

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: Transition Age Youth Mental Health Services and Support</p>	
<p>Program Work Plan #: TAY--FSP--1</p>	<p>Estimated Start Date: October 2006</p>
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The following services were figured at County costs. Staffing costs are based on County salary schedules and benefits. Operating expenses are based on County costs. It is anticipated these services will be contracted to a qualified private provider. 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 Program for our clients</p> <p>The Transitional Age Youth Services and Support Program advances the goals of MHSA through using a combination of the three different strategies for the Transition Age Youth population, which are combined as part of a full service partnership and best practice model Transition to Independent Process (TIP). The strategies include Transition Age Youth Mental Health Services, Wrap-Around Services and Supportive Housing program. The Peer component strategy is now combined with Adult FSP-2. All Transition Age Youth and their families will utilize the peer and family support services offered through the proposed "Center" described in Adult FSP-2.</p> <p>Strategy #1: <u>Transition Age Youth Mental Health Services and Supports for Regional Areas of Fresno County, and,</u></p> <p>Strategy #2: <u>Mental Health Services and Supports for Youth Aging out of the Juvenile Justice System</u></p> <p>These strategies have now been combined along with housing services and supports to</p>

provide a full service partnership program. The program will provide ACT/AB 34/AB 2034 types of services. Services will be provided to youth and their families who reside in metropolitan Fresno, as well as a team which will provide services to youth and their families who reside on the eastern side of Fresno County and one team will serve the western side of Fresno County. The priority populations to be served are:

- Youth aging out of the Children’s Mental Health System;
- Youth experiencing their first break;
- Youth aging out of the Juvenile Justice System, and
- Youth at risk of homelessness.

The consumer to staff ratio shall be set at not to exceed 1:10—1:15, or one staff serving no more than 10—15 consumers. Consumers and family members of consumers will be included in the staffing of this program. The services include outreach, mental health treatment, rehabilitation and support services twenty-four hours per day, seven day per week including Wrap-Around services. Staff work schedules shall be responsive to consumer needs and shall permit staff to work evenings and weekends. During off-hours periods, on-call coverage shall be provided to immediately respond to consumers by telephone or in person. At least 75% of staff’s time will be spent in face-to-face contact with consumers.

3) Housing Services Including WRAP-Around Services:

The County will contract for housing services for transitional age youth who are emancipated minors or over the age of 18. This includes housing for parenting TAY. Money will be available for temporary emergency housing. Housing services will include:

- Training and assistance to consumers in locating, securing and inhabiting housing which is appropriate to their level of functioning.
- Training and instruction including individual support, problem solving, skill development, modeling and supervision, in home and community settings to teach consumers to finance and maintain safe, clean and affordable housing.
- Supported independent and permanent housing as appropriate for consumers in

their community throughout the metropolitan, and rural (western and eastern areas) of Fresno County where consumers prefer to reside.

- Emergency housing voucher for consumers.

The County will contract for Wrap-Around Services. Wrap-Around Services are comprehensive, home-based mental health treatment and case management services designed for severely emotionally disturbed youth between the ages of 16—21 years old in the least restrictive environment. They will be provided to (a) families in which the child is at-risk for out-of-home placement; (b) families in which the child is returning home and the community following an out-of-home placement

During year two (FY 06—07), it is anticipated that 90 TAY clients/families will be served
During year three (FY 07—08), it is anticipated that 99 TAY clients/families will be served.

Staffing:

For FY 06—07 and for FY 07—08, the staffing will consist of

- 1.0 FTE Clinical Supervisor
- 3.0 FTE LVN/LPT
- 3.0 FTE Mental Health Worker (client/family member positions)
- 3.0 FTE Community Mental Health Specialists for personal service coordination
- 3.0 FTE Community Mental Health Specialists for supported education/employment
- 3.0 FTE Licensed Mental Health Clinicians
- 0.5 FTE Psychiatrist
- 3.0 FTE Office Assistants to provide clerical support

Summary:

- Total Number of Clients/Families Served
 - For FY 05—06: None. MHSA Plan being submitted and reviewed.
 - For FY 06—07: Approximately 90 clients and families
 - For FY 07—08: Approximately 99 clients and families

- Total New Staffing
 - For FY 05—06: None MHSA Plan being submitted and reviewed.
 - For FY 06—07: 19.5 FTE (including 3 FTE designated for client/family positions)
 - For FY 07—08: 19.5 FTE (including 3 FTE designated for client/family positions)

Goals of the Program and Funding Types

The goals of this strategy will be to;

- To enhance or improve individual and family functioning and well-being within the context of their culture and community;
- To strengthen, stabilize, and preserve families;
- To reunite youth with their families and reintegrate youth to the community following out-of-home placement;
- To prevent, reduce, or eliminate behaviors that place a child, family, or community at-risk (including risk for psychiatric hospitalization or other out-of-home placement);
- To promote safe, stable, and nurturing family environments while maintaining or strengthening family connections; and
- To assist parents in improving their parenting skills and identifying their parental strengths while supporting parents in their efforts to care for their children.
- Reduced dropout rate,
- Prevention of delinquency and undisciplined behavior as indicated by specified reductions of identified risk factors and/or quantitative increases in protective factors,
- Improved school readiness as specified by measurable changes in school readiness behaviors, academic progress, and/or pre-vocational or vocational competencies.
- Decrease the recidivism rate of court-involved youth,
- Increase the number of court-involved youth who complete school and
- Increase the number of first-time offenders who are diverted to other services and alternatives.

	<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>Full Service Partnership funding is being requested. This strategy will be providing ongoing mental health and personal service coordination to transition age youth ages 16—25 years.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The TAY age group served by this program will be between the ages of 16 to 24 who are:</p> <ul style="list-style-type: none"> • Aging out of the children’s mental health system • Experiencing their first onset of mental health issues • Aging out of the Juvenile Justice System • At risk of hospitalization, incarceration and homelessness <p>The characteristics of the population to be served are those transitional age youth adults with serious mental illness, including those young adults with a co-occurring substance abuse disorder who live in an impoverished, underserved, racially and ethnically diverse community.</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)							
Cross-agency and cross-discipline training. Staff working with transition age youth who are trained in the developmental and cultural needs of transition age youth, in community resources, and in operationalizing a wellness philosophy including the concepts of both recovery and resiliency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated substance abuse and mental health services where youth receive substance abuse and mental health services simultaneously rather than sequentially, through an integrated team with a single individualized service plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive housing – permanent affordable housing with combined supports for independent living	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values-driven evidence-based and promising clinical services that are culturally and linguistically appropriate and integrated with overall service planning and support housing, employment, and/or education goals and are consistent with the values of the youth and his/her community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes regarding what youth need to know for successful living in the community. There will be training and instruction, including <ul style="list-style-type: none"> • individual support, • problem solving, • skill development, • Education about the consumer's illness and their role in the therapeutic process; • modeling and supervision, in home and community settings, to teach the consumer to: <ul style="list-style-type: none"> • Carry out personal hygiene tasks; • Perform household chores, including housekeeping, cooking, laundry and shopping; • Develop or improve money management skills; • Use community transportation; 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Fund Type	Age Group						
		FSP	CY	A	OA			
						Sys Dev	OE	TAY
<ul style="list-style-type: none"> • Locate, finance and maintain safe, clean and affordable housing. 								
<p>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</p>								
Supportive education/vocational services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Outreach services for persons who are at risk of homelessness that involve persistent, non-threatening, outreach and engagement strategies. This includes the ability to provide for the immediate needs of an individual including physical health care, food, clothing and shelter. Teams will have access to immediate cash and/or vouchers for client needs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment and/or educational goals.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Services to assist families in supporting youth during this period	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Client self-directed care plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

2. Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA

The Transitional Age Youth Services and Support Program advances the goals of MHSA through using a combination of three different strategies for the Transition Age Youth population, which are combined as part of a full service partnership and best practice model Transition to Independent Process (TIP). The strategies include Transition Age Youth Mental Health Services, Wrap-Around Services and Supportive Housing program. The fourth strategy, peer support and recovery services has been combined with Adult FSP-2. All Transition Age Youth and their families will utilize the peer and family support services offered through the proposed “Center” described in Adult FSP-2.

