

**AMENDMENT I TO AGREEMENT**

THIS AMENDMENT, hereinafter referred to as "Amendment I", is made and entered into this 28th day of March, 2017, by and between the COUNTY OF FRESNO, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and each CONTRACTOR listed in Revised Exhibit A "LIST OF CONTRACTORS", attached hereto and by this reference incorporated herein, and collectively hereinafter referred to as "CONTRACTORS".

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 16-359, effective July 1, 2016, hereinafter referred to as "Agreement", whereby CONTRACTORS agreed to provide Mental Health Services Act (MHSA) funded Prevention and Early Intervention (PEI) Cultural Based Access Navigation and Peer Support (CBANS) services, as specified in this Agreement and as part of Fresno County's approved State PEI Plan, to help reduce stigma and discrimination against mental illness and provide services related to mental well being; and

WHEREAS, the parties now desire to amend the Agreement regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

1. That in the existing COUNTY Agreement No. 16-359, all text in reference to "Exhibit A" shall be replaced with the text "Revised Exhibit A";

2. That in the existing COUNTY Agreement No. 16-359, all text in reference to "Exhibit B" shall be replaced with the text "Revised Exhibit B";

3. That in the existing COUNTY Agreement No. 16-359, all text in reference to "Exhibits B-1 *et seq*" shall be replaced with the text "Exhibits B-1 *et seq*. or Revised Exhibits B-1 *et seq*. where appropriate";

4. That in the existing COUNTY Agreement No. 16-359, all text in reference to "Exhibits C-1 *et seq*" shall be replaced with the text "Exhibits C-1 *et seq*. or Revised Exhibits C-1 *et seq*. where appropriate";

5. That the existing COUNTY Agreement No. 16-359, Section Seven (7) "**MODIFICATION**", Page Seven (7), Line Five (5) beginning with the word "Changes" and ending

1 on line Ten (10) with the word "herein." be deleted and the following inserted in its place:

2 "Changes to the line items in the budget that exceed 10% of the maximum  
3 compensation payable to the CONTRACTOR(S), or changes that exceed the maximum amount  
4 payable to the individual CONTRACTOR(S), may be made with the signed written approval of  
5 COUNTY's DBH Director, or his or her designee through an amendment approved by County counsel  
6 and Auditor. Said budget line item changes, and/or changes to individual CONTRACTOR'(S)  
7 maximum amount payable shall not result in any change to the total maximum contract amount."

8 COUNTY and CONTRACTOR agree that this Amendment I is sufficient to amend the  
9 Agreement; and that upon execution of this Amendment I, the Agreement and Amendment I together  
10 shall be considered the Agreement.

11 The Agreement, as hereby amended, is ratified and continued. All provisions, terms,  
12 covenants, conditions and promises contained in the Agreement and not amended herein shall remain  
13 in full force and effect. This Amendment I shall become effective February 1, 2017.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year  
2 first hereinabove written.

3 ATTEST:

4 COUNTY OF FRESNO

5  
6 By *A. Rahn*  
7 Chairman, Board of Supervisors  
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9  
10 Date: 3-28-17

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12 BERNICE E. SEIDEL, Clerk  
13 Board of Supervisors

14  
15 By *Susan Bishop*

16  
17 Date: 3-28-17

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26  
27 PLEASE SEE ADDITIONAL  
28 SIGNATURE PAGES ATTACHED



1 APPROVED AS TO LEGAL FORM:  
2 KEVIN BRIGGS, COUNTY COUNSEL

3  
4 By  \_\_\_\_\_

5  
6  
7  
8 APPROVED AS TO ACCOUNTING FORM:  
9 OSCAR J. GARCIA, CPA, AUDITOR-CONTROLLER/  
10 TREASURER-TAX COLLECTOR

11  
12 By  \_\_\_\_\_

13  
14  
15  
16 REVIEWED AND RECOMMENDED  
17 FOR APPROVAL:

18  
19 By  \_\_\_\_\_

20 Dawan Utecht, Director  
21 Department of Behavioral Health

22  
23  
24  
25  
26 Fund/Subclass: 0001/10000  
27 Organization: 56304764  
28 Account/Program: 7294/0

**PLEASE SEE ADDITIONAL  
SIGNATURE PAGES ATTACHED**

1 **FRESNO AMERICAN INDIAN HEALTH PROJECT (FAIHP)**

2  
3 By *Garvin Begaye*

4  
5 Print Name: *Garvin Begaye*

6  
7 Title: *Vice chair*  
8 Chairman of the Board, or  
9 President or any Vice President

10  
11  
12 By *Jennifer Ruiz*

13  
14 Print Name: *Jennifer Ruiz*

15  
16 Title: *Chief Executive Officer*  
17 Executive Director

18  
19  
20  
21  
22  
23  
24  
25 Mailing Address:  
26 1551 E. Shaw Avenue, Suite 139  
27 Fresno, CA 93710  
28 Phone No.: (559) 320-0490  
Contact: Jennifer Ruiz, Executive Director

**PLEASE SEE ADDITIONAL  
SIGNATURE PAGE ATTACHED**

CENTRO LA FAMILIA ADVOCACY SERVICES, Inc. (CLFAS)

By

Print Name:

Title:

Chairman of the Board, or  
President or any Vice President

By

Print Name:

Title:

Executive Director

Mailing Address:

