HCA Proposition 63

County of Orange
Mental Health Services Act

Community Services & Supports Three-Year Plan

Approved as of April 1, 2006

(Distributed August 23, 2006)

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EXECUTIVE SUMMARY

Background

Proposition 63, which proposed a 1% tax on adjusted annual income over $1,000,000, was passed by California voters in November 2004 and enacted into law as the Mental Health Services Act (MHSA) effective January 1, 2005. The Mental Health Services Act was designed to reduce the long-term adverse impact of untreated serious mental illness (SMI) and serious emotional disturbance (SED) by expanding the use of successful, innovative and evidence-based practices at the county level. Planning money was made available to counties in the spring of 2005 ($636,415 for Orange County) to implement a community planning process to develop a three-year comprehensive plan for improving mental health Community Services and Supports (CSS). The expectation is that these improvements will result in better outcomes for the populations to be served.

The Department of Mental Health (DMH) proposed a model, in which counties would: (1) identify issues resulting from untreated mental illness; (2) analyze the mental health needs in the community; (3) identify populations for Full Service Partnerships; (4) identify program strategies to meet the needs; (5) assess capacity to expand current programs and implement new strategies; and (6) develop work plans with timeframes and budgets/staffing. The plan developed by Orange County (OC) is consistent with this model.

In Orange County, a community planning process was designed and implemented to accomplish the tasks required by DMH. However, there were certain restrictions that DMH imposed on the content of the plans developed by all counties. For example, DMH required that more then 50% of the funding be used for Full Service Partnerships (FSPs). FSPs are programs where a small caseload of clients is assigned to a Personal Services Coordinator who is responsible for ensuring that the clients have access to "whatever it takes" to foster resiliency and recovery. Clients in an FSP have access to someone to provide assistance 24 hours a day, seven days a week. DMH also established two other categories of programs that could be funded by the MHSA: Systems Development and Outreach and Engagement. Systems Development Funds may be used improve programs, services, and supports; Outreach and Engagement funds may be used to conduct activities to reach unserved populations.

The three fiscal years covered by this plan are 2005-06, 2006-07, and 2007-08. It was estimated that Orange County will receive approximately $25.5 million in each of these years. The Plan was based on that estimate, however, this amount may be augmented due to the fact that revenues were above those originally expected.

A substantial part of the first year was needed for planning. Therefore, DMH allowed counties to prorate the program funding for Year 1, based on the actual number of months that services will be offered. Counties may request the remainder of the first

year funding as one-time money, to be used for one-time activities such as systems development, rather than ongoing program costs.

The Plan was approved by the MHSA Steering Committee on September 28, 2005. As part of the Plan, The MHSA Steering Committee approved a percentage allocation of program dollars to each of four age groups. The distribution is: 20.3% for Children and Youth, 18.7% for Transitional Age Youth, 47% for Adults and 14% for Older Adults.

The Plan was distributed for public comment on November 7, 2005. After a thirty-day public comment period, the Mental Health Board held a public hearing on the Plan. At that hearing the Plan was unanimously approved by the Mental Health Board. The Plan was unanimously approved by the Orange County Board of Supervisors on December 13, 2005. The Plan was submitted to DMH on December 16, 2005, and DMH approval was granted on April 28, 2006, retroactive to April 1st.

Public Planning Process

Orange County's community planning process was open, participatory and inclusive of a wide variety of stakeholders, including groups not often heard from such as homeless individuals and their families. Meaningful consumer/family member participation in the planning process was encouraged and supported through a number of mechanisms, including grocery vouchers, transportation, childcare, and meals at meetings. Orange County conducted community outreach to inform the public about the MHSA and the planning process. Special attention was given to reaching unserved/underserved ethnic minorities and marginalized populations.

Planning process participants were provided broad-based training on topics including, but not limited to, the Mental Health Services Act, the current public mental health system, cultural competence, the local planning process, DMH implementation guidelines, identification of service gaps, and best practices. Trainings were conducted in English, Spanish and Vietnamese. In addition, a special one-day workshop on the Recovery Model was presented to planning group members and provider staff.

Workgroups were established for each of the DMH-required age groups, and a 59-person Steering Committee composed of consumers, family members, community leaders, service providers and other interested parties (e.g. law enforcement, social services, education, the Office on Aging and the faith-based community) provided leadership in the decision-making process. Input was provided by fifteen focus groups and twenty-five stakeholder group meetings. In addition, MHSA outreach staff went to homeless shelters, clubhouses, and street locations to interview individuals and families. From these interviews, staff created a short documentary on the needs of the homeless mentally ill in Orange County. A total of approximately 4,000 attendees participated in Orange County MHSA planning activities, demonstrating strong public involvement and support for the planning process.

Community Issues

Priority community issues were identified by the Workgroups for each specified age range. Although a comprehensive list of issues was identified, the priority issues to be addressed in the first three years are those deemed currently most critical to Orange County. They are shown in the table below.

Priority Issues by Age Group

CHILDREN/YOUTH	TRANSITIONAL AGE YOUTH	ADULTS	OLDER ADULTS
1. Inability to succeed in mainstream school environment *	1. Peer and family problems*	1. Homelessness*	1. Homelessness*
2. Involvement in the child welfare and/or juvenile justice systems*	2. Substance use*	2. Inability to work*	2. Increased risk of suicide, homicide, violence, isolation; need for 24/7 crisis services*
3. Peer and family problems*	3. Involvement in the child welfare and/or juvenile justice systems*	3. Frequent hospitalization and emergency room care*	3. System of care issues*
4. Substance use*	4. Homelessness or at risk of homelessness affordable housing*	4. Inability to manage independence*	4. Lack of education and resources for older adult issues and meaningful activities*
5. Homelessness*	5. Inability to work or manage independence*	5. Incarceration*	5. Educational programs for community partners*
	6. Suicide*	6. Involuntary care / institutionalization*	6. Peer support services*
	7. Frequent hospitalization and/or emergency room care*		

* Priority Issues to be addressed in first three years.

Mental Health Needs/Disparities

A significant need for Orange County is to increase the access to and outcomes of mental health services for racial and ethnic minorities. As will be shown in the discussion below, for each age category, there are significant differences in access to mental health services. People who neither live in the County nor have much contact with county residents often perceive OC as mainly Caucasian and English-speaking. However, US census data does not support that conclusion. According to California Department of Finance estimates for 2003, Orange County has only a slight majority of Caucasians (51%). Latinos make up about 31% of the population and Asian/Pacific Islanders (A/PI) account for about 14%. African Americans are about 1.5% of the total population. Moreover, the racial/ethnic composition of the Orange County population is changing rapidly. It is projected that by 2010, Caucasians will be only 43% of the OC population. Equal access to culturally competent, language appropriate mental health services must be addressed now, or the situation will only become worse.

Below is a brief discussion of disparities for each age-group. The age ranges indicated represent non-overlapping segments of the County's age distribution. However, there is, in fact, some overlap in the ages of individuals served in various programs.

Children and Youth, age 0-15

Latino children and youth represent 55% of the children in the County and 69% of the low-income children. Among ethnic groups within the County, Latinos age 0-15 represent the greatest number of children and youth who are seriously emotionally disturbed. Latino children and youth comprise 49% of all the children age 0-15 who were provided mental health services by the County, but they are seriously under-represented relative to their numbers in the low-income population, as are A/PI children, who represent just over 5 % of all the children seen.

Only 3% of the low-income Latino children and youth receive County mental health services. For A/PI low-income children and youth, less than 2% receive mental health services; while for Native American/Indigenous, who comprise less than 1% of the County's child and youth population, the rate is 9%. Similarly, the rate for Caucasian children and youth is over 9%, and for African-American, children and youth it is 12% (although the absolute number of African-American children and youth is low). Thus, among the low-income Latino and A/PI population, there are large numbers of children and youth that are unserved (10,340 and 2,099, respectively.) In contrast, most of the low-income Caucasian and African-American children with SED are being served.

Transitional Age Youth (TAY), age 16-25

Looking at the distribution of TAY by ethnicity, Latino transitional-age youth represent the greatest number of transitional-age youth with SMI in the County. Latino TAY comprised 41% of the TAY in the County and 55% of the low-income TAY. Latino TAY comprised 42% of all the transitional-age youth who were provided mental health services by the County. A/PI TAY, who comprised 16% of TAY in the general County population and 15% of the low-income TAY population, represented less than 6% of all the TAY who were seen.

Only about 4% of the low-income Latino TAY receive mental health services. The corresponding rate for A/PI TAY is 2%; while for Native American/Indigenous TAY (who comprise less than 1% of the County's TAY) the rate is 6%. The rate for Caucasian TAY is 8% and for African-American TAY, it is 19%; however, this represents only 407 African-American TAY.

In FY 2003-2004, the number of unserved, low-income TAY was 7,349. Although both Caucasian and African-American TAY were seen in adequate numbers relative to the prevalence of SMI in the population, the numbers of unserved Latino and A/PI TAY were quite high (4,252 and 1,530, respectively).

Adults, age 26-59

According to tables provided by DMH, the prevalence of severe mental illness in Orange County, among low-income people in this age group, was 9% in 2004. In contrast, only less than 5% of low-income people in this age range were seen by the County for mental health services in FY 2003-2004. Over half (51%) of the clients seen were Caucasian. Latinos made up 21% of the clients seen; A/PIs, 12% of the clients; and African-American and Native American/Indigenous much smaller percentages, reflecting their smaller numbers in the population.

The percentage of the low-income population receiving mental health service differed among the ethnic groups. African Americans and Caucasians had the highest rates (12% and 8%, respectively), although this only represented 485 African-American clients. The rate for A/PIs was about 3%; while for Latinos, it was less than 2%.

In Orange County in 2004, an estimated total of 26,312 low-income persons within the 26-59 age range had SMI. During that year, 13,731 persons were provided mental health services by the County, leaving an estimated 12,581 persons unserved. The largest group of unserved clients (10,805) was in the Latino population. Among A/PIs unmet need was estimated to be 2,405 persons. In contrast, for Caucasians, African Americans and Native Americans the level of unmet need is estimated to be quite small.