Transition Age Youth Mental Health Services and Support Services:

The program will provide three teams of ACT/AB 34/AB 2034 types of services for transitional age youth over three years. During year two (FY 06-07) approximately 90 TAY will be served. During year three (FY 07-08) approximately 99 TAY and their families will be served.

The staff to consumer ratio shall be set at not to exceed 1:10—1:15, or one staff serving no more than 10—15 consumers. Consumers and family members of consumers will be included in the staffing of this program.

The services include outreach, mental health treatment, rehabilitation and support services twenty-four hours per day, seven day per week. Staff work schedules shall be responsive to consumer needs and shall permit staff to work evenings and weekends. During off-hours periods, on-call coverage shall be provided to immediately respond to consumers by telephone or in person. At least 75% of staff’s time will be spent in face-to-face contact with consumers.

The program will provide appropriate outreach and culturally sensitive services to the unserved and underserved Southeast Asian, Latino and African American populations where services will be located. This language will be written into the Request for Proposal (RFP) for this program. The staff will work collaboratively with primary health care providers in the rural communities (i.e., the United Health Centers) to outreach to the transitional age youth and engage them in receiving mental health services. The staff will also work with institutes of learning, community based organizations, faith-based and cultural organizations already providing services to minority communities, such as Centro La Familia, Inc., United Black Men, EOC, Proteus, Inc., etc.

The proposed Full Service Partnership (FSP) will be a multidisciplinary treatment team that works with the youth to develop a strength-based and family centered plan for wellness and recovery. A personal services coordinator (PSC) will be available to the youth for support. Priority populations to be served will be;

- Youth aging out of the Children and Family Mental Health System
- Youth experiencing their first episode of mental illness (first break)
- Youth aging out of the Juvenile Justice system
- Mentally ill and/or emotionally disturbed youth who are at risk of homelessness

The Multidisciplinary Treatment team will provide an opportunity for youth and families to participate in a multi-level titrated system of care that allows for the highest need youth/young adults to have access to a full array of rehabilitation and treatment services. As the TAY stabilizes, services will become less intensive, and when possible, be integrated into the family and community support system. All services will be titrated to ensure the youth/young adult receives the best possible level of care, when needed.

Wrap Around Services

A contract will be developed for Wrap-Around Services. Wrap-Around Services will offer supportive services to youth and their families. Services will be provided to TAY when they are returned to the home of their family or origin, to kinship care or to foster care.

Wrap-Around Services will be comprehensive, home-based mental health treatment and case management services designed to support severely emotionally disturbed youth between the ages of 16—21 years old in the least restrictive environment. Services are provided to;

- Families in which the TAY is at-risk for out-of-home placement;
- Families in which the TAY is returning to the home and community following out-of-home placement;
- Families for whom stressors are negatively impacting child and family functioning; and,
- Young adults working towards independent living.

Wrap-Around Services will aim to accomplish one or more of the following goals:

- To enhance or improve individual and family functioning and well-being within the context of their culture and community;
- To strengthen, stabilize, and preserve families;
- To reunite youth with their families and reintegrate youth to the community following out-of-home placement;
- To prevent, reduce, or eliminate behaviors that place a child, family, or community at-risk (including risk for psychiatric hospitalization or other out-of-home placement);
- To promote safe, stable, and nurturing family environments while maintaining or strengthening family connections; and
- To assist parents in improving their parenting skills and identifying their parental strengths while supporting parents in their efforts to care for their children.

Components of Wrap-Around Services include the following:

- Individual counseling;
- Family counseling;
- Personal service coordination;
- Crisis intervention;
- Behavior management / parenting education; and
- Communication skills counseling.

Services will be available to clients 24 hours per day, seven days per week. Wrap-Around Services staff will facilitate service coordination and communication among all involved providers and agencies. Wrap-Around Services staff will identify and connect families with natural/informal or cultural/traditional/agency-based support systems within their family or community.

The Transition to Independence Process (TIP) System

The Transition to Independence Process (TIP) system will be used as the best practice model for services for this population. TIP was developed to engage youth and young adults in their own futures planning process. TIP provides developmentally appropriate services and supports. It involves TAY and their families and other informal key players in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals. These goals are related to each of the transition domains, e.g., employment, career-building education, living situation, personal-effectiveness and quality of life, and community-life functioning.

The TIP system has seven guidelines. These elements drive the practice level activities and provide a framework for the program and community system to support these functions.

TIP System Guidelines:

1. Engage TAY through relationship development, person-centered planning, and a focus on their futures;
2. Tailor services and supports to be accessible, coordinated, developmentally-appropriate, and build on strengths to enable the TAY to pursue their goals across all transition domains;
3. Acknowledge and develop personal choice and social responsibility with TAY;
4. Ensure a safety-net of support by involving a TAY's parents, family members, educational partners and other informal and formal key players;
5. Enhance TAY's competencies to assist them in achieving greater self-sufficiency and confidence;
6. Maintain outcome focused at the client, the program and community level;

7. Involve TAY, parents, and other community partners in the TIP system at the program, and community levels.

The TIP system promotes independence. However, the concept of “Interdependence” is central to working effectively with TAY. This concept nests the focus of independent functioning (e.g., budgeting money, maintaining a job) within the framework of TAY learning. It is important that there is a healthy, reciprocal role of supporting and receiving support from others (i.e., social support network for emotional, spiritual, and physical support).

Self-Determination

The concept of self-determination is defined as the ability to:

- set goals that are likely to improve one’s quality of life;
- formulate alternative strategies;
- choose among the strategies to find the most viable ones for achieving each goal;
- implement the selected strategies, and
- evaluate one’s progress in achieving the goals.

Some of the personal skills associated with self-determination are: choice clarification, decision-making, goal setting, creativity, delayed gratification, self-advocacy, assertiveness, self-monitoring, self-evaluation, and self-reinforcement.

Transition Process Values

Whether they are explicit or implicit, the values held by transition staff and by administrators in a service system determine how the program operates and affects features of the program. Some of these features are support strategies, processes for establishing goals, focus of services, responsiveness to TAY, involvement of parents, hiring and training of staff, etc. Identified program values that appeared to be essential in guiding quality transition programs are similar, but not identical, to those underlying the children’s system of care model and the wraparound process.

TIP uses the Strength Discovery Assessment process and Person-Centered Planning. Strength Discovery promotes rapport building and emphasizes the young person’s strengths. It identifies the strengths, interests, and resources of the individual and his/her family and other supports. It starts the development of a relationship between the treatment/support services staff, the TAY and the other participants.

The Person-Centered Planning process follows the Strength Discovery Assessment. The Person-Centered Planning process focuses on developing an action plan or intervention based on the individual’s strengths, interests, goals and dreams. With strengths and resources being identified in the strength discovery process, a strength-based foundation is developed upon which the action plan will be built.

Models such as Strength Discovery help identify strengths and resources for developing strength-based interventions, building rapport, and seeing the TAY with challenging behavior in a positive light. This model;

- Engages TAY through relationship development, person-centered planning, and a focus on their futures.
- Uses a strength-based approach with TAY, their families, and other informal and formal key players, e.g., educational partners, cultural groups, community-based organizations, etc.
- Builds relationships and respect the TAY's relationships with family members, educational partners and other informal and formal key players.
- Facilitates personal-futures planning and goal setting.
- Includes prevention planning for high-risk situations, as necessary.
- Engages the TAY in positive activities of interest.
- Respects cultural and familial values and the TAY's perspectives.

Services and supports developed out of the Strength Discovery Assessment and Person-Centered Planning will be accessible, coordinated, and developmentally appropriate. They will build on strengths to enable the TAY to pursue their goals across all transition domains, such as employment and career, educational/vocational opportunities, living situation and community life functioning.

Services and supports will be culturally and developmentally appropriate and build on the strengths, and address the needs, of the TAY, their families, and other informal key players. Services and supports will:

- Ensure that services and supports are accessible and coordinated;
- Balance the service provider's role with that of the TAY, their parents, educational partners and other informal and formal key players.

Staff will acknowledge and develop personal choice and social responsibility with TAY. Services will:

- Encourage problem-solving methods, decision making, and evaluate the impact on self and others;
- Balance one's work with TAY between two axioms:
 - Maximize the likelihood of the success of the TAY;
 - Allow TAY to contact natural consequences through life experience.