302 Fresno Street, Suite 102

Fresno, CA 93706

Phone No.: (559) 237-2961

Contact: Margarita Rocha, Executive Director

**PLEASE SEE ADDITIONAL  
SIGNATURE PAGE ATTACHED**

1 **FRESNO INTERDENOMINATIONAL REFUGEE SERVICES (FIRM)**

2  
3 By Catherine Barber

4  
5 Print Name: Catherine Barber

6  
7 Title: Chairman of the Board  
8 Chairman of the Board, or  
9 President or any Vice President

10  
11  
12 By Zachary D. Darrah

13  
14  
15 Print Name: Zachary D. Darrah

16  
17 Title: Executive Director  
18 Executive Director

19  
20  
21  
22  
23  
24  
25 Mailing Address:  
26 1940 N. Fresno Street  
27 Fresno, CA 93703  
28 Phone No.: (559) 487-1509  
Contact: Zachary Darrah, Executive Director

**PLEASE SEE ADDITIONAL  
SIGNATURE PAGE**

1 **WEST FRESNO FAMILY RESOURCE CENTER (WFFRC)**

2  
3 By 

4  
5 Print Name: KASAN JONES

6  
7 Title: Board Chair

8 Chairman of the Board, or  
9 President or any Vice President

10  
11  
12 By 

13  
14 Print Name: Yolanda Randles

15  
16 Title: Yolanda Randles

17 Executive Director  
18  
19  
20  
21  
22  
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24

25 Mailing Address:

26 1802 E. California

27 Fresno, CA 93706

28 Phone No.: (559) 621-2967

Contact: Yolanda Randles, Executive Director

**PLEASE SEE ADDITIONAL  
SIGNATURE PAGE ATTACHED**



1 **SARBAT BHALA, Inc. (SBI)**

2  
3 By 

4  
5 Print Name: Nabshattar S. Dhaliwal

6  
7 Title: Chairman of the Board  
8 Chairman of the Board, or  
9 President or any Vice President

10  
11  
12 By 

13  
14 Print Name: Amandip S Gill

15  
16 Title: Director  
17 Executive Director

18  
19  
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21  
22  
23  
24  
25 Mailing Address:  
26 4250 Lincoln Avenue  
27 Fresno, CA 93725  
28 Phone No.: (559) 360-1398  
Contact: Amandip Gill, Director

**CULTURAL BASED ACCESS NAVIGATION SPECIALISTS  
LIST OF CONTRACTORS**

- I. Fresno American Indian Health Project – (American Indian/Alaska Native)**  
1551 E. Shaw Avenue, Suite 139  
Fresno, CA, 93710  
(559) 320-0490  
Contact: Jennifer Ruiz, Executive Director
  
- II. Centro La Familia Advocacy Services, Inc. – (Latino/Hispanic)**  
302 Fresno Street, Suite 102  
Fresno, CA, 93706  
(559) 237-2961  
Contact: Margarita Rocha, Executive Director
  
- III. Fresno Interdenominational Refugee Ministries – (South East Asian Hmong, Laotian, Cambodian and Syrian)**  
1940 N. Fresno Street  
Fresno, CA 93703  
(559) 487-1509  
Contact: Zachary Darrah, Executive Director
  
- IV. West Fresno Family Resource Center – (African American)**  
1802 E. California  
Fresno, CA, 93706  
(559) 621-2967  
Contact: Yolanda Randles, Executive Director
  
- V. Sarbat Bhala – (Punjabi)**  
4250 E. Lincoln Avenue  
Fresno, CA 93725  
(559) 360-1398  
Contact: Amandip Gill, Director

**MENTAL HEALTH SERVICES ACT  
PREVENTION AND EARLY INTERVENTION  
CULTURAL BASED ACCESS NAVIGATION AND PEER SUPPORT (CBANS)  
CBANS Program Overview**

CONTRACT SERVICES: Cultural Based Access Navigation & Peer Support

CONTRACT TERM: July 1, 2016 - June 30, 2019; and  
Two (2) Twelve-Month Renewal Options

CONTRACTORS: See Revised Exhibit A

CONTRACT MAXIMUM: \$551,633 per Fiscal Year

CONTRACTOR AWARDS: \$501,217 Fiscal Year (FY) 2016-17– all Providers combined  
\$550,762 FYs 17-18, 18-19, 19-20, 20-21-all Providers combined  
See Exhibits C-1 *et seq.* and Revised Exhibits C-1 *et seq.* as  
appropriate for individual Provider Awards

SERVICE POPULATIONS: American Indian/Alaska Native, Hispanic/Latino, Hmong, Laotian,  
Cambodian, African American, Punjabi, and Syrian (effective 2/1/17);  
each service population includes LGBTQ, Veterans and homeless as  
needed.

**CBANS PROGRAM OVERVIEW**

County of Fresno on behalf of the Department of Behavioral Health (DBH), Mental Health Services Act (MHSA) has developed a Master Agreement for the provision of Cultural-Based Access-Navigation and Peer/Family Support (CBANS) services to underserved and un-served culturally diverse populations in Fresno County.

*PEI Program Intent and Goals* - The intent of the PEI program is to provide funds for a CBANS service program to be delivered in community settings to all age groups in a culturally, linguistically and age-appropriate manner. The goals of the PEI component of the MHSA shall be integrated into the CBANS program and shall be promoted through community collaboration, cultural and linguistic competency, individual/family driven, wellness/recovery focused, integrated services, and performance outcomes based.