Older Adults, ages 60 and older

Within the low-income population, Latinos represent the largest numbers. Latino older adults are 52% of the population of residents with incomes less than 200% of the Federal Poverty Level. The next largest ethnic group within the low-income population is Caucasians, who represent 28% of the low-income population. A/PIs comprise 16% and African-Americans and Native American/Indigenous people much smaller percentages.

According to DMH tables, the prevalence of SMI in the low-income population of older adults in Orange County in 2004 was just under 7%. Of these 5,106 seriously mentally ill persons, Orange County provided services to 2,839 clients in FY 2003-2004.

The population served differed by ethnicity. Nearly 7% of low-income Caucasian older adults were served. African-American residents were seen at a rate of almost 6% of their numbers in the low-income population, and Native American/Indigenous people at

a rate of about 4%. The corresponding percentage for A/PI was clients and for Latinos, only 1%.

Populations for Full Service Partnerships

All age groups will include Full Service Partnerships. Below is a brief description by age group of the situational characteristics of the priority populations to be served by FSPs.

Populations for Full Service Partnerships

Children and Youth 0-18
▪ Preschool and school-age children unable to function in a mainstream school setting because of emotional problems ▪ SED children at risk for out-of-home placement ▪ SED children whose families are homeless, including those living in motels because of a lack of permanent residence ▪ SED children who are in the foster-care system ▪ SED children of parents who themselves have serious mental illness ▪ SED children who are exiting incarceration in the juvenile justice system ▪ Uninsured SED children ▪ SED children who are unserved or underserved because of linguistic or cultural barriers ▪ Children with multiple psychiatric hospitalizations ▪ Children with co-occurring disorders

Transitional Age Youth 16-25
▪ School-age youth unable to function in a mainstream school setting because of emotional problems ▪ SED youth at risk for out-of-home placement ▪ SED youth whose families are homeless, or themselves are homeless, including those living in motels because of a lack of permanent residence ▪ SED youth who are in the foster-care system ▪ SED youth who are exiting incarceration in the juvenile justice system or the adult correctional system ▪ SED youth who are aging out of the foster care or juvenile justice system ▪ SED children of parents who themselves have serious mental illness ▪ Uninsured SED youth and young adults ▪ SED youth or young adults who are unserved or underserved because of linguistic or cultural barriers ▪ Youth or young adults with multiple psychiatric hospitalizations ▪ Youth or young adults who are losing Wraparound funding because of aging out of the child welfare system ▪ Youth and young adults experiencing their first episode of psychosis ▪ SED youth with co-occurring disorders

Populations for Full Service Partnerships (Continued)

Adults 26-59

- Adults with SMI who are homeless or at risk of homelessness, including those living in temporary residences, such as hotels
- Adults with SMI who are have co-occurring substance abuse problems
- Adults with SMI who are about to be or have recently been discharged from the criminal justice system
- Adults with SMI who are about to be or were recently discharged from psychiatric hospitals, whether hospitalized voluntarily or involuntarily
- Adults with SMI who have come to the attention of the justice system
- Adults with SMI who have been frequently hospitalized or are frequent users of emergency room services for psychiatric problems
- Adults with SMI who are in Skilled Nursing Facilities (SNFs) or Institutes for Mental Disease (IMDs), but could live with support in the community

Older Adults 60 and older

- Older adults with SMI who are unserved by the mental health system
- Older adults with SMI who are frequent users of emergency room services for psychiatric problems or are frequently hospitalized
- Older adults with SMI who are in Skilled Nursing Facilities or Institutes of Mental Disease, but could live (with support) in the community
- Older adults with SMI who are about to be or were recently discharged from psychiatric hospitals, whether hospitalized voluntarily or involuntarily
- Older adults with SMI who have co-occurring substance abuse problems
- Older adults with SMI who are about to be or have recently been discharged from the criminal justice system
- Older adults with SMI who have come to the attention of the justice system but have not been incarcerated
- Older adults with SMI who are at risk for suicide

Programs

The plan contains 16 separate programs. There are four for Children and Youth, three for Transitional Age Youth, five for Adults, two for Older Adults and two that cross age groups (training and housing). Below is a brief summary by age group of the programs for which funding is being requested. Although all of these programs will be provided in the first three years, because of the one-time money in the first year, programs may vary slightly in Years 2 and 3.

Children & Youth (CY) – 4 Programs

1. Children's Full Service/ Wraparound Program
   The Children's Full Service/Wraparound (FS/W) Program will be a community-based, family-centered program where individualized, family-driven plans are developed. It will focus on family strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school and community through a "whatever-it-takes" approach. Through direct delivery, use of community resources and access to flexible funding, services secured will include but are not limited to 24/7 intensive in-home case management and wraparound services, community-based mental health services, youth and parent mentoring, supported employment or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.

2. Children's Outreach & Engagement Program
   This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved SED children and their families in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, family-focused, strength and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concept of community collaboratives, local resource development, and strength-based services is well established as a best practice model. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.

3. Children's In-Home Crisis Stabilization Program
   The provision of in-home crisis stabilization services will promote resiliency in children and youth by teaching them and their families coping strategies that reduce at-risk behaviors leading to peer and family problems, out-of-home placement, and involvement in the child welfare system.

4. Children's Crisis Residential Program
   The provision of crisis residential services will promote resiliency in youth in crisis by providing them and their families with a short-term, temporary residential resource that can facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, out of home placement, and involvement in the child welfare and juvenile justice system.

Transitional Age Youth (TAY) – 3 Programs

1. TAY Full Service/Wraparound Program
   The Transitional Age Youth (TAY) Full Service/Wraparound (FS/W) Program will be a community-based, client-centered program where individualized, client-driven plans are developed. It will focus on client strengths, and meet the needs of transitional age youth and, in many cases, their families across life domains. This program will promote success in school or job, safety, wellness and recovery through a "whatever-it-takes" approach. It will be modeled on the Orange County Health Care Agency's experience in the current, successful Orange County SB 163 Wraparound program and follow Children's System of Care principles.

2. TAY Outreach & Engagement Program
   This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved seriously emotionally disturbed/seriously mentally ill (SED/SMI) TAY in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, strength and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concepts of community collaboratives, local resource development, and strength-based services are well established as best practices. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, age consistent with those they are serving, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.

3. TAY Crisis Residential Program
   The provision of crisis residential services will promote resiliency in seriously emotionally disturbed/seriously mentally ill (SED/SMI) TAY in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource that can provide respite and also facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement in the justice system

Adult (ADL) – 5 Programs

1. Adult Integrated Service Program
   The Adult Integrated Service Program will provide county-wide individualized, integrated culturally-competent services for adult homeless with a serious mental illness who may also have co-occurring disorders. Individuals will enroll in a voluntary program with a single point of responsibility. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each Personal Services Coordinator (PSC) will have a low client-to-staff ratio. Services include: 24/7 availability and linkage to or provision of all needed services. Services are founded on a "whatever it takes" commitment.

2. Crisis Assessment Teams (CAT) & Psychiatric Emergency Response Teams (PERT)
   This program will provide one centralized assessment team to provide emergency mental health evaluation throughout Orange County, including emergency rooms. It will also provide Psychiatric Emergency Response Teams to collaborate with law enforcement to provide mental health evaluations. This program advances MHSA goal of integrated services and timely access.

3. Adult Crisis Residential Program
   This program provides a residential treatment alternative to hospitalization for seriously mentally ill persons in acute psychiatric crisis who cannot be safely and effectively managed on an outpatient bases. Services are offered 24/7 by a culturally competent multi-disciplinary staff dedicated to the values of the Recovery model.

4. Adult Supported Employment Program for SMI Clients
   This program will provide education and support to people with mental illness and co-occurring disorders, who require long-term job supports, to obtain competitive employment. The program will provide: (1) job preparation training, which will include pre-employment classes aimed at identifying individual clients' skills and interests; (2) workplace responsibilities and expectations; (3) communication skills; (4) managing symptoms and stress in the workplace; (5) grooming and dressing for success; (6) resume writing; and (7) successful job application techniques. Job developers will act as liaisons in the community, assisting potential employers to better understand mental illness. The job developer will locate a variety of employment opportunities in the community. Job coaches will assist clients on-the-job with workplace skill development, business interactions and problem resolution. Job coaches will maintain contact with care coordinators and Personal Services Coordinators to assure seamless service delivery.

5. Adult Outreach and Engagement Program
   This program will outreach to existing primary care practitioners' offices and community clinics enabling access to mental health services for the unserved population. Primary care and mental health integration is a best practice model to

more effectively engage individuals who do not traditionally seek mental health services due to stigma associated with traditional mental health settings.

Older Adults (OA) – 2 Programs

1. Older Adult Mental Health Recovery Program
   This program, Older Adult Mental Health Recovery, is a major expansion of an existing program. It will provide behavioral health services to seniors who are age 60 and over and who have serious mental health concerns. This program will operate on a team model of Recovery and consist of a program supervisor, program support staff, mental health clinicians, peer support counselors, and a Registered Nurse. Services will include: (1) assessment, (2) mental health rehabilitative and recovery services, (3) services for co-occurring disorders, (4) physical health care screenings, (5) education regarding proper use of medications, (6) client and family-member education about mental illness, and (7) case management and linkage services, as necessary. All services will be provided to the seniors in their place of residence, or in a senior center, faith-based organization, community center, adult day care center or other site of their choice.

2. Older Adult Support and Intervention System
   This is a new full service partnership program targeted at mentally ill seniors who are unserved or underserved and homeless or at risk of homelessness. The program will focus on attaining and maintaining maximum independence in the community for each of the participants. The FSP will provide "whatever it takes" to achieve the goals of the seniors. The Older Adult Support and Intervention System (OASIS) will focus on inclusion of all ethnicities and cultures to reduce disparities in the population and emphasize client/family/caregiver-driven mental health services and supports.

   Wellness for seniors will be stressed and clients will be linked to coordinated primary physical health care and mental health treatment. Mental health and co-occurring substance abuse services will be delivered according to individualized treatment plans by personal services coordinators. Public Health nurses will perform physical health screening. A geropsychiatrist will assess the need for medication management to reduce symptoms. Medication education will be completed by a pharmacist.