Services will ensure a safety-net of support by involving a TAY's parents, educational partners, family members, and other informal and formal key players. Parents, family members, or other informal key players may need assistance in understanding this transition period or may need services/supports for themselves. It will be important for staff to assist in mediating differences in the perspectives of the TAY, parents, and other informal and formal key players. Services will facilitate an unconditional commitment to the TAY among his/her key players. Staff will create an atmosphere of hopefulness, fun, and a future focus.

In order to enhance the TAY's competencies, to assist them in achieving greater self-sufficiency and confidence, staff will utilize assessment methods, e.g., functional in-situation assessment. They will teach meaningful skills relevant to the TAY across transition domains. Staff will use teaching strategies in community settings. They will

help the TAY to develop skills related to self management, problem solving, self advocacy, and self evaluation of the impact of one's choices and actions on self and others.

It is important to maintain an outcome focus in the TIP system at the young person, program, and community levels. Services will focus on a TAY's goals and the tracking of his/her progress. The responsiveness and effectiveness of the TIP system will be evaluated. Process measures will be used for continuous TIP system improvement.

It is important to involve TAY, parents, educational partners and other community partners in the TIP system at the practice, program, and community levels. The proposed program will maximize the involvement of TAY, family members, informal and formal key players, and other community representatives such as education, etc.

Services will tap the talents of peers and mentors by:

- Hiring young adults as peer mentors and peer counselors.
- Assisting young people in creating peer support groups.
- Using paid and unpaid mentors (e.g., co-worker mentors, college mentors, apartment roommate mentors).
- Partnering with young people, parents, and others in the TIP system governance and stewardship.
- Advocating for system development, expansion, and evaluation.
- Advocating for reform of funding and policy to support a responsive, effective service system for TAY in transition and their families.

This will be written into the RFP's for this service and for the Wellness and Recovery Center services.

The program will provide appropriate outreach and culturally sensitive services to the unserved and underserved Southeast Asian, Latino and African American populations where services will be located. The staff will work collaboratively with primary health care providers in the rural communities (i.e. the United Health Centers) to outreach to the transitional age youth and engage them in receiving mental health services. This will be written into the RFP for the program.

Specific Services to be Provided and Service Coordination

These services shall include but not be limited to the following:

- Ongoing assessment of the consumer's mental illness symptoms and response to treatment;
- Education of the consumer regarding his/her mental illness and the effects (including side effects) of prescribed medications;
- Symptom management efforts directed to helping the consumer identify the symptoms and their occurrence patterns, and development of methods (internal, behavioral, adaptive) to lessen their effects, and

- Provision, both on a planned and on an “as needed” basis, of such psychological support as is necessary to help consumers accomplish their personal goals and to cope with the stresses of day-to-day living.

The teams shall be available to provide crisis assessment and intervention twenty four (24) hours per day, seven days per week throughout the year, including telephone and face-to-face contact as needed.

- Response to crisis shall be rapid and flexible.
- If screening center services, extended crisis evaluation beds, crisis housing, short-term care and inpatient treatment (voluntary or involuntary) are necessary, the staff shall collaborate with the treatment in these facilities. The staff shall provide support to the maximum extent possible, including accompanying the consumer to the facility, remaining there with the consumer during the assessment, and beginning as soon as possible with the consumer the process of planning for discharge and return to the community.
- Crisis intervention shall be limited to those program participants who are at board and care home level of care or lower. It is presumed that residential care facility personnel can and will manage crises experienced by their residents, and that they will inform the team right away.

The teams 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.

The nurses 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 team staff shall assess and document the consumer’s mental illness symptoms and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.

Regarding program participants residing in Residential Care Facilities:

- Team staff shall collaborate with the facilities in which program participants are located to ensure that participants are receiving and taking prescribed medications. This shall include mutual sharing of information regarding program

consumers' mental illness symptoms and behavior in response to medication and medication side effects.

- The teams shall regularly review the facility records of program participants after the written consent is obtained from the consumer, and in accordance with policies and procedures of DBH.
- Team staff shall also regularly communicate to the staff about consumers' treatment plans, goals, objectives and interventions, and provide medication education for the consumers.

The team shall provide whatever direct assistance is reasonable and necessary to ensure that the consumer obtains the basic necessities of daily life, including but not limited to:

- Safe, clean, affordable housing;
- Food and clothing;
- Medical and dental services;
- Appropriate financial support, which may include supplemental security income, Social Security disability insurance, general relief, and money management services.

The Contractor shall ensure that the team members are able to have on hand, in their possession, during regular working hours (and when appropriate during on-call hours) an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for consumers. The Contractor shall ensure that team members have efficient, rapid access to larger sums of client assistance funds for security deposits, purchases of furniture, and other items needed by consumers with sound accounting practices for recording and monitoring the use of funds.

The teams may serve as a "representative payee" for some consumer's SSI/SSD benefits. The teams may utilize client assistance funds to assist consumers with short term loans or grants, as necessary. There will be sound accounting practices for recording and monitoring the use of the funds. The teams shall link consumers to appropriate social services, provide transportation as necessary and link the client to appropriate legal advocacy and representation.

The teams shall provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach the consumer to:

- Carry out personal hygiene tasks;
- Perform household chores, including housekeeping, cooking, laundry and shopping;
- Develop or improve money management skills;
- Use community transportation, and
- Locate, finance and maintain safe, clean and affordable housing.

The teams shall develop and support the consumer's participation in recreational and social activities and relationships. The highest priority shall be given to supporting and helping individual consumers to establish positive social relationships and activities in normative community settings. Such services shall include, but not be limited to assisting consumers in:

- Developing social skills and, where needed, the skills to develop meaningful personal relationships;
- Planning appropriate and productive use of leisure time including familiarizing consumers with available social and recreational opportunities and increasing their use of these activities;
- Interacting with landlords, neighbors and others effectively and appropriately;
- Developing assertiveness and self-esteem;
- Using existing self-help centers, self-help groups and other social, church and recreational groups to combat isolation and withdrawal experienced by many persons coping with severe and persistent mental illness.

The teams shall provide alcohol, tobacco and drug abuse services as needed, in accordance with harm reduction principles. This will include, but is not limited to, individual and group interventions to assist consumers in:

- Identifying alcohol, tobacco and drug abuse effects and patterns;
- Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications;
- Developing motivation for decreasing alcohol, tobacco and drug use;
- Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
- Achieving periods of abstinence and stability, and
- Attending appropriate recovery or self-help meetings.

The teams shall provide information, in an educational format, about the use of alcohol, tobacco, prescribed medications, and other drugs of abuse and the impact that chemicals have on the ability to function in major life areas. Information shall also be included about eating disorders, gambling, overspending, sexual and other addictions as appropriate.

The teams shall make appropriate referrals and linkages to addiction services that are beyond the scope of AB 34/ AB 2034/ACT type services to individuals with coexisting alcohol, tobacco and drug abuse and other addictive symptoms.

The teams shall act to minimize consumer involvement with the criminal justice system, with services to include but not be limited to:

- Helping the consumer identify precipitants to the consumer's criminal involvement;
- Providing necessary treatment, support and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the consumer's mental illness;

- Collaborating with police, court personnel and jail/prison officials to ensure appropriate use of legal and mental health services.

The teams shall provide support to the consumer's family and other members of the consumer's social network to help them manage the symptoms and illness of the consumer and reduce the level of family and social stress associated with the illness. The teams shall assist the family and the consumer to relate in a positive and supportive manner through such means as:

- Education about the consumer's illness and their role in the therapeutic process;
- Supportive counseling;
- Intervention to resolve conflict;
- Referral, as appropriate, of the family to therapy, self-help and other family support services; and
- Provision, as appropriate, of the consumer's other support systems with education and information about serious mental illnesses and treatment services and supports.

The Contractor shall coordinate services with other community mental health and non-mental health providers, as well as other medical professionals, and shall provide the following functions for all consumers served:

- Develop formal and informal affiliations with appropriate mental health, health care, addictions, and other human service providers, and inpatient units;
- Involve other pertinent agencies, the consumer's family, and members of the consumer's social network in the coordination of the assessment, and in the development, implementation and revision of service plans;
- Advocacy for and assistance to consumers to obtain needed benefits and services such as supplemental security income, housing subsidies, food stamps, medical assistance, and legal services;
- Coordinate meetings of the consumer's service providers in the community;
- Maintenance of ongoing communication with all other agencies serving the consumer including hospitals, rehabilitation services and housing providers as required;
- Maintain working relationships with other community services, such as education, law enforcement and social services;
- Coordination with existing community agencies to develop needed community support resources including housing, employment options and income assistance;
- Maintenance of a clinical treatment relationship with the consumer on a continuing basis whether the consumer is in the hospital, in the community, involved with other agencies or the criminal justice system.