*CBANS Program Intent and Goals* – The CBANS Program is an instrumental component of providing wrap-around service intervention utilizing a holistic and culturally relevant approach, and delivered in



a natural community setting. The purpose and goals of this Program are to build on the skills or interests of the client in order to maximize: emotional and physical independence, self-care and daily living abilities, positive stress and symptom coping skills, and social and interpersonal interactions. By developing these skills, the client shall learn to depend less on more costly crisis services, and shall minimize or avoid more severe outcomes such as substance abuse, hospitalization or incarceration.

*Funding Use-* Prevention and Early Intervention (PEI) funding guidelines stipulated by California Health Care Services specifically limit how PEI funds may be used. The funding for PEI services is to provide for salaries and stipends for Community Health Workers (CHW) and Peer Support staffing (PSS), training, consumer incentives, outreach planning and operational costs. CBANS Program Providers individual funding allocations are identified and detailed in Exhibits C-1 et seq.

*Prevention* in mental health involves reducing risk factors or stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well being that allows the individual to function well in challenging circumstances.

*Early intervention* is directed toward individuals and families for whom a short-duration (up to one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or prevent a mental health problem from getting worse.

*Services and Performance Measures* - Under the provision of the MHSA, PEI component the County's Department of Behavioral Health receives funding to expand, develop and create successful PEI programs for children, transitional aged youth, adults, and older adults in a culturally, ethically, and linguistically competent approach for underserved and un-served population. CBANS Program Providers' culturally specific approaches to these services, and their performance measures and outcome goals are identified and detailed in Exhibits B-1 et seq. Performance Measures are further addressed in this document on Page six (6).

*Service Populations* - CBANS Program service populations include, but are not limited to: American Indian/Alaska Native, Hispanic/Latino, Hmong, Laotian, Cambodian, African American, Punjabi, and Syrian. In addition, each service population includes lesbian/gay/bi-sexual/transgender/ questioning (LGBTQ), Veterans and homeless as needed. CBANS services, while targeting specific cultural groups, shall not deny services based on culture. Service populations are identified for each CBANS Provider in Exhibit A and Exhibits B-1 et seq.



*Collaborations* – CBANS Providers shall work in collaboration with other CBANS partners, including but not limited to: Fresno American Indian Health Project (FAIHP), Centro La Familia Advocacy Services, Fresno Interdenominational Refugee Ministries (FIRM), West Fresno Family Resource Center (WFFRC), and Sarbat Bhala, Inc. In addition, collaborations and partnerships shall be encouraged with all other community stakeholders and service providers, including but not limited to: private, profit/non-profit, government, faith-based, cultural-specific community resource/service providers, and advisory boards and commissions.

*Master Agreement Additions* - Organizations seeking to be included in this Master Agreement, or seeking to provide additional cultural services to underserved and un-served target/service populations, funded through MHSA, must submit a written proposal to Fresno County Department of Behavioral Health, Attention: CBANS Contract Analyst, 3133 N. Millbrook Avenue, Fresno, CA 93703. The proposal must be prepared and submitted for review and approval in accordance to, and in proper response to, the Request For Proposal (RFP) #952-5412 issued by Fresno County Purchasing Division on January 14, 2016. Proposals received must be approved by DBH Director and/or designee for addition to Master Agreement.

### CBANS SERVICES

The CBANS Program shall help reduce the stigma that groups and/or individuals have about mental illness and its services, and thus improve individuals' knowledge of mental health and availability of services designed to meet their psychological and emotional needs. The CBANS's staff shall provide peer/family and educational services to the community in order to provide a personal contact or liaison to mental health resources and programs within the community so that individuals shall not have to visit a traditional mental health treatment site. The CBANS program shall also assist in developing peer and family support groups to help individuals with mental health concerns receive short term services early in the manifestation of a mental health concern in natural community settings that are culturally sensitive and linguistically appropriate. The CBANS's program shall actively pursue the feedback of community and consumers through surveys distributed at all activities, monitor the number of service contacts through sign-in procedures, and evaluate the effectiveness of contacts/presentations through pre-and post-feedback worksheets.

The CBANS program is modeled significantly on evidence-based community-based health models, utilizing community healthcare peer support outreach workers employed by community organizations. The CBANS's model is used because CHW and PSS are effective disseminators of information, and act as the bridge or *liaison* between governmental and non-governmental systems

and the communities they serve. Community health workers also act as change agents within their naturally occurring social networks. Direct, local involvement can generate creative and dynamic efforts to address disparities to mental health services in these areas and for these groups.

The program shall feature a peer/family support component which is culture-specific and tailored to help bridge cultural and language divides through advocacy, education, and short term peer-support for non-SMI/SED intervention for individuals and families dealing with economic and other related challenges in a de-stigmatizing and culturally appropriate manner. The Promotores model of CHWs serving the Latino communities is a good example of *how* the CBANS program shall serve each underserved cultural, ethnic, and racial community. The County envisions that individuals of relatively high importance for a given cultural community may act as the CHW (including Hmong Shaman and Native American Spiritual Leaders). CHW services are delivered, for the most part, through community settings (where people congregate), home visits and group presentations, and also specifically include mental health promotion strategies that impact knowledge, attitudes, and practices on a community level. Community settings can include but are not limited to events such as: health fairs, church and neighborhood meetings, factories, laundromats, gas stations, and grocery stores, among other locations. Trusted experts from within each of the underserved and un-served communities of Fresno County shall provide information about resources and linkages for those communities through advocacy, engagement, education, and knowledge about mental health services, including the array of prevention and early intervention activities in the community.