   Peer counselors, known as Life Coaches, will be trained to assist the seniors, their families and/or caregivers in many ways, including access to entitlements and community resources and stigma elimination. A recovery philosophy will guide all treatment planning. Seniors will be assisted by trained peer counselors to be linked to benefits acquisition and health coverage advocacy, housing, transportation, meal services, services supporting employment and training opportunities, other social services, and legal services, as needed and desired. Family members and caregivers will be linked to respite care services.

The outreach and education program in OASIS will provide a Geriatric Educator who will reach into the community to seniors, their family members and caregivers to assist in combating stigma. It is well known that mental illness can begin at any age. When symptoms appear in seniors, they are often misunderstood as being a normal part of aging. The educator will teach the seniors and families/caregivers the signs to watch for, so appropriate treatment can be accessed in a timely manner. Since this population is at high risk of suicide, early identification of depressive symptoms will be discussed, as well as suicide prevention information for clients, family members, caregivers, professionals, and the community.

Collaboration is critical as older adults tend to utilize multiple services provided by several agencies in the community. Therefore, the educator will establish relationships with these organizations and departments to provide information to them, as well. Examples include: the police and fire/paramedics, emergency room staff, community clinic staff, primary care physicians, in-home service providers, landlords, board and care operators, assisted living center staff, senior center staff, adult day care staff, faith based organizations, professionals and paraprofessionals working with the seniors. Additionally, this program will distribute materials about mental illness and co-occurring disorders with resources available to them.

Intergenerational Programs – 2 Programs

1. Education & Training

   The Training Program, designed to support system development as a one-time funded activity, will address training of clients and family members, community partners, mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:

   A. Early identification of mental illness
   B. Cultural competency, including training of staff and outreach to underserved cultural groups, with materials in threshold and emerging languages
   C. Training of clients and family members to work within the mental health services system
   D. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)
   E. Training of behavioral health staff, including consumer and family member staff, to improve working with families. This will include outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.
   F. Training of staff on co-occurring disorders and integrated treatment
   G. Training of staff and consumers in methods of benefits acquisition
   H. Development of a nonprofit Training Institute, with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period

2. Housing

   Safe affordable housing is one of the basic requirements needed in order to promote recovery/wellness for individuals (and their families) with severe mental illness or serious emotional disturbance. Appropriate housing is crucial to maintaining stability in the community. For those with very low income and who are homeless, finding safe affordable housing in Orange County is a real challenge. This housing program will include a flexible pool of money in a housing trust fund to support the members of full service partnerships. Although this is one-time funding, it will be spent over the course of a three-year period.

   A continuum of housing will be developed that will include transitional, and permanent housing. Orange County Health Care Agency will use the one-time money to leverage other federal, state and local funding to develop housing. These funds will be used to help acquire, renovate, or "buy down" mortgage financing of housing, so that clients can afford to pay for housing using their SSI and/or other benefits, Section 8, Shelter Plus Care, and ongoing FSP rental subsidies. Housing will be developed for each age group based on their needs and provided in a culturally sensitive manner, with special attention paid to language, ethnicity, gender, client culture, and physical/sensory disability.

   In addition, Orange County will use some of the MHSA Administrative funding to support housing specialists that can assist in locating housing resources and successfully obtaining housing for individuals and families.

Conclusion

In conclusion, the Orange County planning process was a concentrated effort by a large group of consumers, family members, service providers, and representatives of interested organizations. The goal was to develop a plan to better serve those individuals and families residing in Orange County who are in need of community mental health services and supports. The plan described above cannot meet the large backlog of unmet needs. It can, however, make exciting progress in transforming the Orange County Mental Health System by enhancing the continuum of services currently available and by bringing into care racial and ethnic minority populations that have traditionally been underserved. The MHSA funding and Orange County's plan for using this funding have also brought an intangible benefit to the community, i.e., hope that for individuals and families affected by mental illness, the future will be better than the past.

EXHIBIT 1
PLAN FACE SHEET

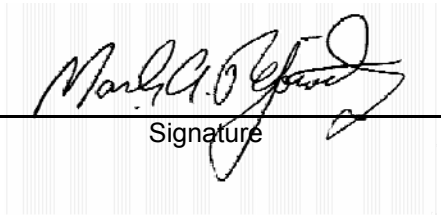
EXHIBIT 1: Program and expenditure Plan Face Sheet

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
Fiscal Years 2005-06, 2006-07, and 2007-08

County: County of Orange Date: December 16, 2005

County Mental Health Director:

Mark Refowitz
Printed Name



Signature

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EXHIBIT 2
PROGRAM WORK PLAN LISTING

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: Orange Fiscal Year: 2005-2006

PROGRAM INFORMATION		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
No.	Program Work Plan	Full Service Partnership	System Development	Outreach & Education	Total Requested	Children & Youth	Transitional Age Youth	Adult	Older Adult
C1	Children's Full Service/Wraparound Program	792,000.00			792,000.00	792,000.00			
C2	Children's Outreach & Engagement Program			124,207.00	124,207.00	124,207.00			
C3	Children's In-Home Crisis Stabilization Program		180,414.75		180,414.75	180,414.75			
C4	Children's Crisis Residential Program		1,030,647.50		1,030,647.50	1,030,647.50			
T1	TAY Full Service/Wraparound Program	870,745.88			870,745.88		870,745.88		
T2	TAY Outreach & Engagement Program			165,242.00	165,242.00		165,242.00		
T3	TAY Crisis Residential Program		982,652.00		982,652.00		982,652.00		
A1	Adult Integrated Service Program	2,152,965.00			2,152,965.00			2,152,965.00	
A2	Centralized Asmnt. Team & Psych. Emrg. Resp.Team		536,125.00		536,125.00			536,125.00	
A3	Crisis Residential Services		567,336.00		567,336.00			567,336.00	
A4	Supported Employment services for SMI clients		167,500.00		167,500.00			167,500.00	
A5	Outreach & Engagement Services			222,736.00	222,736.00			222,736.00	
O1	Older Adult Mental Health Recovery Program		285,878.00		285,878.00				285,878.00
O2	Older Adult Support and Intervention System	649,836.74			649,836.74				649,836.74
H1-C	One Time Housing – Children & Youth	1,170,000.00			1,170,000.00	1,170,000.00			
H1-T	One Time Housing – Transitional Age Youth	1,890,000.00			1,890,000.00		1,890,000.0		
H1-A	One Time Housing – Adult	4,860,000.00			4,860,000.00			4,860,000.0	
H1-O	One Time Housing – Older Adult	1,512,000.00			1,512,000.00				1,512,000.0
E1	Education & Training		5,100.000.00		5,100.000.00				
ADMIN	Administration				941,844.00				
	TOTAL MHSA PLAN FUNDING REQUEST:				**24,202,129.87**				
Additional funding requested outside of plan:									
OTF	One Time Funding				930,261.00				
AB2034	AB 2034 Restoration				24,960.00				
	TOTAL MHSA FUNDING REQUEST:				**25,157,350.87**				

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: Orange Fiscal Year: 2006-2007

PROGRAM INFORMATION		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
No.	Program Work Plan	Full Service Partnership	System Development	Outreach & Education	Total Requested	Children & Youth	Transitional Age Youth	Adult	Older Adult
C1	Children's Full Service/Wraparound Program	2,686,600.00			2,686,600.00	2,686,600.00			
C2	Children's Outreach & Engagement Program			350,296.00	350,296.00	350,296.00			
C3	Children's In-Home Crisis Stabilization Program		470,316.00		470,316.00	470,316.00			
C4	Children's Crisis Residential Program		945,956.00		945,956.00	945,956.00			
T1	TAY Full Service/Wraparound Program	2,843,133.00			2,843,133.00		2,843,133.00		
T2	TAY Outreach & Engagement Program			479,718.00	479,718.00		479,718.00		
T3	TAY Crisis Residential Program		780,019.00		780,019.00		780,019.00		
A1	Adult Integrated Service Program	5,617,479.00			5,617,479.00			5,617,479.00	
A2	Centralized Asmnt. Team & Psych. Emrg. Resp.Team		1,652,865.00		1,652,865.00			1,652,865.00	
A3	Crisis Residential Services		1,778,957.00		1,778,957.00			1,778,957.00	
A4	Supported Employment services for SMI clients		525,201.00		525,201.00			525,201.00	
A5	Outreach & Engagement Services			699,873.00	699,873.00			699,873.00	
O1	Older Adult Mental Health Recovery Program		847,907.00		847,907.00				847,907.00
O2	Older Adult Support and Intervention System	2,172,861.00			2,172,861.00				2,172,861.00
ADMIN	Administration				3,805,049.76				
TOTAL MHSA PLAN FUNDING REQUEST: 25,656,230.76									
AB2034	*AB 2034 Restoration**				100,838.40				
TOTAL MHSA FUNDING REQUEST: 25,757,069.16									

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: Orange Fiscal Year: 2007-2008

PROGRAM INFORMATION		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
No.	Program Work Plan	Full Service Partnership	System Development	Outreach & Education	Total Requested	Children & Youth	Transitional Age Youth	Adult	Older Adult
C1	Children's Full Service/Wraparound Program	2,740,332.00			2,740,332.00	2,740,332.00			
C2	Children's Outreach & Engagement Program			357,302.00	357,302.00	357,302.00			
C3	Children's In-Home Crisis Stabilization Program		479,722.00		479,722.00	479,722.00			
C4	Children's Crisis Residential Program		964,875.00		964,875.00	964,875.00			
T1	TAY Full Service/Wraparound Program	2,899,996.00			2,899,996.00		2,899,996.00		
T2	TAY Outreach & Engagement Program			489,313.00	489,313.00		489,313.00		
T3	TAY Crisis Residential Program		795,618.00		795,618.00		795,618.00		
A1	Adult Integrated Service Program	6,734,351.32			6,734,351.32			6,734,351.32	
A2	Centralized Asmnt. Team & Psych. Emrg. Resp.Team		1,685,924.00		1,685,924.00			1,685,924.00	
A3	Crisis Residential Services		1,814,537.00		1,814,537.00			1,814,537.00	
A4	Supported Employment services for SMI clients		535,705.00		535,705.00			535,705.00	
A5	Outreach & Engagement Services			713,871.00	713,871.00			713,871.00	
O1	Older Adult Mental Health Recovery Program		864,865.00		864,865.00				864,865.00
O2	Older Adult Support and Intervention System	2,216,319.00			2,216,319.00				2,216,319.00
ADMIN	Administration				3,881,150.76				
TOTAL MHSA PLAN FUNDING REQUEST: 27,173,881.08									
AB2034	*AB 2034 Restoration**				102,855.17				
TOTAL MHSA FUNDING REQUEST: 27,276,736.24									