All of the above mentioned services will be specifically written into the RFP for services as well as the awarded contract.

Methods for service coordination and communication between contractor and other service providers serving the same consumers shall be developed and implemented consistent with Fresno County confidentiality rules.

Outcomes/Goals

Outcomes/Goals will include:

- Reduced dropout rate,
- Prevention of delinquency and undisciplined behavior as indicated by specified reductions of identified risk factors and/or quantitative increases in protective factors,
- Improved school readiness as specified by measurable changes in school readiness behaviors, academic progress, and/or pre-vocational or vocational competencies.
- Decrease the recidivism rate of court-involved youth,
- Increase the number of court-involved youth who complete school and
- Increase the number of first-time offenders who are diverted to other services and alternatives.

The above outcomes will be instituted in the proposed contracted service and monitored to see if the client has meaningful use of their time, stays in school or maintains employment, hospitalizations, incarcerations are reduced as well as homelessness. County will use the State criteria for measuring these outcomes. The program will be monitored regarding services delivered and if they meet the goals of the MHSA.

3. Describe any housing or employment services to be provided

The second strategy in this program includes housing services. Housing services are an essential component of this program. Fresno County, the Mental Health Board, the Fresno City and County Housing Authority and the community recognize the importance of housing opportunities for its clients. In the past, the County Mental Health Board, Housing Authority, and private providers have partnered to create supported independent living opportunities for consumers. This has included matching Beyond Housing vouchers from the Housing Authority for the Supported Housing Initiative grants, AB 2034 services, etc. As part of this grant the Housing Authority offered the Home Ownership Program. Last year, one of our consumers purchased their own home through this program.

Currently, Fresno County is involved with the Fresno Madera Continuum of Care (FMCoC). The FMCoC is a collaborative of community-based nonprofit shelters, government agencies, organizations, service providers and individuals dedicated to creating a community where everyone can have a home. The goal of the FMCoC is to end chronic homelessness in Fresno and Madera counties by 2012. Fresno County will continue to partner with this organization for housing opportunities for our clients.

Contractor(s) will provide housing services as needed for TAY who are emancipated minors or over the age of 18. This includes housing for parenting TAY, and money will be available for temporary emergency housing.

Housing Services:

The County will contract for housing services for transitional age youth who are emancipated minors or over the age of 18. This includes housing for parenting TAY. Money will be available for temporary emergency housing. Housing services will include:

- Training and assistance to consumers in locating, securing and inhabiting housing which is appropriate to their level of functioning.
- Training and instruction including individual support, problem solving, skill development, modeling and supervision, in home and community settings to teach consumers to finance and maintain safe, clean and affordable housing.
- Supported independent and permanent housing as appropriate for consumers in their community throughout the rural (western and eastern areas) and metropolitan of Fresno County where consumers prefer to reside.
- Emergency housing vouchers for consumers.

It is anticipated these services will be contracted to a qualified private provider. 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 Program for our transitional age youth consumers.

The teams will also link with the TAY Wellness and Recovery Center's (see Adult FSP-2) for housing supports and other services.

Education/Employment Services

The Personal Service Coordinators shall also link with the proposed supportive services offered through the proposed "Center" program for peer and family support and educational services (see Adult FSP-2 Strategy). The teams shall provide rehabilitation and support to assist consumers to find and maintain employment or continue their education for future employment.

The Personal Service Coordinators shall link with various supported employment and supported educational supportive services. These are an important component of the total services offered to clients. A PSC who will specialize in vocational/supported educational services is also part of this team. They shall assist the consumer in obtaining and maintaining education, training, and permanent employment.

The services provides shall include, but not be limited to:

- Assessment of educational/vocational-related interests and abilities based on a complete education and work history. This assessment shall consider the effects of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate the behaviors;
- Assistance with each client's individual needs for on-going educational supports so the TAY can focus on a career rather than just a job.
- Assistance with each consumer's individual needs for job development, job seeking skills, and on-the-job assessment, referral to training, and support so that consumers will acquire and maintain appropriate job and social skills necessary to get and keep employment;
- Individual supportive counseling to assist the consumer to identify and cope with the symptoms of mental illness that may interfere with his/her school/work performance;
- On-the-job or school-related crisis intervention;
- School and work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation.

The teams shall also link with "The Center's" (see Adult FSP-2) job coaches for employment supportive services.

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

The average costs for the Full Service Partnership services for the Intensive Community Services and Supports are approximately \$15,070--\$16,274 per consumer. The primary funding source will be MHSA money in addition to third party payor revenues such as Medi-Cal, EPSDT, client rents, etc.

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

Through the services provided, the client will be able to live, work, learn, and participate fully in the community. The goal is to have consumers live a fulfilling and productive life despite having mental health issues. It is hoped through the client-directed, strength-based services and supports, mental illness symptoms will be reduced or eliminated.

Consumers and their families will learn good problem solving skills which will lead to employment, living independently in the community with a sense of mastery and competence. Services will focus on recovery. Service plans will encourage and

support hope for the client and their families/significant others. This will promote and reinforce recovery and resiliency principles.

Recovery and resiliency principles will be embedded in the programs for the TAY and will focus on the strengths and work towards the goals of enhancing strengths and self-sufficiency. The Center described in Adult FSP-2 will employ TAY and utilize volunteers to assist their peers in a variety of contexts. The Peer support services will be a complement of the professional care a TAY may receive. The TAY Advisory Council will play a large role in the operation of the TAY Center and will partner with the Center in the decision-making processes of services and activities to be provided. Decision-making and sharing power with staff will elevate the TAY's view of who they are and that they are valued. This leads to a sense of empowerment, accomplishment and value.

Fresno County is committed to providing services in a culturally competent manner. This reflects the belief that the meaning of wellness or recovery from mental illness varies depending on the cultural mores of the community we serve. Fresno County will learn from the TAY served and their families. Through this we can develop recovery and resilience services that are meaningful to young adults from racially and ethnically diverse backgrounds. The County will perform periodic reviews to ensure that the wellness and recovery principles are being applied to services.

A barrier to achieving recovery and resilience is stigma. Peer support, sharing, education and having available resources helps to communicate to TAY and their families that recovery from mental illness is possible. TAY do move on from the mental health system into meaningful employment, independent living and are productive and contributing members of our community. This will be part of the overall program goals set through the RFP and County contract process for this program.

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

The programs requesting funding and described in this section are new programs for Fresno County.

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

Through the TAY Wellness and Recovery Center program contract (see Adult FSP-2), the Center will hire TAY consumers and family members and seek consumer/family member volunteers to provide supportive services. Examples include, but are not limited to:

- Group and individual supportive services in addition to teaching Wellness, Recovery, Action Plan services and Crisis Plan services;
- Operating the food bank and clothing exchange;
- Provide warm or CALM (Consumer's Against Living Miserably) line services;
- Transportation;
- Set up and operate social activities;
- Teach life skills courses, e.g., money management, independent living skills, cooking, cleaning, etc.,
- Job coaching services;
- Literacy and other educational services;
- Other services as designated by consumers/family members.

TAY Mental Health Services and Supports Teams

The following language will be written into the RFP and the contract for services. Each proposed team serving consumers shall have at least one mental health specialist, e.g. "Mental Health Advocate", "Peer Advocate," "Family Advocate." Contractor(s) may determine the exact job titles for these specialists. At least one of the mental health specialists shall be a primary consumer/family member.

These specialists shall meet, at a minimum, one of the following requirements:

(1) Hold a Bachelor's degree in a behavioral health science from an accredited institution and have two years post Bachelor's experience in the provision of mental health services; or

(2) A primary consumer/family member who does not possess a Bachelor's degree as required in this section for the mental health specialist position shall be regarded as a full, professional member of the clinical team, function under the same job description as other mental health specialists, and receive salary parity. The primary consumer may substitute demonstrated volunteer or paid experience working with individuals with serious and persistent mental illness in lieu of a bachelor's degree.