In the provision of CBANS services, CONTRACTORS shall include, but are not limited to:

1. Culturally and Linguistically Appropriate Staffing

a) One (1) identified CHW from each identified service population

- *Community Health Workers* shall act as change agents within their naturally occurring social network to address disparities to mental health for specific groups.

b) Up to three (3) PSSs as needed from each identified service population

- *Peer Support Specialist* shall assist in bridging the cultural and linguistic divides through advocacy, education, and short term peer support for non-SMI/SED intervention for individuals and families dealing with economic and immigration-related challenges in a de-stigmatizing and cultural appropriate manner.



CHW and Peer Support persons must be carefully recruited for cultural and linguistic competency in order to participate in the program. Staff should be from within the various cultural, linguistic, ethnic, and/or racial communities, and should be linguistically and culturally competent of those cultures, ethnicities, values and the language of the community. Both the CHW and PSS shall be knowledgeable of mental illness, symptoms, medication, cultural sensitivity, community resources and Prevention and Early Intervention services. CHW and PSS staff shall clearly understand their roles and utilize their skills as liaisons between the unserved/underserved cultural communities they serve and the Department of Behavioral Health, as well as other resources and service providers in the County. Liaisons serve as trusted community leaders who help unserved/underserved individuals and families navigate the systems of care and resources available within Fresno County, up to and including warm hand-off referrals and linkages.

2. Ongoing Training/Education for CHW & PSS Staff

Each CHW shall receive extensive training directed towards increased knowledge of relevant mental health/illness topics. Staff shall be trained to identify and recognize early signs and symptoms of substance abuse and mental illness disorders, deliver PEI psycho-social educational programs, development of culturally relevant materials, and assist in ensuring services are delivered in a culturally sensitive manner. Staff shall also be trained in ways they can participate in mental health coalition building to strengthen their communities' capacity to increase resilience and wellness. Training shall be provided by each respective organization either through the County, or other available mental health community resources.

3. Community Outreach

Outreach shall be conducted at community events or via culturally specific media outlets (e.g.: Spanish TV Univisión Channel 21, Hmong Radio KBIF 900 AM, etc.) frequented by service populations, such as: fairs, cultural celebrations, places of worship, block parties, and mental health awareness events (e.g.: NAMI Walk, SOSL Run, etc.). Outreach serves to introduce and educate the community on mental health and related services available within the community, and in Fresno County in general. Connections made shall help to build a trusted presence within the community and thereby encourage future contacts, follow-ups, and linkages to service information and/or delivery.

#### 4. Peer/Family Support & Education

- a) Peer and family support services shall be appropriately tailored to the culture and community served. Peer and family support shall be inclusive of group and educational sessions/presentations regarding mental illness, symptoms, medication, cultural sensitivity, and awareness based on community needs. Providers shall, at minimum, facilitate ½ hour sessions to assist families to improve their quality of life within the community. Services shall include linkage to other community resources, transportation, problem solving, and education in areas of life skills, such as money management, hygiene, independent living, cooking, cleaning, and other support services identified as needed through contacts with consumers and family members.
- b) Educational sessions shall be provided in natural environmental cultural settings within the service community. In collaboration with County mental health, and as appropriate, CHW's and PSS shall provide training in mental illness, signs and symptoms, features of medication, sensitivity, suicide prevention, mental health/suicide stigma, County mental health resources, community and faith-based organizations, and private providers/agencies.

Educational services shall be provided to help solidify relationship building, community networking, and personal problem-solving, which shall allow for an atmosphere of hope and cooperation. Educational services, informational sessions, and peer support shall include, but not be limited to: recognizing signs and symptoms of mental illness, mental illness management, ways to reduce tension and stress within the family; how to find and provide social support and encouragement to others, and other topics to assist families and consumers in developing resiliency and maintaining recovery.

#### 5. Community Collaboration

Through the CBANS program, Providers shall collaborate with existing partners, such as local schools and district offices, faith-based organizations, primary care centers, various health offices, natural gathering sites, social services offices and local law enforcement offices. Additional efforts shall be made to reach and partner with community based organizations in underserved/un-served populations to include community/family resource centers, private and public employment offices, collaboration with local media outlets throughout Fresno County. The Providers' organizational model shall leverage community



volunteers who can be trained to work with professionals and para-professionals in the delivery of services. The Providers shall develop new partnerships and deliver services in faith-based centers, in homes and other natural settings that are culturally sensitive, linguistically appropriate and non-threatening/non-stigmatizing locations for participants

#### 6. Client and Community Feedback

Providers shall actively pursue the feedback of clients and community through surveys distributed at all activities; monitor the number and types of service contacts through sign-in procedures and other available data collection tools; and evaluate the effectiveness of contacts/presentations through pre-and post-feedback worksheets and other available tools.

### PERFORMANCE OUTCOME MEASURES

All Providers shall comply with all project monitoring and compliance protocols, procedures, data collection methods, and reporting requirements requested by the County. Providers shall use performance outcome measures for evaluating program and system effectiveness to ensure services and service delivery strategies are positively impacting the service population. In addition, these measures shall be used to ensure CBANS services are in alignment with MHSA guiding principles which are inclusive of: an integrated service experience; community collaboration; cultural competence; client/family driven service; and wellness, resilience, and recovery focused services. Performance outcome measures shall be tracked on an ongoing basis and used to update the County monthly (by the 10<sup>th</sup> of the month following the report period) regarding CBANS services. In addition, performance outcome measures are reported to the County annually in accumulative reports for overall program and contract evaluation.