EXHIBIT 3

FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:

FY 2005-06: Children and Youth: 37 Transition Age Youth: 33 Adult: 100 Older Adult: 31 TOTAL: 201
FY 2006-07: Children and Youth: 149 Transition Age Youth: 132 Adult: 400 Older Adult: 125 TOTAL: 806
FY 2007-08: Children and Youth: 149 Transition Age Youth: 132 Adult: 479 Older Adult: 125 TOTAL: 885

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				% Underserved				
	MALE		FEMALE		MALE		FEMALE		
RACE / ETHNICITY	% TOTAL	% Non English Speaking	% TOTAL	% Non English Speaking	% TOTAL	% Non English Speaking	% TOTAL	% Non English Speaking	TOTAL
2005/2006									
% African American	**.31**	**0**	**.34**	**0**	**.38**	0	**.27**	**0**	**1.3**
% Asian Pacific Islander	**3.6**	**75**	**3.5**	**75**	**3.5**	**75**	**3.6**	**75**	**14.2**
% Latino	**14.8**	**79**	**14.3**	**86**	**14.3**	**78**	**14.8**	**85**	**58.2**
% Native American	**.06**	**0**	**.09**	**0**	**.06**	**0**	**.09**	**0**	**0.3**
% Caucasian	**4.7**	**0**	**6.8**	**0**	**4.9**	**0**	**6.6**	**0**	**23**
% Other	**0.6**	**0**	**0.9**	**0**	**0.6**	**0**	**0.9**	**0**	**3**
Total Population	**24.1**		**25.9**		**23.7**		**26.3**		**100**
2006/2007									
% African American	.31	0	.34	0	.38	0	.27	0	1.3
% Asian Pacific Islander	3.6	75	3.5	75	3.5	75	3.6	75	14.2
% Latino	14.5	79	14.6	86	14.1	78	15.0	85	58.2
% Native American	.06	0	.09	0	.06	0	.09	0	0.3
% Caucasian	4.7	0	6.8	0	4.9	0	6.6	0	23
% Other	0.6	0	0.9	0	0.6	0	0.9	0	3
Total Population	23.8		26.2		23.5		26.5		100
2007/2008									
% African American	.27	0	.38	0	.27	0	.38	0	1.3
% Asian Pacific Islander	2.9	75	4.2	75	2.9	75	4.2	75	14.2
% Latino	11.9	79	17.2	86	11.9	78	17.2	85	58.2
% Native American	.06	0	.09	0	.06	0	.09	0	0.3
%Caucasian	4.7	0	6.8	0	4.7	0	6.8	0	23
% Other	0.6	0	0.9	0	0.6	0	0.9	0	3
Total Population	20.4		29.6		20.4		29.6		100

EXHIBIT 4
PROGRAM WORK PLAN SUMMARY

To make this plan easier to read, each required Exhibit 4 has been placed with its respective program workplan, budgets and budget narratives starting on page 142
(See the table of contents for details)

EXHIBIT 5

BUDGET AND STAFFING DETAIL WORKSHEETS

To make this plan easier to read, each required Exhibit 5 has been placed with its respective Exhibit 4, Program workplan and budget narratives starting on page 152.
(See the table of contents for details)

EXHIBIT 6

QUARTERLY PROGRESS GOALS AND REPORT

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

Estimated/Actual Population Served

C1 - YEAR 1

County: Orange
Program Work Plan #: C1
Program Work Plan Name: Children's Full Service Partnership/Wraparound Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child Youth	See Below*							37		37	

***Description of Initial Populations**

The priority population to be served will be:

1. SED homeless and "motel" youth and their families
2. Youth with multiple psychiatric hospitalizations
3. Uninsured SED youth, including Probation youth exiting incarceration
4. SED children of parents with serious mental illness
5. Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems
6. SED youth unserved or underserved because of linguistic or cultural isolation, etc.
7. Children with co-occurring disorders

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

Estimated/Actual Population Served

C1 - YEAR 2

County: Orange
Program Work Plan #: C1
Program Work Plan Name: Children's Full Service Partnership/Wraparound Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child Youth	See Below*	74		111		149		149		149	

***Description of Initial Populations**

The priority population to be served will be:

1. SED homeless and "motel" youth and their families
2. Youth with multiple psychiatric hospitalizations
3. Uninsured SED youth, including Probation youth exiting incarceration
4. SED children of parents with serious mental illness
5. Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems
6. SED youth unserved or underserved because of linguistic or cultural isolation, etc.
7. Children with co-occurring disorders

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

Estimated/Actual Population Served

C1 - YEAR 3

County: Orange
Program Work Plan #: C1
Program Work Plan Name: Children's Full Service Partnership/Wraparound Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Child Youth	See Below*	149		149		149		149		149	

***Description of Initial Populations**

The priority population to be served will be:

1. SED homeless and "motel" youth and their families
2. Youth with multiple psychiatric hospitalizations
3. Uninsured SED youth, including Probation youth exiting incarceration
4. SED children of parents with serious mental illness
5. Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems
6. SED youth unserved or underserved because of linguistic or cultural isolation, etc.
7. Children with co-occurring disorders

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

Estimated/Actual Population Served

C2 - YEAR 1

County: Orange
Program Work Plan #: C2
Program Work Plan Name: Children's Outreach & Engagement Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	33	See Below*							33		33	

***Services/Strategies**

- ✓ The Children's Outreach & Engagement Program will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid bilingual/bicultural outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C2 - YEAR 2

County: Orange
Program Work Plan #: C2
Program Work Plan Name: Children's Outreach & Engagement Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	132	See Below*	33		33		33		33		132	

***Services/Strategies**

- ✓ The Children's Outreach & Engagement Program will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid bilingual/bicultural outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C2 - YEAR 3

County: Orange
Program Work Plan #: C2
Program Work Plan Name: Children's Outreach & Engagement Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	132	See Below*	33		33		33		33		132	

***Services/Strategies**

- ✓ The Children's Outreach & Engagement Program will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid bilingual/bicultural outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C3 - YEAR 1

County: Orange
Program Work Plan #: C3
Program Work Plan Name: Children's In-Home Crisis Stabilization Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	31	See Below*							31		31	

***Services/Strategies**

- ✓ This proposal is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. Two-person Family Support Teams (FST), consisting of a mental health professional and a mental health worker, will be available to provide services to families in crisis on a 24-hour per day, 7 days per week basis. The FST will engage the family and mutually assess the child's and family's immediate needs. The FST will then provide direct service in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a full service partnership to develop a long-term safety plan and provide ongoing support and assistance.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C3 - YEAR 2

County: Orange
Program Work Plan #: C3
Program Work Plan Name: Children's In-Home Crisis Stabilization Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	125	See Below*	31		31		31		32		125	

***Services/Strategies**

- ✓ This proposal is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. Two-person Family Support Teams (FST), consisting of a mental health professional and a mental health worker, will be available to provide services to families in crisis on a 24-hour per day, 7 days per week basis. The FST will engage the family and mutually assess the child's and family's immediate needs. The FST will then provide direct service in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a full service partnership to develop a long-term safety plan and provide ongoing support and assistance.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C3 - YEAR 3

County: Orange
Program Work Plan #: C3
Program Work Plan Name: Children's In-Home Crisis Stabilization Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	125	See Below*	31		31		31		32		125	

***Services/Strategies**

- ✓ This proposal is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. Two-person Family Support Teams (FST), consisting of a mental health professional and a mental health worker, will be available to provide services to families in crisis on a 24-hour per day, 7 days per week basis. The FST will engage the family and mutually assess the child's and family's immediate needs. The FST will then provide direct service in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a full service partnership to develop a long-term safety plan and provide ongoing support and assistance.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C4 - YEAR 1

County: Orange
Program Work Plan #: C4
Program Work Plan Name: Children's Crisis Residential Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	20	See Below*							20		20	

***Services/Strategies**

- ✓ Short-term, six-bed crisis residential program offering structured services to assist youth in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C4 - YEAR 2

County: Orange
Program Work Plan #: C4
Program Work Plan Name: Children's Crisis Residential Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	78	See Below*	20		20		20		18		78	

***Services/Strategies**

- ✓ Short-term, six-bed crisis residential program offering structured services to assist youth in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

C4 - YEAR 3

County: Orange
Program Work Plan #: C4
Program Work Plan Name: Children's Crisis Residential Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	78	See Below*	20		20		20		18		78	

***Services/Strategies**

- ✓ Short-term, six-bed crisis residential program offering structured services to assist youth in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

T1 - YEAR 1

County: Orange
Program Work Plan #: T1
Program Work Plan Name: TAY Full Service Partnership/Wraparound Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	TAY	See Below*							33		33	

***Description of Initial Populations**

The priority population to be served will be:

1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with SED and a developmental disability or with co-occurring substance disorders
7. SED/SMI TAY with co-occurring disorders

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

Estimated/Actual Population Served

T1 - YEAR 2

County: Orange
Program Work Plan #: T1
Program Work Plan Name: TAY Full Service Partnership/Wraparound Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	TAY	See Below*	66		99		132		132		132	

***Description of Initial Populations**

The priority population to be served will be:

1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with SED and a developmental disability or with co-occurring substance disorders
7. SED/SMI TAY with co-occurring disorders

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

Estimated/Actual Population Served

T1 - YEAR 3

County: Orange
Program Work Plan #: T1
Program Work Plan Name: TAY Full Service Partnership/Wraparound Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	TAY	See Below*	132		132		132		132		132	

***Description of Initial Populations**

The priority population to be served will be:

1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with SED and a developmental disability or with co-occurring substance disorders
7. SED/SMI TAY with co-occurring disorders

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

Estimated/Actual Population Served

T2 - YEAR 1

County: Orange
Program Work Plan #: T2
Program Work Plan Name: TAY Outreach & Engagement Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	46	See Below*							46		46	

***Services/Strategies**

- ✓ Community outreach and engagement services will identify unserved and underserved, SED/SMI TAY who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

T2 - YEAR 2

County: Orange
Program Work Plan #: T2
Program Work Plan Name: TAY Outreach & Engagement Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	182	See Below*	44		46		46		46		182	

***Services/Strategies**

- ✓ Community outreach and engagement services will identify unserved and underserved, SED/SMI TAY who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

T2 - YEAR 3

County: Orange
Program Work Plan #: T2
Program Work Plan Name: TAY Outreach & Engagement Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	182	See Below*	44		46		46		46		182	

***Services/Strategies**

- ✓ Community outreach and engagement services will identify unserved and underserved, SED/SMI TAY who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED children and families being served through full service partnerships.