Decisions regarding disclosure to clients, their families and significant others, that a staff person is himself/herself a consumer or a family member shall respect the individual preference of that staff person, be clinically driven, and made in consultation with the team director/coach and the team. Family member/significant other staff may not serve on the same team as the one which provides services to the client.

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

Current Collaborative Relationships include:

- Fresno County Department of Community Health,
- Fresno County Department of Employment and Temporary Services,
- Fresno County Department of Probation, Juvenile Probation Division,
- Fresno County Office of Education,
- NAMI, Fresno Chapter,
- Fresno County Mental Health Board,
- The United Health Centers,
- Community Medical Centers,
- Fresno Madera Continuum of Care (community based nonprofit shelters, government agencies, organizations, service providers and individuals dedicated to creating a community where everyone can have a home).
- United Black Men,
- Centro La Familia, Inc.,
- Craycroft Youth Center,
- Comprehensive Youth Services,
- Fresno Center for New Americans,
- FIRM,
- The Sanctuary Youth Center,
- Proteus,
- West Fresno School District,
- Pride Network,
- American Indian Center,
- Rural Communities Collaborative of Fresno County,
- Fresno County Economic Opportunities Commission,
- Khmer Society of Fresno, etc.

During the community planning process for the MHSA Plan, the top services priorities for the TAY population voted by the community included;

- An anti-stigma campaign,
- Peer/family member center,
- Rural community services and support teams,
- Housing services for TAY including emergency and long-term supported,
- Independent living and services to the juveniles aging out of the Juvenile Justice system.

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 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 will be 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.

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

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. 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 that 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 west metropolitan Fresno. 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. With the MHSA monies, it is planned to provide access to those transition age youth 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.

It is important for the County or contractor to be cognizant of cultural issues which arise when second or third generation Latino/Southeast Asian transition age youth encounter when they are being parented by first or second generation immigrants. These transition age youth may feel "caught" between their peers and their parent's traditional ways. Children tend to learn English much more quickly than their parents. This causes parents to develop a reliance on their children for help with language interpretation and with understanding how to navigate community systems. This change in power dynamics can be detrimental, eroding the respect children typically have for their parents.

Transition age youth face enormous pressure from their parents to stay true to their culture while simultaneously feeling pressure at school to fit in with their peers by acting more "American." These stressors may have painful effects on these individuals' mental health during this temporary stage of cultural adjustment. Furthermore, family dysfunctions may also result, leading to such problems as depression, substance abuse, family violence, or dropping out of school.

Among adolescents overall and for most specific countries of origin studied, immigrants are less likely than U.S.-born adolescents with immigrant and U.S.-born parents to consider themselves in poor health or to have school absences due to health or emotional problems. First-generation immigrant adolescents are also less likely to report that they engage in risky behaviors, such as first sexual intercourse at an early age, delinquent or violent behaviors, and use of cigarettes and substance abuse. Yet immigrant adolescents living in the United States for longer periods of time tend to be less healthy and to report increases in risk behaviors. By the third and later generations, rates of most of these behaviors approach or exceed those of U.S.-born white adolescents. Adolescents in immigrant families also appear to experience overall levels of psychological well-being and self-esteem that are similar to, if not better than, adolescents in U.S.-born families. At the same time, however, immigrant adolescents report feeling less control over the outcomes in their own lives and less popular with their classmates.

In many cultures, discussing mental health issues or receiving such services is taboo, and some individuals are unwilling to even admit that they experience stress lest they are thought of as "crazy." Even when immigrants do seek mental health care, they face significant obstacles. In many communities, few services are provided in languages other than English.

To meet the needs of this special group, the 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. Should a potential consumer require language assistance for a language outside the proficiency of the staff, a certified interpreter will be acquired.

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. In collaboration with the County's Personnel Department every effort will be made to recruit and hire staff that has 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 contractors hire similar staff and demonstrate the organization's experience in working with Latino, Southeast Asian and African American communities with transition age youth and their parents. 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.

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.

Program Strategy: Services to assist families in supporting youth during this period

Few immigrant parents are prepared for the changing family dynamics that often occur as their children rapidly become more “Americanized.” Because they do not fully understand the U.S. legal system, some immigrant parents fear that exerting their traditional parenting roles, which in some cases can be authoritarian and may include corporal punishment, will lead to deportation. Therefore, they may feel that they have no means to discipline their children. There is also a new set of community expectations regarding the parent’s role, including a high level of involvement in schools and advocating for children in receiving basic services, such as health care. Many times parents from other cultures have not navigated these types of systems, nor have they had such expectations placed on them.

The DBH and the proposed contractor will work with family members to educate them on mental health, legal and parenting issues from a strength-based approach. Family members will be referred to existing mental health and social services when appropriate. Parenting classes, parenting support groups and education about the legal systems within the United States may be necessary to provide the proper support and knowledge for families to parent the youth served.

Program Strategy: Cross-agency and cross-discipline training. Staff working with transition age youth who are trained in the developmental and cultural needs of transition age youth, in community resources, and in operationalizing a wellness philosophy including the concepts of both recovery and resiliency.

Program Strategy: Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment and/or educational goals.

Program Strategy: Client self-directed care plans

The DBH and proposed contractor will work with communities to build trust and rapport with key individuals and most importantly the client/family.

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.

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 developmental processes for the transition age youth. The plan will develop efficient linkages and a warm hand off to services between providers. Education and training will be interchanged.

The team will ensure that the transition age client and his/her family are served in a culturally sensitive and linguistically appropriate approach by providing consultation to the multidisciplinary team regarding developmental processes.

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 transition age youth's own community.

Strategies for supporting immigrants and refugees:

- Begin by getting to know their communities' immigrant groups and cultural traditions.
- Speak with immigrant-based organizations and consider investing in strengthening their capacity.
- Discuss immigrant integration with mainstream institutions like health care providers and schools to understand how they are responding to immigrant families and what gaps exist.
- Consider convening groups to address this issue broadly and develop action plans.

All indications are that immigrants and refugees will continue to play an increasingly important role in communities across the United States. Advancing their contributions while addressing their mental health needs will be critical for keeping communities strong, cohesive, and vibrant. DBH and their contractors have an important role in ensuring that this happens.

The County is proposing to contract with a team of experts who are linguistically and culturally competent in conducting a needs assessment in the area of cultural competence for the County. It is anticipated that the County will use the result of the needs assessment in reviewing and completing its annual MHSA updates. The request is made in the One Time Funding category.

The Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective behavioral health and substance abuse services. Outreach

strategies will be developed that will engage faith-based and cultural organizations to identify service needs. From this, on-going collaboratives will provide referrals to and services for culturally and linguistically diverse communities.

The Contractor, wherever possible will hire racially, ethnically and linguistically diverse community members and consumers/family members to provide or assist with culturally competent, consumer and family-driven mental health supportive services. This language will be incorporated into the proposed RFP for services.

It is expected that members of the various ethnic communities will be teaching the Contractor and County staff as well. The County anticipates contracting with community-based, faith-based and cultural 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 County 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. This language will be incorporated into the proposed RFP for services.

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

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

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

10. Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls

Sexual orientation and sensitivity to gender 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. 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. Mandatory training regarding the special needs of this diverse population will be required. This language will be incorporated into the proposed RFP.

Staff will assume that the population served may not be in heterosexual relationships. The Contractor will make sure that an assessment of a client's sexual orientation is included in the bio-psychosocial intake process. All contracted staff 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, when appropriate. This language will be incorporated into the proposed RFP.

These issues are of concern such as in the area of outreach to and the treatment of trauma in TAY who experience sexual harassment and intimate partner abuse. TAY staff will also be trained on ageism discrimination. The TAY staff, consumers and family members will act as a resource in training County mental health staff and their contractor staff on these issues.

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

The County is proposing a target of population of young adults/transitional age youth (TAY) residing in the East and West areas of Fresno County who are **currently underserved in the mental health system**. Therefore, TAY who reside outside of the County would not be eligible for this program. The contractor will be asked to develop a fact sheet flyer to be sent to or given to TAY in out-of-county placements. This will be an invitation and description of the services available in the County. We intend that TAY returning to Fresno County would participate in the services. For those TAY who reside out of county, existing County and County-contract providers will continue to provide services for this population.