CBANS Partners utilize standardized forms and tools so that data shall be collected in the same way for each cultural group. The CBANS "Wellness Survey", "Needs/Stressors Form", and the "Coping Strategies & Protective Factors Form" are examples of tools used to gather and report data reflecting services provided, populations served, and impact of those services.

CBANS Program Providers' specific performance measures and outcome goals are identified and detailed in Exhibits B-1 et seq. Measurable outcomes may be reviewed for input and approval by a designated Department of Behavioral Health work group upon contract execution. The purpose of this review process is to ensure a comprehensive system wide approach to the evaluation of programs through an effective outcome reporting process.

**FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES (FIRM)**  
**CULTURAL-BASED ACCESS NAVIGATION AND PEER/FAMILY SUPPORT**  
**SCOPE OF WORK**

**CONTRACT SERVICES:** Cultural Based Access Navigation and Peer/Family Support Services

**CONTRACT TERM:** July 1, 2016 - June 30, 2019, and Two (2) Twelve-Month Renewal Options

**SERVICE POPULATIONS:** Southeast Asian (Hmong, Laotian, and Cambodian), including: LGBTQ, Veterans and Homeless within the service populations. Services for Syrian refugees are added effective February 1, 2017.

**CONTRACT MAXIMUM:** \$120,393 Fiscal Year 2016-17 Effective July 1, 2016 - January 31, 2017  
 \$155,604 Fiscal Year 2016-17 Effective February 1, 2017  
 \$205,149 Fiscal Years 2017-18, 2018-19, 2019-20, 2020-21  
 (See Amendment 1 - Exhibit C-3 for line item budget details)

**NOTE:** The information, expectations and requirements contained in this Amendment 1 - Exhibit B-3 are specific to Fresno Interdenominational Refugee Ministries (FIRM) and shall be considered in addition to Exhibit B, the Fresno Interdenominational Refugee Ministries proposal submitted in response to Request For Proposal 952-4512, and the Fresno Interdenominational Refugee Ministries proposal submitted on January 30, 2017, to serve the Syrian refugee population effective February 1, 2017.

**FIRM PROGRAM OVERVIEW**

The Fresno Interdenominational Refugee Ministries (FIRM) *Cultural-Based Access Navigation and Peer/Family Support Services (CBANS) Program* shall be administered as part of a comprehensive wellness program serving the underserved and un-served Fresno County Hmong, Laotian, Cambodian, and Syrian refugee communities, and inclusive of Lesbian/Gay/Bi-Sexual/Transgender/Questioning (LGBTQ), veterans, and homeless members within the service populations. The FIRM CBANS program shall provide mental health prevention and early intervention services to help reduce stigma about mental health and improve individuals' knowledge of, availability of, and access to mental health services in the community.

*Promotores Model:* FIRM shall use the *Promotores* model of Community Health Workers (CHW), adapting the model to fit their target populations. Utilizing CHWs and Peer Support Specialists (PSS) supports an evidence-based, community based health model with FIRM staff acting as effective disseminators of information to their services populations. In addition, where there is great mistrust with this service population of government entities, staff shall bridge the gap between the service community and service



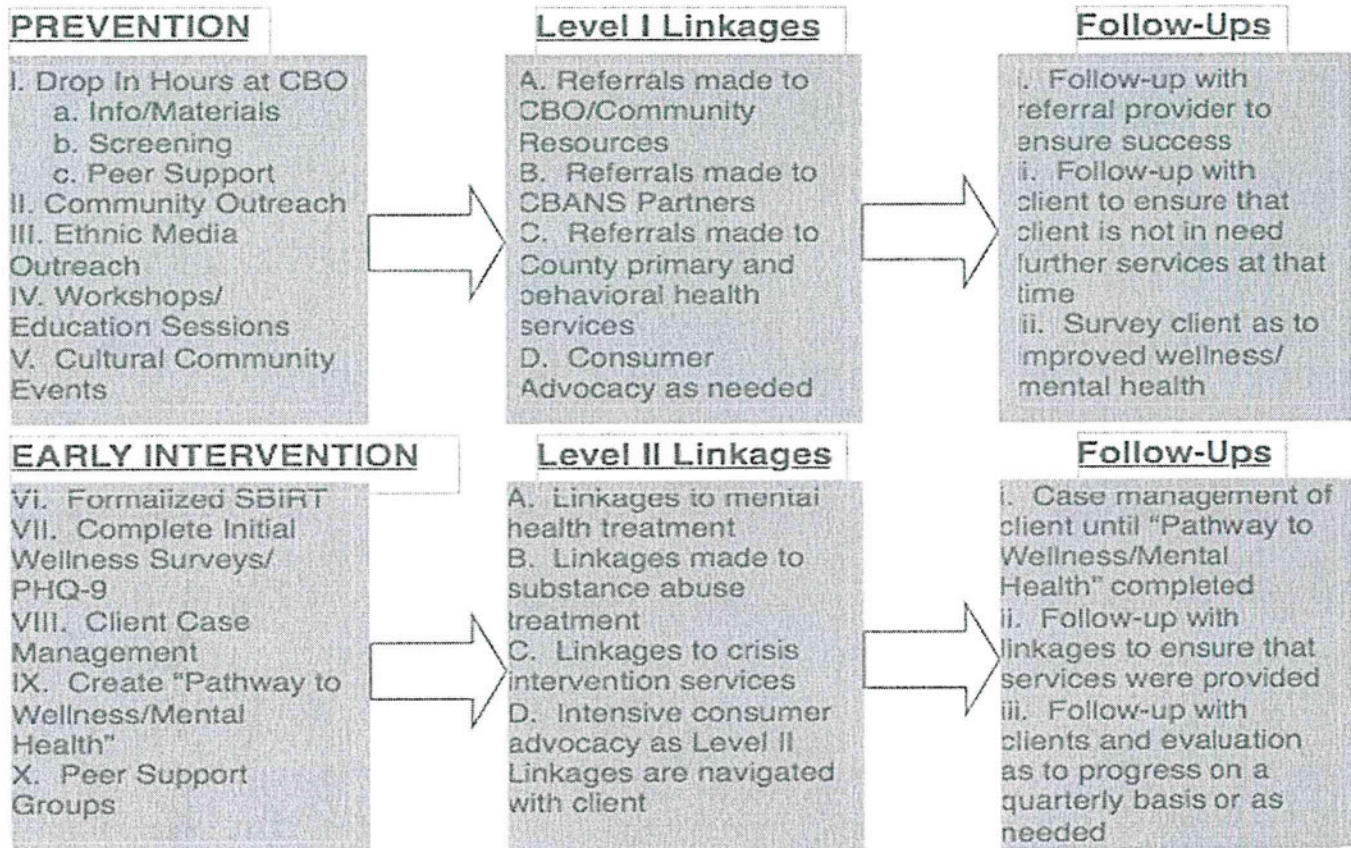
providers. Due to language barriers, staff shall assist clients with life skills and service navigation on a daily basis. FIRM shall utilize a family centered, wellness approach, emphasizing the strengths of the individual and family to help cope with the stressors and areas of need.