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

Estimated/Actual Population Served

T3 - YEAR 1

County: Orange
Program Work Plan #: T3
Program Work Plan Name: TAY Crisis Residential Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
20	See Below*							20		20	

***Services/Strategies**

- ✓ Short-term, six-bed crisis residential program offering structured services to assist TAY in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED/SMI TAY and families being served through crisis residential services.

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

Estimated/Actual Population Served

T3 - YEAR 2

County: Orange
Program Work Plan #: T3
Program Work Plan Name: TAY Crisis Residential Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
78	See Below*	18		20		20		20		78	

***Services/Strategies**

- ✓ Short-term, six-bed crisis residential program offering structured services to assist TAY in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED/SMI TAY and families being served through crisis residential services.

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

Estimated/Actual Population Served

T3 - YEAR 3

County: Orange
Program Work Plan #: T3
Program Work Plan Name: TAY Crisis Residential Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
78	See Below*	18		20		20		20		78	

***Services/Strategies**

- ✓ Short-term, six-bed crisis residential program offering structured services to assist TAY in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.
- ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED/SMI TAY and families being served through crisis residential services.

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

Estimated/Actual Population Served

A1 - YEAR 1

County: Orange
Program Work Plan #: A1
Program Work Plan Name: Adult Integrated Service Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Adult	See Below*							100		100	

***Description of Initial Populations**

Services to be provided to SMI adults who are suffering from substance abuse, homeless, in jail, frequent users of hospitals and emergency rooms, and are cycling through different institutional and involuntary settings.

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

Estimated/Actual Population Served

A1 - YEAR 2

County: Orange
Program Work Plan #: A1
Program Work Plan Name: Adult Integrated Service Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Adult	See Below*	200		300		400		400		400	

***Description of Initial Populations**

Services to be provided to SMI adults who are suffering from substance abuse, homeless, in jail, frequent users of hospitals and emergency rooms, and are cycling through different institutional and involuntary settings.

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

Estimated/Actual Population Served

A1 - YEAR 3

County: Orange
Program Work Plan #: A1
Program Work Plan Name: Adult Integrated Service Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Adult	See Below*	479		479		479		479		479	

***Description of Initial Populations**

Services to be provided to SMI adults who are suffering from substance abuse, homeless, in jail, frequent users of hospitals and emergency rooms, and are cycling through different institutional and involuntary settings.

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

Estimated/Actual Population Served

A2 - YEAR 1

County: Orange
Program Work Plan #: A2
Program Work Plan Name: CAT & PERT
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
50	See Below*							50		50	

***Services/Strategies**

- ✓ Develop 2 teams to provide emergency mental health evaluations and crisis intervention.
- ✓ Provide linkage to other mental health services when hospitalization is not required.
- ✓ Increase access to C.A.T to south region of County.
- ✓ Services will be dual diagnosis capable and will include screening, assessment and referral, with a wellness, strength based and resilience focus.
- ✓ Referral to Family Advocate as appropriate.
- ✓ Integrated services with law enforcement to provide alternatives to incarceration.

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

Estimated/Actual Population Served

A2 - YEAR 2

County: Orange
Program Work Plan #: A2
Program Work Plan Name: CAT & PERT
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
2000	See Below*	500		500		500		500		2000	

***Services/Strategies**

- ✓ Develop 2 teams to provide emergency mental health evaluations and crisis intervention.
- ✓ Provide linkage to other mental health services when hospitalization is not required.
- ✓ Increase access to C.A.T to south region of County.
- ✓ Services will be dual diagnosis capable and will include screening, assessment and referral, with a wellness, strength based and resilience focus.
- ✓ Referral to Family Advocate as appropriate.
- ✓ Integrated services with law enforcement to provide alternatives to incarceration.

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

Estimated/Actual Population Served

A2 - YEAR 3

County: Orange
Program Work Plan #: A2
Program Work Plan Name: CAT & PERT
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
2000	See Below*	500		500		500		500		2000	

***Services/Strategies**

- ✓ Develop 2 teams to provide emergency mental health evaluations and crisis intervention.
- ✓ Provide linkage to other mental health services when hospitalization is not required.
- ✓ Increase access to C.A.T to south region of County.
- ✓ Services will be dual diagnosis capable and will include screening, assessment and referral, with a wellness, strength based and resilience focus.
- ✓ Referral to Family Advocate as appropriate.
- ✓ Integrated services with law enforcement to provide alternatives to incarceration.

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

Estimated/Actual Population Served

A3 - YEAR 1

County: Orange
Program Work Plan #: A3
Program Work Plan Name: Adult Crisis Residential Services
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	122	See Below*							122		122	

***Services/Strategies**

- ✓ Voluntary crisis residential treatment services offering a community-based environment that involves comprehensive mental health, medication support, substance abuse education and treatment, linkage to community resources.
- ✓ Family support.
- ✓ 24-hour peer run warm line.
- ✓ Client self-directed plans with a focus on strength based, culturally appropriate, discharge planning.
- ✓ Client-run services.

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

Estimated/Actual Population Served

A3 - YEAR 2

County: Orange
Program Work Plan #: A3
Program Work Plan Name: Adult Crisis Residential Services
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	487	See Below*	121		122		122		122		487	

***Services/Strategies**

- ✓ Voluntary crisis residential treatment services offering a community-based environment that involves comprehensive mental health, medication support, substance abuse education and treatment, linkage to community resources.
- ✓ Family support.
- ✓ 24-hour peer run warm line.
- ✓ Client self-directed plans with a focus on strength based, culturally appropriate, discharge planning.
- ✓ Client-run services.

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

Estimated/Actual Population Served

A3 - YEAR 3

County: Orange
Program Work Plan #: A3
Program Work Plan Name: Adult Crisis Residential Services
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
487	See Below*	121		122		122		122		487	

***Services/Strategies**

- ✓ Voluntary crisis residential treatment services offering a community-based environment that involves comprehensive mental health, medication support, substance abuse education and treatment, linkage to community resources.
- ✓ Family support.
- ✓ 24-hour peer run warm line.
- ✓ Client self-directed plans with a focus on strength based, culturally appropriate, discharge planning.
- ✓ Client-run services.

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

Estimated/Actual Population Served

A4 - YEAR 1

County: Orange
Program Work Plan #: A4
Program Work Plan Name: Supported Employment Services for SMI Clients
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
28	See Below*							28		28	

***Services/Strategies**

- ✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better-served and/or more responsive to services in specific culture based settings.
- ✓ Integrated services with ethnic – specific community based organizations.
- ✓ Classes and other instruction for clients regarding what clients need to know for successful living in the community.
- ✓ Supportive employment and other productive activities and personal growth opportunities including development of job options or clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities.

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

Estimated/Actual Population Served

A4 - YEAR 2

County: Orange
Program Work Plan #: A4
Program Work Plan Name: Supported Employment Services for SMI Clients
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
110	See Below*	26		28		28		28		110	

***Services/Strategies**

- ✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better-served and/or more responsive to services in specific culture based settings.
- ✓ Integrated services with ethnic – specific community based organizations.
- ✓ Classes and other instruction for clients regarding what clients need to know for successful living in the community.
- ✓ Supportive employment and other productive activities and personal growth opportunities including development of job options or clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities.

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

Estimated/Actual Population Served

A4 - YEAR 3

County: Orange
Program Work Plan #: A4
Program Work Plan Name: Supported Employment Services for SMI Clients
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
110	See Below*	26		28		28		28		110	

***Services/Strategies**

- ✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better-served and/or more responsive to services in specific culture based settings.
- ✓ Integrated services with ethnic – specific community based organizations.
- ✓ Classes and other instruction for clients regarding what clients need to know for successful living in the community.
- ✓ Supportive employment and other productive activities and personal growth opportunities including development of job options or clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities.

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

Estimated/Actual Population Served

A5 - YEAR 1

County: Orange
Program Work Plan #: A5
Program Work Plan Name: Adult Outreach & Engagement Services
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	45	See Below*							45		45	

***Services/Strategies**

- ✓ Integrated physical and mental health services by co-locating with primary community clinics.
- ✓ Provide mental health assessment, information, referral and brief mental health services.
- ✓ Culturally appropriate services to reach persons of ethnic communities cultures who may be more responsive to services in specific culture-based settings.
- ✓ Integrated services with ethnic-specific community based organizations.
- ✓ Services will be dually diagnosed capable and will at a minimum include screening, assessment and referral.
- ✓ Training for PCP and primary care practitioners covering screening/assessment protocol on clinical practices for coordination and integration of mental health (including substance abuse) and cultural competence.

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

Estimated/Actual Population Served

A5 - YEAR 2

County: Orange
Program Work Plan #: A5
Program Work Plan Name: Adult Outreach & Engagement Services
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	181	See Below*	45		45		45		46		181	

***Services/Strategies**

- ✓ Integrated physical and mental health services by co-locating with primary community clinics.
- ✓ Provide mental health assessment, information, referral and brief mental health services.
- ✓ Culturally appropriate services to reach persons of ethnic communities cultures who may be more responsive to services in specific culture-based settings.
- ✓ Integrated services with ethnic-specific community based organizations.
- ✓ Services will be dually diagnosed capable and will at a minimum include screening, assessment and referral.
- ✓ Training for PCP and primary care practitioners covering screening/assessment protocol on clinical practices for coordination and integration of mental health (including substance abuse) and cultural competence.