12. If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA

Not applicable. Fresno County is providing services which 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 State DMH meeting—November 21, 2005
State Department of Mental Health Approval—June 2006 (anticipated)
Request for Quote/Proposal—June—September 2006
Award contract(s), recruit, hire, train staff—September—October 2006
Program Services begin—October 2006

Year 1 (2005—2006);

- Request for Quote/Proposal from community-based service organizations will be facilitated and completed during the fourth quarter of the fiscal year. Partner organizations will be identified and collaborations for training and engagement will be designed.

Year 2 (2006—2007);

- Contract developed
- Staff hired/trained
- Teams will be developed and service provision will start.
- Continue to partner with community-based service organizations for additional training needs and services.
- Continue to engage and outreach to community-based organizations and education partners for training and mutual services.
- Continue to build service capacity.
- Monitor and evaluate co-occurring service delivery
- Monitor outcomes
- Benchmark best practices

Year 3 (2007—2008);

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

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

County(ies): Fresno County Fiscal Year: 2005-06
 Program Workplan # TAY - FSP - 1 Date: 5/17/06
 Program Workplan Name TAY MH Services & Supports Page: 1 of 12
 Type of Funding 1. Full Service Partnership Months of Operation: _____
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion: New
 Existing Client Capacity of Program/Service: 0 Prepared by: D DiNoto
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (559) 455-2061

	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
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
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$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 (provide description in budget narrative)				\$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 service provider is not known				
				\$0
6. Total Proposed Program Budget				
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				
b. Medicare/Patient Fees/Patient Insurance				
c. Realignment				
d. State General Funds				
e. County Funds				
f. Grants				
g. Other Revenue				
h. Total Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				
b. Medicare/Patient Fees/Patient Insurance				
c. State General Funds				
d. Other Revenue (EPSDT)				
e. Total New Revenue				
3. Total Revenues				
C. One-Time CSS Funding Expenditures	\$469,413			\$469,413
D. Total Funding Requirements	\$469,413	\$0	\$0	\$469,413
E. Percent of Total Funding Requirements for Full Service Partnerships				100%

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

TAY-FSP-1 Transition Age Mental Health Services and Supports

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/17/06
Page: 2 of 12

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

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

2. Personnel Expenditures

a. Current Existing Positions	\$0
b. New Additional Personnel Expenditures	\$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 (EPSDT)	\$0
e. Total New Revenue	\$0

3. Total Revenues

\$0

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

TAY-FSP-1 Transition Age Mental Health Services and Supports

County(ies): Fresno

Fiscal Year: 2005-06
Date: 5/17/06
Page: 3 of 12

C. One-Time CSS Funding Expenditures

4-Passenber Vehicles @ \$14,100/ea.	Aug-06	\$56,400
13-Office landscape @ \$2,000/ea.	Aug-06	\$26,000
10-Staff chairs @ \$281./ea.	Aug-06	\$2,810
12-Guest chairs @\$133/ea.	Aug-06	\$1,596
10-Computers @ \$2,500/ea.	Aug-06	\$25,000
10-Software licensing @ \$1,189/ea.+ \$152 labor per/pc	Aug-06	\$13,410
5-Laser printers @ \$1,802	Aug-06	\$9,010
2-Fax machine = \$763/ea	Aug-06	\$1,526
Install telephone line for fax = \$200/ea	Sep-06	\$400
install telephone lines for 10 phones @ \$200/ea.	Sep-06	\$2,000
1-Heavy duty copy machine = \$4,200	Aug-06	\$4,200
2-Copy machine = \$1,357 each	Aug-06	\$2,714
4-Cell phone = \$100	Aug-06	\$400
Misc. apartment furnishings @ \$2,000/client (30)	Aug-06	\$60,000
Misc. furniture = \$5,000	Aug-06	\$5,000
		<hr/>
		\$210,466

Anti-Stigma Campaign	RFP developed July--Sept 06/contracts Oct 06	\$25,000
Outreach to Community	RFP developed July--Sept 06/contracts Oct 06	\$89,069
Two-year marketing plan	RFP developed July--Sept 06/contracts Oct 06	\$22,267
		<hr/>
		\$136,336

Additional training expenses of \$122,611 to include: RFP developed July--Sept 06/contracts Oct 06		\$122,611
1. Work in a team approach; work with primary health care/law enforcement/courts = 2,263		
2. Crisis counseling: cognitive behavioral therapy = \$1,045		
3. Co-occurring disorders = \$72,870		
4. Culturally competent mental health services = \$4,525		
5. Sexual orientation and gender sensitivity = \$1,508		
6. Sexual harrassment; intimate partner abuse = \$1,131		
7. How to build service capacity = \$487		
8. Best practices - training for general staff = \$1,131		
9. Work as therapy = \$2,736		
10. ACT = \$1,958		
11. ACT conference = \$5,294		
12. Development of youth leadership = \$758		
13. TIP System = \$6,900		
14. Multi-dimensional Foster Care= \$1,000		
15. TAY conference = \$4,383		
15. Housing policy academy regional training = \$5,076		
16. CASRA training - includes family advocacy training = \$9,546		

D. Total Funding Requirements

\$469,413

E. Percent of Total Funding Requirements for full Service Partnerships (100%) **100%**

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

County(ies): <u>Fresno County</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>TAY - FSP - 1</u>	Date: <u>5/17/06</u>
Program Workplan Name <u>TAY MH Services & Supports</u>	Page: <u>4 of 12</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: _____
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>D. DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>559 455-2061</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					\$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
		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): Fresno County Fiscal Year: 2006-07
 Program Workplan # TAY - FSP - 1 Date: 5/17/06
 Program Workplan Name TAY MH Services & Supports Page: 5 of 12
 Type of Funding 1. Full Service Partnership Months of Operation: 9
 Proposed Total Client Capacity of Program/Service: 90 New Program/Service or Expansion: New
 Existing Client Capacity of Program/Service: 0 Prepared by: D. DiNoto
 Client Capacity of Program/Service Expanded through MHSA: 90 Telephone Number: (559) 455-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$0		\$0	\$0
b. Travel and Transportation	\$0		\$0	\$0
c. Housing	\$0		\$0	\$0
i. Master Leases	\$0		\$0	\$0
ii. Subsidies	\$0		\$0	\$0
iii. Vouchers	\$0		\$0	\$0
iv. Other Housing	\$0		\$0	\$0
d. Employment and Education Supports	\$0		\$0	\$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	\$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	\$0
c. Travel and Transportation	\$0		\$0	\$0
d. General Office Expenditures	\$0		\$0	\$0
e. Rent, Utilities and Equipment	\$0		\$0	\$0
f. Medication and Medical Supports	\$72,509		\$0	\$72,509
g. Other Operating Expenses (provide description in budget narrative)	\$0		\$0	\$0
h. Total Operating Expenditures	\$72,509	\$0	\$0	\$72,509
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	\$1,283,755	\$0		\$1,283,755
6. Total Proposed Program Budget	\$1,356,264	0	0	\$1,356,264
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$0			\$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 (EPSDT)	\$0			\$0
h. Total Existing Revenues	\$0			\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$56,672			\$56,672
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue (EPSDT) and client rents	\$17,334			\$17,334
e. Total New Revenue	\$74,006	\$0	\$0	\$74,006
3. Total Revenues	\$74,006	\$0	\$0	\$74,006
C. One-Time CSS Funding Expenditures			\$0	\$0
D. Total Funding Requirements	\$1,282,258	\$0	\$0	\$1,282,258
E. Percent of Total Funding Requirements for Full Service Partnerships				100%

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

Budget Narrative

TAY-FSP-1 Transition Age Mental Health Services and Supports

County(ies): Fresno

Fiscal Year: 2006-07

Date: 5/17/06

Page: 6 of 12

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

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

2. Personnel Expenditures

- a. Current Existing Positions
- b. New Additional Personnel Expenditures
- c. Employee Benefits
- d. Total Personnel Expenditures

3. Operating Expenditures

- a. Professional Services -
- b. Translation and Interpreter Services
- c. Travel and Transportation
- d. General Office Expenditures
- e. Rent, Utilities and Equipment
- f. Medication and Medical Supports \$72,509
- (15% of consumers @ \$500/month/9 mo + lab and physicals)
- g. Other Operating Expenses
- h. Total Operating Expenditures \$72,509

4. Program Management

- a. Existing Program Management
- b. New Program Management
- c. Total Program Management