*SBIRT:* FIRM shall continue the practice of Screening, Brief Intervention and Referral to Treatment (SBIRT) for each client/family served in order to ensure a streamlined approach to accessing appropriate services. As each client is case managed, it is the responsibility of the CBANS staff to refer clients/families to additional resources as needed. A client or family's needs are determined based on results of a variety of tools used as identified on Page five (5) within this Exhibit B-2.

*Service Provider Component:* FIRM shall implement a Service Provider Component that includes staff working with community members and service providers to develop a list of trusted community service providers who are best equipped to work with the Southeast Asian populations. This shall include working with, and educating service providers to develop practices and methods of improving cultural and linguistic relevance.

*Pathways to Wellness:* This component to FIRM's CBANS case management program will track a designed and developed pathway for clients in the pursuit of wellness. This shall be utilized for case managed clients and will allow for better tracking of what CBANS clients are actually doing to secure and manage their wellness/mental health. "Wellness" is the best word culturally to describe mental health and shall be used in this tool.

FIRM Program Overview:



STAFFING

At a minimum, FIRM shall maintain Full Time Employees (FTE) as follow:

- 0.75 FTE Community Health Worker (Lao)
- 1.50 FTE Peer Support Specialist (Hmong and Cambodian)
- 1.00 FTE Community Health Worker (Syrian/Arabic effective February 1, 2017)
- 0.75 FTE Peer Support Specialist (Syrian effective February 1, 2017)
- 0.05 FTE Supervisor (0.09 Effective July 1, 2017)
- 4.05 FTE Total (4.09 Effective July 1, 2017)

TRAINING AND EDUCATION

*Staff* – Training for staff members shall include, but is not limited to: monthly internal training on mental health, focusing on items that are specific to the Southeast Asian community; cultural competency; holistic approaches to mental health service delivery; Facilitation of Support Groups using Cultural Competency approaches; suicide prevention/*Question, Persuade, Refer* (QPR) and other trainings as available. FIRM



staff shall also participate in required and volunteer trainings facilitated by DBH as needed and relevant. In addition, the monthly PEI Staff Meeting includes cultural and/or service related training. Staff shall also participate in, and facilitate *Know the Signs*, *Train-The-Trainer*, *Wellness Recovery Action Plan (WRAP)*, and *Mental Health First Aid* as appropriate. Staff shall be provided a regular calendar of trainings distributed to staff on a quarterly basis.

*Community* – FIRM provides training on various mental health topics through its monthly workshops specific for the communities served, including Hmong, Lao, Cambodian and Syrian. Topics include: suicide prevention and education (*Know the Signs & QPR*), stress reduction techniques, the benefits of physical activity for overall wellness and much more. FIRM shall regularly disseminate information about mental health by utilizing ethnic media outlets such as Hmong television and radio, and Laotian radio. Educational messages and materials shall also be provided during various outreach events that FIRM staff participate in monthly. In addition, as part of FIRM's *Service Provider Component* as described above, staff shall work with, and provide educational opportunities with service providers to improve provider's cultural and linguistic appropriateness in their delivery of services.

*Facilitators* – FIRM shall use variety of resources for training, such as: knowledgeable/professional staff and community partner resources and CBANS partner resources. Some of these collaborating agencies include: Department of Behavioral Health (e.g.: Lunch and Learn Mini-Series); California State University Fresno; National Alliance on Mental Illness (NAMI), Fresno Center For New Americans, Department of Social Services; and others. Examples of training topics include, but are not limited to: cultural competency, confidentiality, and case management.

*Community Engagement* – FIRM staff shall use their PICO Community Organizing Model training and expertise as community organizers to implement a four-fold approach to engage their service populations. This includes: 1) door-to-door engagements; ethnic media outreach; 3) walk-in client outreach; and 4) community outreach. Trainings and educational health-related messages shall be published/posted as appropriate using: social media sites (Facebook, Twitter, Instagram, and Pinterest); DBH Weekly Community Event Calendar; PEI provider partners; ethnic media outlets, including, but not limited to Hmong television and radio, and Laotian radio; and at community events, such as health fairs, cultural celebrations, and other social gatherings.