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

Estimated/Actual Population Served

A5 - YEAR 3

County: Orange
Program Work Plan #: A5
Program Work Plan Name: Adult Outreach & Engagement Services
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	181	See Below*	45		45		45		46		181	

***Services/Strategies**

- ✓ Integrated physical and mental health services by co-locating with primary community clinics.
- ✓ Provide mental health assessment, information, referral and brief mental health services.
- ✓ Culturally appropriate services to reach persons of ethnic communities cultures who may be more responsive to services in specific culture-based settings.
- ✓ Integrated services with ethnic-specific community based organizations.
- ✓ Services will be dually diagnosed capable and will at a minimum include screening, assessment and referral.
- ✓ Training for PCP and primary care practitioners covering screening/assessment protocol on clinical practices for coordination and integration of mental health (including substance abuse) and cultural competence.

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

Estimated/Actual Population Served

O1 - YEAR 1

County: Orange
Program Work Plan #: O1
Program Work Plan Name: Older Adult Mental Health Recovery Program
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	41	See Below*							41		41	

***Services/Strategies**

- ✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services.
- ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments, which are strength-based and focused on engagement of older adults and which can provide gender and culture-specific assessments as in the DSM-IV-TR cultural formulation.
- ✓ Self-directed care plan; Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults; Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings.
- ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults.
- ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors; Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects.
- ✓ Peer-supportive services and client-run services including peer-counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services.
- ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and that support housing and other client-selected goals; Crisis services; Joint service planning with special services for seniors.

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

Estimated/Actual Population Served

O1 - YEAR 2

County: Orange
Program Work Plan #: O1
Program Work Plan Name: Older Adult Mental Health Recovery Program
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
164	See Below*	41		41		41		41		164	

***Services/Strategies**

- ✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services.
- ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments, which are strength-based and focused on engagement of older adults and which can provide gender and culture-specific assessments as in the DSM-IV-TR cultural formulation.
- ✓ Self-directed care plan; Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults; Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings.
- ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults.
- ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors; Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects.
- ✓ Peer-supportive services and client-run services including peer-counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services.

Values-driven evidence-based and promising clinical services that are integrated with overall service planning and that support housing and other client-selected goals; Crisis services; Joint service planning with special services for seniors.

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

Estimated/Actual Population Served

O1 - YEAR 3

County: Orange
Program Work Plan #: O1
Program Work Plan Name: Older Adult Mental Health Recovery Program
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
164	See Below*	41		41		41		41		164	

***Services/Strategies**

- ✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services.
- ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments, which are strength-based and focused on engagement of older adults and which can provide gender and culture-specific assessments as in the DSM-IV-TR cultural formulation.
- ✓ Self-directed care plan; Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults; Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings.
- ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults.
- ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors; Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects.
- ✓ Peer-supportive services and client-run services including peer-counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services.
- ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and that support housing and other client-selected goals; Crisis services; Joint service planning with special services for seniors.

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

Estimated/Actual Population Served

O2 - YEAR 1

County: Orange
Program Work Plan #: O2
Program Work Plan Name: Older Adult Support and Intervention System
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Older Adult	See Below*							31		31	

***Description of Initial Populations**

Unserved or under-served older adults with an SMI who are, or are at risk of being homeless, who may also have a co-occurring disorder, and who are unwilling or unable to access traditional services.

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

Estimated/Actual Population Served

O2 - YEAR 2

County: Orange
Program Work Plan #: O2
Program Work Plan Name: Older Adult Support and Intervention System
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Older Adult	See Below*	62		93		125		125		125	

***Description of Initial Populations**

Unserved or under-served older adults with an SMI who are, or are at risk of being homeless, who may also have a co-occurring disorder, and who are unwilling or unable to access traditional services.

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

Estimated/Actual Population Served

O2 - YEAR 3

County: Orange
Program Work Plan #: O2
Program Work Plan Name: Older Adult Support and Intervention System
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Older Adult	See Below*	125		125		125		125		125	

***Description of Initial Populations**

Unserved or under-served older adults with an SMI who are, or are at risk of being homeless, who may also have a co-occurring disorder, and who are unwilling or unable to access traditional services.

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

Estimated/Actual Population Served

E1 - YEAR 1

County: Orange
Program Work Plan #: E1
Program Work Plan Name: Training & Education
Fiscal Year: 2005-2006 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	2,448**	See Below*							2,448		2,448	

***Services/Strategies**

- ✓ Culture and gender-sensitive outreach will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups
- ✓ Development of services for gay, lesbian, bisexual and transgender youth will be a strategy promoted through the cultural competence training to serve TAY
- ✓ Education of the children/youth and family regarding mental health services will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY
- ✓ Integrated services for clients with co-occurring mental health and substance abuse disorders will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups
- ✓ Parent mental health education with language access and culturally appropriate approaches will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY
- ✓ Infrastructure and attitudinal changes to assist in the development of youth/family-run programs will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages

***Education & Training Services/Strategies (Year 1 Continued)**

- ✓ Values-driven, evidence-based practices will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages
- ✓ Education for youth and family will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY
- ✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings will be a strategy promoted through training in cultural competence and will serve clients of all ages
- ✓ Housing services, child care, transportation, vocational training and supported employment services, educational benefits are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery
- ✓
- ✓ ** The number served reflects the number of people provided training/education in a particular subject matter. Individuals will likely receive more than one type of training, thus the total number served is not an unduplicated count of individuals trained.

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

Estimated/Actual Population Served

E1 - YEAR 2

County: Orange
Program Work Plan #: E1
Program Work Plan Name: Training & Education
Fiscal Year: 2006-2007 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	13,736**	See Below*	3,434		3,434		3,434		3,434		13,736	

***Services/Strategies**

- ✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of Family Partnership Programs, which will serve clients of all ages
- ✓ Culture and gender-sensitive outreach will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups
- ✓ Development of services for gay, lesbian, bisexual and transgender youth will be a strategy promoted through the cultural competence training to serve TAY
- ✓ Education of the children/youth and family regarding mental health services will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY
- ✓ Integrated services for clients with co-occurring mental health and substance abuse disorders will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups
- ✓ Parent mental health education with language access and culturally appropriate approaches will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY

***Education & Training Services/Strategies (Year 2 Continued)**

- ✓ Infrastructure and attitudinal changes to assist in the development of youth/family-run programs will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages
- ✓ Cross-agency and cross-discipline training will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages
- ✓ Integrated county/community level service planning will be a strategy promoted through training of community partners and will serve all ages
- ✓ Values-driven, evidence-based practices will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages
- ✓ Education for youth and family will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY
- ✓ On-site services in primary care clinics or other health-related sites will be a strategy promoted through training of our community partners and will serve clients of all ages
- ✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings will be a strategy promoted through training in cultural competence and will serve clients of all ages
- ✓ Self-help and client-run programs will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients
- ✓ On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients
- ✓ Housing services, child care, transportation, vocational training and supported employment services, educational benefits are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery

** The number served reflects the number of people provided training/education in a particular subject matter. Individuals will likely receive more than one type of training, thus the total number served is not an unduplicated count of individuals trained.

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

Estimated/Actual Population Served

E1 - YEAR 3

County: Orange
Program Work Plan #: E1
Program Work Plan Name: Training & Education
Fiscal Year: 2007-2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	13,736**	See Below*	3,434		3,434		3,434		3,434		13,736	

***Services/Strategies**

- ✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of Family Partnership Programs, which will serve clients of all ages
- ✓ Culture and gender-sensitive outreach will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups
- ✓ Development of services for gay, lesbian, bisexual and transgender youth will be a strategy promoted through the cultural competence training to serve TAY
- ✓ Education of the children/youth and family regarding mental health services will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY
- ✓ Integrated services for clients with co-occurring mental health and substance abuse disorders will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups
- ✓ Parent mental health education with language access and culturally appropriate approaches will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY

***Education & Training Services/Strategies (Year 3 Continued)**

- ✓ Infrastructure and attitudinal changes to assist in the development of youth/family-run programs will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages
- ✓ Cross-agency and cross-discipline training will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages
- ✓ Integrated county/community level service planning will be a strategy promoted through training of community partners and will serve all ages
- ✓ Values-driven, evidence-based practices will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages
- ✓ Education for youth and family will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY
- ✓ On-site services in primary care clinics or other health-related sites will be a strategy promoted through training of our community partners and will serve clients of all ages
- ✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings will be a strategy promoted through training in cultural competence and will serve clients of all ages
- ✓ Self-help and client-run programs will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients
- ✓ On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients
- ✓ Housing services, child care, transportation, vocational training and supported employment services, educational benefits are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery

** The number served reflects the number of people provided training/education in a particular subject matter. Individuals will likely receive more than one type of training, thus the total number served is not an unduplicated count of individuals trained.

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

Estimated/Actual Population Served

H1 - YEAR 1, 2 & 3

County: Orange
Program Work Plan #: H1
Program Work Plan Name: Housing
Fiscal Year: 2005-2006, 2006-2007 and 2007-2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Intergenerational	See Below*	*		*		*		*		*	

***The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.**

EXHIBIT 7

CASH BALANCE QUARTERLY REPORT

(Form attached, data to be provided as required by the reporting guidelines.)

EXHIBIT 7--Mental Health Services Act Cash Balance Quarterly Report

County _____ Date _____

MHSA Component Comm. Services and Supports Fiscal Year 2005-06

Quarter 1st (July - Sept)

A. Cash Flow Activity	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	
2. Quarterly advance from State DMH (insert as positive number)	-
3. Total cash available (sum of lines 1 and 2)	$0
4. Actual expenditures (insert as a negative number)	
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	-
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	$0
B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)	
1. Anticipated one-time expenditures to be incurred during quarter	
C. Cash on Hand for On-Going Operations	$0

COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature _____

Name and Title _____

E-Mail Address _____

Telephone Number _____

PART I: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS AND PLAN REVIEW

SECTION I: PLANNING PROCESS

1) Briefly describe how your local public planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.