5. Estimated Total Expenditures when services provider is not known (RFP will be issued)

\$1,283,755

A. Client, Family Member and Caregiver Support Expenditures

- 1. Clothing, Food and Hygiene @ 200/mo 10 clients** \$18,000
- 2. Travel and Transportation (bus tokens/passes @ \$15/mo)** \$5,400
- 3. Housing**
- contracted supported independent living costs @ average of \$3556 \$149,352 \$151,653
- per client (42) includes housing assistance, insurance, housing
- staffing, office supplies, legal expenses, postage, program supplies, etc.
- vouchers for temporary re-location @ average \$250/mo \$2,301
- 4. Employment and Education Supports (tuition/fees/books for 20 consumers)**
- tuition/fees/books for 20 clients @ \$200 each \$4,000
- stipends for work/contract with temp agency for work \$24,378
- 5. Other Support Expenditures -** \$19,008
- contract for wraparound services @ \$22 hr/24 hr/wk \$19,008
- 6. Total Support Expenditures (contractor to provide all of above)** \$222,439

B. Personnel Expenditures

1. Current Existing Positions

2. New Additional Personnel Expenditures - (contractor program staff)

\$588,737

FY 06-07

		Salary ea	Benefits ea	Total S&B	
1.0 FTE	Clinical Supervisor	\$56,822	\$22,629	\$79,451	\$56,822
3.0 FTE	LVN/LPT	\$20,842	\$11,119	\$31,961	\$62,526
3.0 FTE	Mental Health Worker/Advocate	\$14,309	\$9,029	\$23,338	\$42,927
3.0 FTE	CMHS/Supp. Employ/Ed.	\$27,147	\$13,136	\$40,283	\$81,441
3.0 FTE	Office Assistant II	\$17,609	\$10,084	\$27,693	\$52,827
3.0 FTE	Personal Services Coordinator	\$23,479	\$11,961	\$35,440	\$70,437
3.0 FTE	Licensed MH Clinician	\$39,000	\$16,928	\$55,928	\$117,000
0.5 FTE	Psychiatrist	\$54,338	\$19,609	\$73,947	\$54,338
		<u>\$253,546</u>	<u>\$114,495</u>	<u>\$368,041</u>	<u>\$538,318</u>
	bilingual pay/6 staff @ \$25/pay period				\$3,900
	on-call /call back				\$46,519

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

Budget Narrative

TAY-FSP-1 Transition Age Mental Health Services and Supports

County(ies): Fresno

Fiscal Year: 2006-07
 Date: 5/4/06
 Page: 7 of 12

3. Employee Benefits - (range from 27%--45%) \$259,009
4. Total Personnel Expenditures (contractor program staff) **\$847,746**

C. Operating Expenditures

1. Professional Services - (temporary agency to provide employment opportunities to consumers and training)
2. Translation and Interpreter Services (as needed for consumers and materials) \$6,000
3. Travel and Transportation (maintenance/gas for 4 vehicles + mileage as needed) \$22,940
4. General Office Expenditures @ \$250/staff/yr+200 fax supplies+ 1,000 copy paper \$5,700
5. Rent, Utilities and Equipment \$101,995
 rent--150 sq ft/staff @ \$2.50/sq ft/mo, includes rent, utilities, security, \$67,500
 janitorial (10 mo--1 mo paid ahead)
 cell phones (4) @ \$60/mo \$2,160
 copier maintenance 3 @ \$18.94/mo \$512
 fax @ (2) \$18.94/mo \$341
 communications for fax (2) @ \$84/mo \$1,512
 communications (phone lines, local/long distance) @ \$84/mo (10 phones) \$7,560
 ISDN line @ \$150/mo (10 lines) \$13,500
 Network connectivity @ \$99/mo (10) \$8,910
6. Medication and Medical Supports
7. Other Operating Expenses
8. Total Operating Expenditures **\$136,635**

D. Program Management

1. Existing Program Management
2. New Program Management (6% of total program costs allowed for the contractor) \$76,935
3. Total Program Management **\$76,935**

6. Total Proposed Program Budget **\$1,356,264**

B. Revenues:

1. Existing Revenues

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

2. New Revenues

a. Medi-Cal (FFP only) \$56,672
 b. Medicare/Patient Fees/Patient Insurance
 c. State General Funds
 d. Other Revenue (EPSDT), client rents \$17,334
e. Total New Revenue - none **\$74,006**

3. Total Revenues **\$74,006**

C. One-Time CSS Funding Expenditures

D. Total Funding Requirements **\$1,282,258**

E. Percent of Total Funding Requirements for full Service Partnerships **100%**

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

County(ies): <u>Fresno County</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>TAY - FSP - 1</u>	Date: <u>5/17/06</u>
Program Workplan Name <u>TAY MH Services & Supports</u>	Page: <u>8 of 12</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>9</u>
Proposed Total Client Capacity of Program/Service: <u>90</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>D. DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>90</u>	Telephone Number: <u>559 455-2061</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					\$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	Proposed Contractor Positions: (Information Only)					
1:10 ratio of staff to consumers	Staff shall consist of at least 1 "Mental Health Advocate", "Peer Advocate", "Family Advocate".				\$0	
Contractor to hire appropriate staff for 1 staff to serve 10 clients.	Contractor to determine exact job title. At least 1 shall be a primary consumer/family member.				\$0	
Staff shall consist of licensed clinical staff including:	Plus \$46,519 on call/call-back pay.				\$0	
	Plus bilingual pay for 6 staff (\$25 X 26 pay periods)				\$0	
Licensed Psychiatric Technician	medication monitoring and administration		3.00		\$0	
Mental Health Worker	peer/family support/PSC	3.00	3.00		\$0	
Community MH Specialist II	supported ed/supported employment		3.00		\$0	
Office Assistant II	clerical support		3.00		\$0	
Personal Services Coord. (CMHS)	provides personal service coordination		3.00		\$0	
Licensed Mental Health Clinician	provides clinical direction		3.00		\$0	
Psychiatrist	provides psychiatric services		0.50		\$0	
Clinical Supervisor	provides over all program supervision		1.00		\$0	
					\$0	
	Total New Additional Positions	3.00	19.50			
C. Total Program Positions		3.00	19.50		\$0	

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

County(ies): Fresno County Fiscal Year: 2007-08
 Program Workplan # TAY - FSP - 1 Date: 5/17/06
 Program Workplan Name TAY MH Services & Supports Page: 9 of 12
 Type of Funding 1. Full Service Partnership Months of Operation: 12
 Proposed Total Client Capacity of Program/Service: 99 New Program/Service or Expansion: New
 Existing Client Capacity of Program/Service: 0 Prepared by: D. DiNoto
 Client Capacity of Program/Service Expanded through MHSA: 99 Telephone Number: (559) 455-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene			\$0	\$0
b. Travel and Transportation			\$0	\$0
c. Housing				\$0
i. Master Leases			\$0	\$0
ii. Subsidies			\$0	\$0
iii. Vouchers			\$0	\$0
iv. Other Housing			\$0	\$0
d. Employment and Education Supports			\$0	\$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
c. Employee Benefits			\$0	\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services			\$0	\$0
b. Translation and Interpreter Services			\$0	\$0
c. Travel and Transportation			\$0	\$0
d. General Office Expenditures			\$0	\$0
e. Rent, Utilities and Equipment			\$0	\$0
f. Medication and Medical Supports	\$76,935		\$0	\$76,935
g. Other Operating Expenses (provide description in budget narrative)	\$0		\$0	\$0
h. Total Operating Expenditures	\$76,935	\$0	\$0	\$76,935
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	\$1,534,132	\$0	\$0	\$1,534,132
6. Total Proposed Program Budget	\$1,611,067			\$1,611,067
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue (EPSDT)				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$158,146			\$158,146
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue (EPSDT)	\$77,840			\$77,840
e. Total New Revenue	\$235,986	\$0	\$0	\$235,986
3. Total Revenues	\$235,986	\$0	\$0	\$235,986
C. One-Time CSS Funding Expenditures			\$0	\$0
D. Total Funding Requirements	\$1,375,081	\$0	\$0	\$1,375,081
E. Percent of Total Funding Requirements for Full Service Partnerships				100%

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

TAY-FSP-1 Transition Age Mental Health Services and Supports

County(ies): Fresno

Fiscal Year: 2007-08
Date: 5/17/06
Page: 10 of 12

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

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

2. Personnel Expenditures

- a. Current Existing Positions
- b. New Additional Personnel Expenditures
- c. Employee Benefits
- d. Total Personnel Expenditures