*Feedback* - Short post-training satisfaction surveys are used to determine whether the trainings are relevant and successful. Other data collected shall include demographics and #s in attendance.

### FUNDING

FIRM shall utilize funding provided by Fresno County Department of Behavioral Health Department to operate the CBANS program within the established guidelines set for PEI programs in the State of California. This would include salaries of the CHW and PSS, employee benefits, training, consumer incentives and transportation, and operational costs. FIRM shall produce and maintain a budget and budget narrative filed with and approved by the County. FIRM's detailed budget allocations may be found in Amendment 1 - Exhibit C-3.

### PERFORMANCE GOALS

FIRM shall adhere to the below set of annual performance goals and outcome measures to demonstrate the on-going effectiveness of the CBANS program and the positive impact that the services have for the target population. FIRM shall facilitate and/or participate in the following activities and services resulting in a minimum of 2,712 individuals directly (not counting those potentially reached through ethnic media events and special cultural events) reached and/or served annually:

- Workshops/Education Sessions: 72 annual workshops (3 per month with one in each: Khmer (Cambodian), Laotian, and Hmong) serving a minimum of 1,080 individuals; and one (1) workshop per month with the Syrian community serving an average of 25 total individuals/10 unique individuals per session.
- Ethnic Outreach/Education Media Events: 5,000 to 10,000 viewers/listeners per event; potentially reaching a minimum of 135,000 individuals annually. This includes TV, radio and print.
- One-on-One Walk-In Services: Serving 100 per month; serving a minimum of 1,200 individuals annually
- Client Cases (Assessment, Linkage, Referrals): 15 new cases per month; serving a minimum of 180 annually; and Syrian refugee families will be evaluated for, and receive assessment, linkage and referral services as needed.
- Peer Support Groups: 3 per month; serving a minimum of 252 individuals annually; and two (2) per month for the Syrian community serving an average of 8 individuals per group.
- Special Cultural Events: A minimum of 6 annually reaching a minimum of 2,500 individuals annually.

Events identified above shall result in the following annual minimums:

- 120 Linkages for higher level mental health services annually to be tracked by numbers and for effectiveness.
- 300 Referrals annually to community resources to be tracked by numbers and types of referrals.
- 360 Transports to needed community resources to be tracked by numbers and resource providers.



The following table represents FIRM outcomes, goals and some data sources/tools.

	Overall Outcomes	SMART Objective Goals	Data Source/Tool
1	Reduce social and environmental stressors	a) Reduce the number of self-reported stressors for 75% of clients within a six month time frame. b) At least 75% of clients will report positive changes in self-reported stress level within a twelve month time frame.	<ul style="list-style-type: none"> <li>• Pre/Post CBANS Needs/Stressors Form</li> <li>• Pre/Post CBANS Wellness Survey</li> </ul>
2	Improve attitudes & outlook	a) At least 85% of clients will report an increased sense of hope within a six month time frame.	<ul style="list-style-type: none"> <li>• Pre/Post HERTH Hope Index Tool</li> </ul>
3	Increase healthy behaviors among service participants	a) 100% of clients will be screened for depression during their intake (new clients) or within six months (established clients). b) 75% of clients with minimal or mild depression (score 1-9 according to PHQ-9 scale) will report increased utilization of coping strategies and protective factors. c) 100% of clients that score a 10 or higher on the PHQ-9 assessment will be referred to appropriate community behavioral health services.	<ul style="list-style-type: none"> <li>• PHQ-9 Assessment Tool</li> <li>• CBANS Coping Strategies &amp; Protective Factors Form</li> </ul>

### PERFORMANCE TRACKING AND REPORTING

FIRM shall utilize a variety of tools for performance tracking and reporting as identified below.

- Wellness Survey – used to assess client’s wellbeing, stress level, knowledge of resources in the community, confidence level, and overall wellness.
- Needs (Stressors) Survey – used to assess basic daily living needs to determine the best resources/services to assist them.
- Patient Health Questionnaire (PHQ9) - used by staff to determine a client’s level of depression, not for diagnosing, but to assist staff in determining the urgency of need and appropriate referrals.
- Client Feedback Tool/Satisfaction Survey
- Quarterly Program Audits (internal)
- Referrals and Linkage Forms
- Event Log and Sign in Sheets
- Calendar of Events
- Outcomes Comparison/Tracking Spreadsheet
- Staffing Reports
- And other report tools as requested by DBH
- Warm hand-offs and client follow-up shall be standard practice to allow staff to identify if service referrals and linkages result in appropriate service delivery and positive outcomes.