Planning for the implementation of the MHSA in Orange County (OC) has been built upon the strong foundation created by the ongoing efforts of the Mental Health Board and the community at large. For the past three years, the Mental Health Board has conducted community forums to solicit feedback about the Orange County community mental health system. Consumers, family members, advocates, service providers, collaborative partners and many other stakeholders attended these forums.

These open public meetings served as a way to collect community input to use in setting programming and budgeting priorities for the following fiscal year. The meetings also produced a comprehensive inventory of ideas of how to better achieve a culturally competent system that is client-directed, supports recovery and resiliency, produces desired outcomes, and is accountable to the community at large.

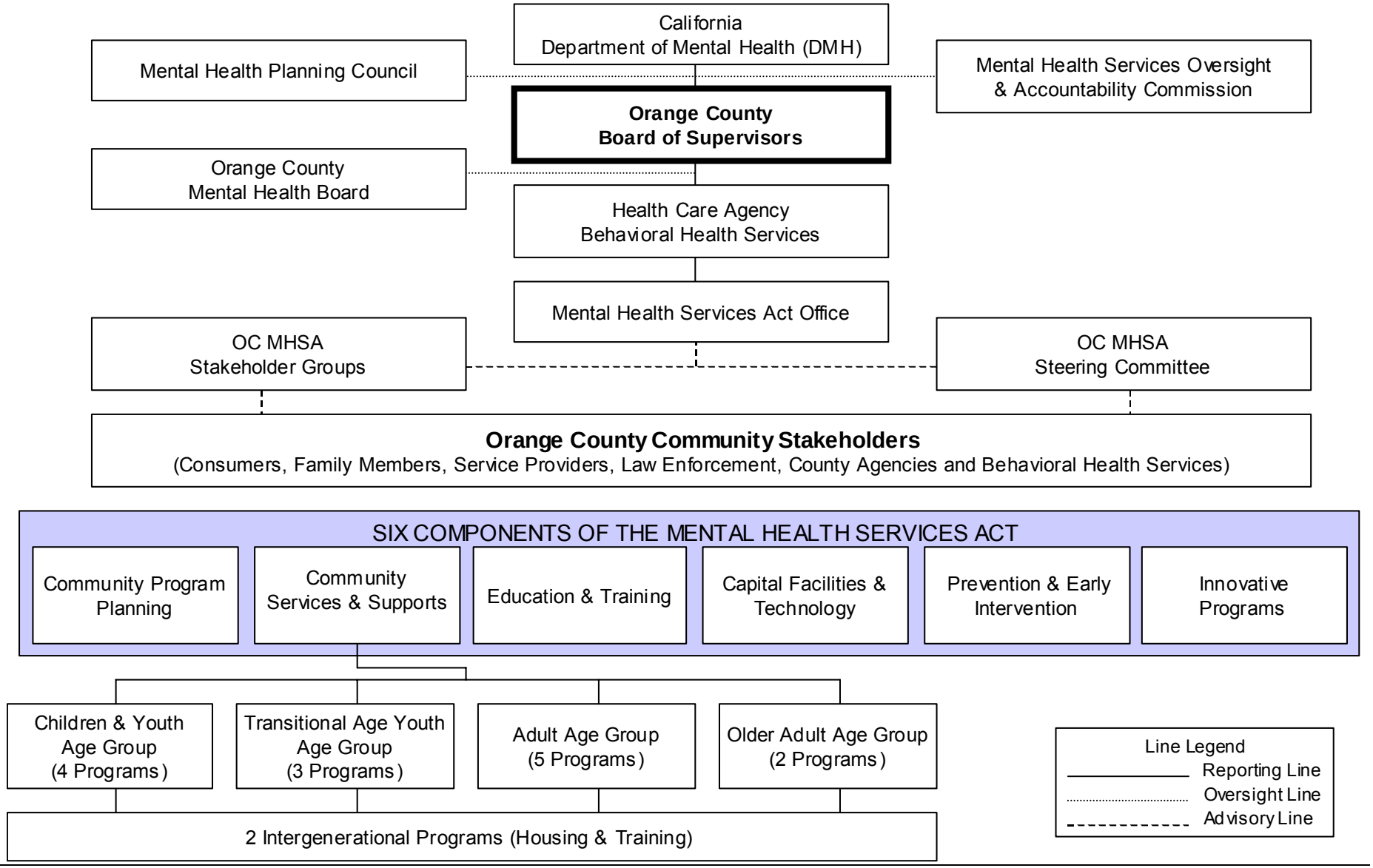
Prior to the passage of Proposition 63, Orange County Behavioral Health Services also held meetings with various community groups to educate the public about the purpose, scope and contents of the ballot initiative. These meetings helped convey to the public that, with the passage of the MHSA, Orange County would be afforded a unique opportunity to transform the community mental system.

Since election day and the passage of the MHSA, County staff conducted more than thirty five (35) meetings throughout the County with groups such as the OC Coalition for Comprehensive Mental Health Services, the Hospital Association of Southern California, the OC Alcohol and Drug Board, client meetings held at clubhouses, National Alliance for Mentally Ill (NAMI) OC, the OC Mental Health Association, the Mental Health Board and its various working subcommittees, various County Mental Health staff meetings, contract provider staff groups and other community groups to review the MHSA, its component parts and timeframes for implementation. At these meetings, feedback on the proposed planning structure was solicited.

These activities prepared Orange County to begin the planning phase of Proposition 63 implementation. Based on community input and direction from the Department of Mental Health (DMH), an open, participatory planning process structure was established. See **Diagram 1** next page.

Diagram 1

State/Local Mental Health Services Act (MHSA) Organizational Chart



Below is a brief narrative description of the components of Orange County's MHSA planning process.

Community Outreach
In addition to the thirty five (35) MHSA Public Information meetings, Orange County Behavioral Health Staff held twelve (12) Community Outreach meetings, including monolingual Spanish and Vietnamese meetings. The meetings included information on the Mental Health Services Act, information on how to participate in the planning process, and time for public comment. Seven (7) MHSA Training Workshops were held for community members, providers, and County staff, including one monolingual Spanish and one Vietnamese Training Workshop. The training is described in Part I, Section I of this plan.

Workgroups
A workgroup was formed for each of the DMH suggested age groups (Children and Youth, Transitional Age Youth, Adults and Older Adults). Since there was considerable crossover among individuals interested in Children and Youth Services (CYS) and Transitional Age Youth (TAY), those groups were combined after the first meeting. Each Workgroup held five (5) meetings. Consultants were hired to facilitate the workgroup meetings. Consumer pre-meetings were held and consumers/family members were encouraged to ask questions and provide input.

There were over 1,550 attendees at Workgroup meetings, of these, about half (731) were consumers and family members. This high level of consumer/family member participation was extremely valuable to the planning process. The workgroups were provided information on topics necessary to the planning process. Although different workgroups used slightly different processes, most included some small group activities/brainstorming. Each group identified and prioritized the issues arising from untreated mental illness for their specified age group. The workgroups also provided input on strategies to address these issues.

See **Appendix 1** for Agendas and Summary Report Forms for each workgroup meeting.

Steering Committee
A fifty-nine-person Steering Committee was established to review recommendations from the workgroups, and consider the needs of the community taking into account all age groups. Fourteen (14) members of the Steering Committee were consumers/family members. A consultant was hired to facilitate Steering Committee meetings. At each Steering Committee meeting there was an opportunity for public comment.

The Steering Committee was provided a variety of information. Topics included the Mental Health Services Act, DMH requirements, County demographics, evidence-based and promising practices, cultural competency, disparities in accessing services, priority issues identified by the workgroups and program recommendations based on input to the workgroups provided by 25 subject area expert stakeholder groups. Cost estimates

were calculated for each recommended program and presented to the Steering Committee.

The Steering Committee discussed and approved a plan for distribution of funding among age groups. The Committee reached consensus on the following distribution: Children and Youth, 20.3%; Transitional Age Youth, 18.7%; Adults, 47%; and Older Adults, 14%.

The Committee also decided that the majority of one time funding, 50% of the Year I allocation, would be requested for housing and some program start-up costs (Housing is the top priority need in Orange County). About 20% of Orange County's Year 1 allocation would be requested to develop and implement a variety of training programs that would help build infrastructure needed by both service providers and consumers/family members. An additional 5% of the Year 1 allocation would be requested to use to continue the planning process.

See **Appendix 2** for Agendas and Summary Report Forms for each Steering Committee meeting.

Focus Groups
Fifteen (15) client focus groups were held to obtain input from specific target populations, including monolingual Spanish and monolingual Vietnamese-speaking populations. Focus groups were held at local, community-based organizations that consumers are familiar with and find to be convenient. Examples include Pacific Clinics, Share Our Selves, Latino Psychological and Social Services, The Orange County Gay and Lesbian Center, St. Anselm's Cross-Cultural Center, the Garden Grove Clubhouse and Orangewood Youth Facility.

Stakeholder Groups
Twenty-five (25) stakeholder groups met to develop services and supports recommendations that were presented to the workgroups. Consumers and family members were active participants in these groups. Stakeholder Groups were organized by age-group and specific program area. For example, special groups were held for children age 0-5 and for school-age children; housing stakeholder groups were held for different age ranges.

Documentary Film
Mental Health Services Act Office staff created a short documentary film on the needs of homeless, mentally ill persons in this County. Three outreach workers, each of whom is a consumer or family member, took the lead in interviewing mentally ill individuals and family members who are homeless. They went to homeless shelters and other locations where homeless people congregate to ask about the type of services that would be most helpful. The documentary is entitled "Orange County: The Untold Story."

