mental Health Clinician	Consults, counsels and treats MH cliets		1.00	\$48,142	\$48,142
Personal Services Coordinator	Personal services coordination		1.00	\$42,437	\$42,437
MH Nurse II	Nursing support to team		1.00	\$77,946	\$77,946
Office Assistant III	Clerical support		1.00	\$32,104	\$32,104
Total Current Existing Positions			9.00		\$555,465
B. New Additional Positions: County Staff					
Geriatric Psychiatrist	Medication services		1.00	\$149,972	\$149,972
Mental Health Nurse	Nursing support to team		1.00	\$69,117	\$69,117
Unlicensed MH Clinician	Consults, counsels and treats MH clients		4.00	\$45,979	\$183,916
Personal Services Coordinator	Personal services coordination		4.00	\$37,463	\$149,852
MH Worker (bilingual)	Monitors/controls/transportes MH clients	2.00	2.00	\$19,747	\$39,494
Client/Family Support Positions	Peer/Family Position-Monitors/controls/transportes MH clients	2.00	2.00	\$19,747	\$39,494
Office Assistant III	Clerical support		1.00	\$29,101	\$29,101
Bilingual Pay	Provides culturally competent staff				\$7,800
Standby/Call Time	Standby and overtime pay for 24-hour response				\$35,000
Total New Additional Positions		4.00	15.00		\$703,746
C. Total Program Positions		4.00	24.00		\$1,259,211

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: Older Adult SDF--1
Program Work Plan Name: OA Mental Health Team
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Age Group										
System Development										
Total Number to be served										
Older Adults Total number to be served is 0	0		0		0		0		0	
Description of Initial Populations	<p>Services/Strategies</p> <p>60 and over, SMI, unserved and/or underserved.</p> <p>Services will focus on Southeast Asian and Latino older adults who cannot access services. Staff will partner with primary care physicians for outreach and engagement of services to seniors.</p>									

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

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: Older Adult SDF--1
Program Work Plan Name: OA Mental Health Team
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Age Group	Full Service Partnerships Description of Initial Populations	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	System Development	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults Total number to be served is 250	60 and over, SMI, unserved and/or underserved. Services will focus on Southeast Asian and Latino older adults who cannot access services. Staff will partner with primary care physicians for outreach and engagement of services to seniors.	0		50		100		250		250	

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

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: Older Adult SDF--1
Program Work Plan Name: OA Mental Health Team
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Age Group	Full Service Partnerships Description of Initial Populations	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	System Development	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Older Adults Total number to be served is 280	60 and over, SMI, unserved and/or underserved. Services will focus on Southeast Asian and Latino older adults who cannot access services. Staff will partner with primary care physicians for outreach and engagement of services to seniors.	100		150		200		280		280	

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