**Cultural Based Access Navigation & Peer Support Services  
Fresno Interdenominational Refugee Ministries (FIRM)  
Fiscal Year 2016-17**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
<b>PERSONNEL SALARIES:</b>					
0001	Community Health Worker (Lao)	0.75		\$23,400	\$23,400
0002	Peer Support Specialist (1 Hmong & .5 Cambodian)	1.50		\$43,680	\$43,680
0003	Supervisor	0.05	\$3,100	\$0	\$3,100
0004	Community Health Worker (Arabic)	1.00		\$13,200	\$13,200
0005	Peer Support Specialist (Arabic)	0.75		\$9,240	\$9,240
<b>SALARY TOTAL</b>		<b>4.05</b>	<b>\$3,100</b>	<b>\$89,520</b>	<b>\$92,620</b>
<b>PAYROLL TAXES:</b>					
0030	OASDI				\$0
0031	FICA/MEDICARE		\$272	\$6,848	\$7,120
0032	SUI		\$25	\$1,845	\$1,870
<b>PAYROLL TAX TOTAL</b>			<b>\$297</b>	<b>\$8,693</b>	<b>\$8,990</b>
<b>EMPLOYEE BENEFITS:</b>					
0040	Retirement				\$0
0041	Workers Compensation				\$1,023
0042	Health Insurance (medical, vision, life, dental)				\$15,040
<b>EMPLOYEE BENEFITS TOTAL</b>			<b>\$0</b>	<b>\$0</b>	<b>\$16,063</b>
<b>SALARY &amp; BENEFITS GRAND TOTAL</b>					<b>\$117,673</b>
<b>FACILITIES/EQUIPMENT EXPENSES:</b>					
1010	Rent/Lease Building				\$1,900
1011	Rent/Lease Equipment				\$400
1012	Utilities				\$850
1013	Building Maintenance				\$400
<b>FACILITY/EQUIPMENT TOTAL</b>					<b>\$3,550</b>
<b>OPERATING EXPENSES:</b>					
1060	Telephone				\$900
1061	Printing/Reproduction				\$500
1062	Office Supplies & Equipment				\$150
1063	Food				\$4,100
1064	Program Supplies - Therapeutic				\$750
1065	Transportation of Clients				\$6,500
1066	Staff Mileage/vehicle maintenance				\$1,735
1067	Staff Training/Registration				\$500
1068	Incentives for Peer Meetings/Support Groups				\$2,100
<b>OPERATING EXPENSES TOTAL</b>					<b>\$17,235</b>
<b>FINANCIAL SERVICES EXPENSES:</b>					
1080	Accounting/Bookkeeping				\$1,260
1081	External Audit				\$1,400
1082	Liability Insurance				\$105
1083	Administrative Overhead				\$14,381
<b>FINANCIAL SERVICES TOTAL</b>					<b>\$17,146</b>
<b>TOTAL PROGRAM EXPENSES</b>					<b>\$155,604</b>
<b>MHSA FUNDS:</b>					
5000	Prevention & Early Intervention Funds				\$155,604
<b>MHSA FUNDS TOTAL</b>					<b>\$155,604</b>
<b>TOTAL PROGRAM REVENUE</b>					<b>\$155,604</b>



**Cultural Based Access Navigation & Peer Support Services  
Fresno Interdenominational Refugee Ministries (FIRM)  
Fiscal Years 2017-18, 2018-19, 2019-20, 2020-21**

Budget Categories - Line Item Description (Must be itemized)		FTE %	Total Proposed Budget		
			Admin.	Direct	Total
<b>PERSONNEL SALARIES:</b>					
0001	Community Health Worker (Lao)	0.75		\$23,400	\$23,400
0002	Peer Support Specialist (1 Hmong & .5 Cambodian)	1.50		\$43,680	\$43,680
0003	Supervisor	0.09	\$5,580	\$0	\$5,580
0004	Community Health Worker (Arabic)	1.00		\$31,200	\$31,200
0005	Peer Support Specialist (Arabic)	0.75		\$21,840	\$21,840
SALARY TOTAL		4.09	\$5,580	\$120,120	\$125,700
<b>PAYROLL TAXES:</b>					
0030	OASDI				\$0
0031	FICA/MEDICARE		\$416	\$9,016	\$9,432
0032	SUI		\$39	\$1,714	\$1,753
PAYROLL TAX TOTAL			\$455	\$10,730	\$11,185
<b>EMPLOYEE BENEFITS:</b>					
0040	Retirement				\$0
0041	Workers Compensation				\$1,566
0042	Health Insurance (medical, vision, life, dental)				\$19,395
EMPLOYEE BENEFITS TOTAL			\$0	\$0	\$20,961
SALARY & BENEFITS GRAND TOTAL					\$157,846
<b>FACILITIES/EQUIPMENT EXPENSES:</b>					
1010	Rent/Lease Building				\$4,350
1011	Rent/Lease Equipment				\$400
1012	Utilities				\$1,200
1013	Building Maintenance				\$400
FACILITY/EQUIPMENT TOTAL					\$6,350
<b>OPERATING EXPENSES:</b>					
1060	Telephone				\$1,320
1061	Printing/Reproduction				\$500
1062	Office Supplies & Equipment				\$386
1063	Food				\$4,800
1064	Program Supplies - Therapeutic				\$750
1065	Transportation of Clients				\$6,500
1066	Staff Mileage/vehicle maintenance				\$2,484
1067	Staff Training/Registration				\$500
1068	Incentives for Peer Meetings/Support Groups				\$2,520
OPERATING EXPENSES TOTAL					\$19,760
<b>FINANCIAL SERVICES EXPENSES:</b>					
1080	Accounting/Bookkeeping				\$1,260
1081	External Audit				\$1,400
1082	Liability Insurance				\$105
1083	Administrative Overhead				\$18,428
FINANCIAL SERVICES TOTAL					\$21,193
<b>TOTAL PROGRAM EXPENSES</b>					<b>\$205,149</b>
<b>MHSA FUNDS:</b>					
5000	Prevention & Early Intervention Funds				\$205,149
MHSA FUNDS TOTAL					\$205,149
<b>TOTAL PROGRAM REVENUE</b>					<b>\$205,149</b>