3. Operating Expenditures

- a. Professional Services
- b. Translation and Interpreter Services
- c. Travel and Transportation
- d. General Office Expenditures
- e. Rent, Utilities and Equipment
- f. Medication and Medical Supports \$76,935
- 15% of clients @ \$500/mo/12 mo + physicals, lab, etc.
- g. Other Operating Expenses
- h. Total Operating Expenditures \$76,935

4. Program Management

- a. Existing Program Management
- b. New Program Management
- c. Total Program Management

5. Estimated Total Expenditures when services provider is not known (RFP will be issued) \$1,534,132

A. Client, Family Member and Caregiver Support Expenditures

- 1. Clothing, Food and Hygiene @ 100/mo 10 clients \$12,000
- 2. Travel and Transportation (bus tokens/passes @ \$15/mo) \$3,600
- 3. Housing \$151,152
- contracted supported independent living costs @ average of \$3556 \$149,352
- per client (42) includes housing assistance, insurance, housing staffing, office supplies, legal expenses, postage, program supplies, etc.
- vouchers for temporary re-location @ \$150/mo \$1,800
- 4. Employment and Education Supports (tuition/fees/books for 20 consumers) \$8,000
- tuition/fees/books for 40 clients @ \$200 each \$32,049
- stipends for work/contract with temp agency for work \$28,704
- 5. Other Support Expenditures - \$28,704
- contract for Wrap-around services @ \$23 hr/24 hr/wk
- 6. Total Support Expenditures (contractor to provide all of above) **\$235,505**

B. Personnel Expenditures

1. Current Existing Positions

2. New Additional Personnel Expenditures - (contractor program staff) \$689,352

FY 07-08

		Salary ea	Benefits ea	Total S&B	
1.0 FTE	Clinical Supervisor	\$77,089	\$31,513	\$108,602	\$77,089
3.0 FTE	LVN/LPT	\$28,762	\$15,589	\$44,351	\$86,286
3.0 FTE	Mental Health Worker/Advocate	\$19,746	\$12,618	\$32,365	\$59,238
3.0 FTE	CMHS/Supp. Employ/Ed.	\$38,671	\$18,854	\$57,525	\$116,013
3.0 FTE	Office Assistant II	\$24,301	\$14,120	\$38,420	\$72,903
3.0 FTE	Personal Services Coordinator	\$32,401	\$16,789	\$49,190	\$97,203
3.0 FTE	Licensed MH Clinician	\$53,819	\$23,846	\$77,665	\$53,819
0.5 FTE	Psychiatrist	\$74,986	\$27,766	\$102,751	\$74,986
		<u>\$349,775</u>	<u>\$161,095</u>	<u>\$510,869</u>	<u>\$637,537</u>

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

TAY-FSP-1 Transition Age Mental Health Services and Supports

County(ies): Fresno

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

bilingual pay/6 staff @ \$25/pay period	\$3,900	
on-call /call back	\$47,915	
3. Employee Benefits - (range from 27%--45%)		\$364,727
4. Total Personnel Expenditures (contractor program staff)		\$1,054,078

C. Operating Expenditures

1. Professional Services -		
2. Translation and Interpreter Services (as needed for consumers and materials)		\$6,180
3. Travel and Transportation (maintenance/gas for 4 vehicles + mileage as needed)		\$22,940
4. General Office Expenditures @ \$250/staff/yr+200 fax supplies+ 1,000 copy paper		\$5,871
5. Rent, Utilities and Equipment		\$127,053
rent--150 sq ft/staff @ \$2.50/sq ft/mo, includes rent, utilities, security, janitorial (12 mo)	\$81,000	
cell phones (4) @ \$60/mo	\$2,880	
copier maintenance 3 @ \$18.94/mo	\$682	
fax @ (2) \$18.94/mo	\$455	
communications for fax (2) @ \$86.52/mo	\$2,076	
communications (phone lines, local/long distance) @\$84/mo (10 phone)	\$10,080	
ISDN line @ \$150/mo (10 lines)	\$18,000	
Network connectivity @ \$99/mo (10 lines)	\$11,880	
6. Medication and Medical Supports		
7. Other Operating Expenses		
8. Total Operating Expenditures		\$162,044

D. Program Management

1. Existing Program management		
2. New Program management 6% of program costs		\$82,505
3. Total Program Management		\$82,505

6. Total Proposed Program Budget **\$1,611,067**

B. Revenues:

1. Existing Revenues

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

2. New Revenues

a. Medi-Cal (FFP only)		\$158,146
b. Medicare/Patient Fees/Patient Insurance		
c. State General Funds		
d. Other Revenue (EPSDT) (client rents)		\$77,840
e. Total New Revenue - none		

3. Total Revenues **\$235,986**

C. One-Time CSS Funding Expenditures

D. Total Funding Requirements **\$1,375,081**

E. Percent of Total Funding Requirements for full Service Partnerships **100%**

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

County(ies): <u>Fresno County</u>	Fiscal Year: <u>2007-08</u>
Program Workplan # <u>TAY - FSP - 1</u>	Date: <u>5/17/06</u>
Program Workplan Name <u>TAY MH Services & Supports</u>	Page: <u>12 of 12</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>99</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>D. DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>99</u>	Telephone Number: <u>559 455-2061</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					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions	Proposed Contractor Positions: (Information Only)					
	1:10 ratio of staff to consumers	Staff shall consist of at least 1 "Mental Health Advocate", "Peer Advocate", "Family Advocate".			\$0	
	Contractor to hire appropriate staff for 1 staff to serve 10 clients.	Contractor to determine exact job title. At least 1 shall be a primary consumer/family member.			\$0	
	Staff shall consist of licensed clinical staff including:	Plus \$47,915 on call/call back pay.			\$0	
		Plus bilingual pay \$3900--6 staff/\$25/pay period			\$0	
	Licensed Psychiatric Technician	medication monitoring and administration		3.00	\$0	
	Mental Health Worker	peer/family support/PSC	3.00	3.00	\$0	
	Community MH Specialist	supp ed/supp employment		3.00	\$0	
	Office Assistant	clerical support		3.00	\$0	
	Personal Services Coordinator	provides personal service coordination		3.00	\$0	
	Licensed Mental Health Clinician	provides clinical direction		3.00	\$0	
	Psychiatrist	provides psychiatric services		0.50	\$0	
	Clinical Supervisor	provides over all program supervision shall be a primary consumer/family member. Plus \$32,320 on call and \$5,558 on call pay. Plus bilingual pay for 2 staff (\$25 X 26 pay periods)		1.00	\$0	
		Total New Additional Positions	3.00	19.50		\$0
C. Total Program Positions		3.00	19.50		\$0	

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

Estimated/Actual Population Served

County: Fresno
Program Work Plan #: TAY FSP-1
Program Work Plan Name: TAY Mental Health Services and Supports
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								
Age Group Child/Youth Transition Age Youth	0		0		0		0		0	
Description of Initial Populations TAY who are aging out of the Children's System of Care and young adults who are experiencing their first episode of mental illness. Outreach to African American & Latino populations will be emphasized. Services include AB 2034 types of "whatever it takes" for services (housing, vocational, Peer Support & Recovery Services).										

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Target	Actual								
Total Number to be served	Services/Strategies										
	N/A										
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		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 #: TAY FSP-1
Program Work Plan Name: TAY Mental Health Services and Supports
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Target	Actual								
Age Group Child/Youth Transition Age Youth TAY who are aging out of the Children's System of Care and young adults who are experiencing their first episode of mental illness. Outreach to African American and Latino populations will be emphasized. Services include AB 2034 types of "whatever it takes" for services (housing, vocational, Peer Support and Recovery Services).	0		30		70		90		90	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Target	Actual								
Total Number to be served	Services/Strategies										
	N/A										
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		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 #: TAY FSP-1
Program Work Plan Name: TAY Mental Health Services & Supports
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Target	Actual								
Age Group Child/Youth Transition Age Youth	93		95		97		99		99	
Description of Initial Populations TAY who are aging out of the Children's System of Care & young adults who are experiencing their first episode of mental illness. Outreach to the African American & Latino populations will be emphasized. Services include AB 2034 types of services Housing, vocational and Peer Support and Recovery Services will be provided.										

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