The creation of this documentary was a poignant and challenging undertaking. By working together with homeless individuals and families, staff hoped to create a clear

picture of the difficulties and barriers faced by mentally ill homeless on a daily basis. Watching young mothers struggle to get two or three children fed, clothed and out of a homeless shelter by the 7:30 a.m. deadline and spend the day on the streets was heartbreaking. One Schizophrenic man kneeled over a make-shift board on the bare shelter floor to iron his work vest before taking the morning bus to work. In, short, making the video was an emotional experience for MHSA staff, and the video has touched the hearts of all who have seen it. The film makes clear the work that is ahead of us to truly transform the system and help those who need it most. A DVD of this documentary is included with this plan. See **Appendix 6.**

Consumer Involvement

Multiple strategies were used to encourage consumer and family member involvement in the planning process, including:

- Culturally competent outreach and public information efforts within the County were concentrated on ethnic/cultural enclaves, such as Santa Ana and Anaheim for Latinos, and Westminster and Garden Grove for Vietnamese residents.
- Language utilized in all media was culturally appropriate, reflecting values, beliefs and cultural norms of the diverse populations present in Orange County.
- Bilingual/bicultural providers, key community leaders and cultural brokers, interpreters and translation services were utilized in the Orange County Planning Process.
- Many meeting announcements and some other materials were made available in all three threshold languages (English, Spanish and Vietnamese).
- Three consumer/family member half-time Community Mental Health Workers conducted street outreach to let consumers/family members know about the planning process. This approach was extremely effective in bringing into the process consumers who were hard to reach and unserved or under-served.
- Meetings and focus groups were held in all four regions of the County, concentrating on historically under-represented communities.
- The assistance of existing organizations with a presence in these communities was enlisted, including faith-based organizations, Area Agency on Aging, community clinics, the Orange County Medi-Cal managed care program (CalOPTIMA), and both primary and secondary schools. Already existing networks such as NAMI's Faith Net were also used.
- Members of these groups were included on workgroups and on the Steering Committee.
- Specific outreach efforts were made for hard to reach populations, such as homeless individuals and homebound older adults. Examples include the County's homeless outreach program/AB2034, the Risk Reduction Education and Community Health Program (REACH), the Senior Health Outreach and Prevention Program (SHOPP) and the Substance Abuse Resources Team (START).
- Consumers/family members were provided a variety of services and supports to facilitate their participation in the planning process, including: Grocery vouchers worth $20, transportation, childcare, meals and translation services. A total of 1,468 grocery vouchers were distributed to consumer/family member planning participants.

Approximately 25 rides were provided to consumers, 558 bus passes were distributed. In addition, ten children were cared for while their parents attended meetings.

- Consumers/family members were also encouraged to provide written comments and to transmit comments via the Orange County MHSA website.

In summary, Orange County strongly encouraged meaningful consumer/family member involvement in the MHSA planning process and was successful in obtaining that participation. The MHSA planning process was open, participatory, and inclusive of groups often not heard from such as homeless individuals and families. **Table 1** below provides an overview of planning process activities.

Table 1: Planning Process Overview

MEETING TYPE	MEETINGS HELD	TOTAL NUMBER OF ATTENDEES	CONSUMERS & FAMILY MEMBERS
MHSA Public Information Meetings	35	****	****
Community Outreach Meetings	12	****	****
Community Training Workshops	7*	348	104***
CY & TAY Workgroup Meetings	5**	495	221
Adult Workgroup Meetings	5**	757	380
Older Adult Workgroup Meetings	5**	298	130
Steering Committee Meetings**	5**	628	191
Focus Group Meetings	15	****	****
Stakeholder Group Meetings	25	383	125

* Of these seven meetings, one was held in Spanish and one in Vietnamese

** Simultaneous Spanish/Vietnamese translation was available at all Workgroups and Steering Committee meetings.
*** Based on an estimate that 30% of the Community Training Workshops participants were consumers and family members.
**** Complete data not available

Keeping with the spirit of an open, inclusive process based upon consumer input, the Orange County MHSA Office plans to establish a Consumer Advisory Board to provide feedback on the implementation and evaluation phases of the County's mental health service transformation. County staff believes that it is essential to have a continuous feedback loop to let them know how the implementation is going and whether the services are, in fact, meeting client's needs. It is expected that this Advisory Board will be an ongoing group. To encourage participation, members will be offered transportation and child care as needed, as well as grocery vouchers (as a thank you gift for their time and effort.)

2) In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.

Orange County's MHSA planning process was comprehensive, inclusive and participatory. The process was designed to assure meaningful involvement of a wide array of stakeholders. In addition to consumers/family members, representatives from law enforcement, social services, healthcare, the criminal justice system, community-based service providers, the Mental Health Association, the Orange County Board of Supervisors, and many other community partners participated in the planning process. **Table 2** below, shows the distribution of affiliations for members of the Steering Committee. In addition, many other community partners participated in workgroups, focus groups and stakeholder groups. An effort was made to include representatives from agencies that serve special populations, for example, the Orange County Gay and Lesbian Center, Abrazar Community Service and Education Center, Southern California Indian Center, and Latino Psychological and Social Services.

Table 2: MHSA Steering Committee Representation

STEERING COMMITTEE MEMBERS			
CATEGORY	**FIRST NAME**	**LAST NAME**	**TITLE, AGENCY/ORGANIZATION**
Alcohol & Drug Board, Chair	Michael	Darnold	Director of Community Outreach Chapman Medical Center
Behavioral Health Services, Deputy Agency Director	Mark	Refowitz	Deputy Agency Director Behavioral Health Services
Behavioral Health Services Medical Director	Alan	Edwards, M.D.	Medical Director Behavioral Health Services

STEERING COMMITTEE MEMBERS			
CATEGORY	**FIRST NAME**	**LAST NAME**	**TITLE, AGENCY/ORGANIZATION**
Consumer Representative, Adults	Veronique	Barbie	
Consumer Representative, Latino	Luis	Bendrell	
Consumer Representative, Older Adults	Gerald	Rodgers	
Consumer Representative, Transitional Youth	Josh	Eisman	Student/College
Consumer Representative, Vietnamese	Peter	Truong	
Community Provider, Acute Services	Linda	Esser	Associate Administrator Case Management Services College Hospital Costa Mesa
Community Provider, Adults	Rowena	Gillo-Gonzales	Divisional Director Pacific Clinic's
Community Provider, American Indian	Paula	Starr	Executive Director Southern California Indian Center
Community Provider, Children & Youth	Ana	Randall	Behavioral Health Specialist YMCA Community Services
Community Provider, Emergency Services	Phil	Thomas RN	Director UCI Neuropsychiatric Center
Community Provider, Ethnic-Special Services	Patricia	Lazalde, Ph.D.	President/CEO Latino Psychological Social Services
Community Provider, General Community Services	Gloria	Reyes	Chief Executive Officer Abrazar Community Service & Education Center
Community Provider, Older Adult	Helen	Cameron	Executive Director, HOMES, Inc.
Community Provider, Transitional Youth	Gerry	Strickland	Education, Adult Transition Capistrano Unified School District
Family Representative, Adults	Diane	Price	(Parent, Korean American)
Family Representative Children & Youth	Linda	Smith	Executive Director, Family Support Network
Family Representative, Older Adults	Theresa	Kasprzyk	Development Manager Shelter For The Homeless, Corporate Office
Family Representative, Latino	Norma	Grech	Volunteer Leader Depression, Bipolar DBSA

STEERING COMMITTEE MEMBERS			
CATEGORY	**FIRST NAME**	**LAST NAME**	**TITLE, AGENCY/ORGANIZATION**
Family Representative, Transitional Youth	Diane	Bagby	Parent
Family Representative, Vietnamese	Tien	Chu	Community Leader
Mental Health Board Representative	Theresa	Body	Mental Health Board
Provider of Alcohol & Drug Services	Howard	Friend	Director of Community Outreach & Resources Phoenix House Orange County
Representative, Board of Supervisors	Lou	Correa	Supervisor Orange County Board of Supervisors, First District
Representative, CalOPTIMA	Richard	Chambers	Chief Executive Director CalOPTIMA
Representative, Cal State University	Mike	Hogan, PhD	Professor, Human Services, CSUF
Representative, Children & Families Commission	Carole	Mintzer, MPA	Evaluation Manager Children and Families Commission of Orange County
Representative, Coalition of Community Clinics	Fredric	Richmond, MBA, Ph.D.	Chief Executive Officer Coalition of Orange County Community Clinics
Representative, Coastline Community College	John	Breihan	Vice President, Student Services & Economic Development Coastline Community College District
Representative, County Executive Office, Orange County	Bill	Mahoney	Deputy CEO Government and Public Services County Executive Office
Representative, Cultural Competency	Rafael	Canul, PhD.	Cultural Competency
Representative, Orange County Department of Education	Ellin	Chariton	Executive Director School and Community Services Division Orange County Department of Education
Representative, District Attorney	Tom	Crofoot	Deputy District Attorney Orange County District Attorney
Representative, Emergency Room Physician	James	Pierog, M.D.	Medical Director St. Joseph's Hosptial Emergency Department (Designated Physician)

STEERING COMMITTEE MEMBERS			
CATEGORY	**FIRST NAME**	**LAST NAME**	**TITLE, AGENCY/ORGANIZATION**
Representative, Homeless Service Provider	Jim	Palmer	President Orange County Rescue Mission
Representative, Housing & Community Services Dept.	Paula	Burrier-Lund	Director, Housing and Community Services Department
Representative, Juvenile Justice Commissioner	Michael	Schumacher, PhD.	Commissioner Juvenile Justice Commission
Representative, Labor Organization	Mary	Davis	Orange County Employee Association
Representative, Law Enforcement – Local Agency	Andy	Hall	Chief of Police Westminster Police Dept.
Representative, Law Enforcement – Sheriff's Depart.	Kim	Markuson	Assistant Sheriff Jail Operations OC Sheriff-Coroner Dept.
Representative, Local School District / Special Education Learning Plan Area	Al	Mijares	Superintendent Santa Ana Unified School District
Representative, Mental Health Association, O.C.	Jeff	Thrash	Executive Director Mental Health Association of Orange County
Representative, Chair Multi-Ethnic Behavioral Health Services Task Force	Xavier	Espinosa	Ethnic Resources Coordinator St. Joseph Hospital
Representative, NAMI Orange County	Hank	Bruce	Board of Directors National Alliance for the Mentally Ill, O.C.
Representative, Probation Department	Bill	Daniel	Chief Deputy Orange County Probation Department
Representative, Public Defender	Jean	Wilkinson	Senior Assistant Public Defender Orange County Public Defender's Office
Representative, Office on Aging	Karen	Roper	Director Orange County Office on Aging
Representative, Orange County Regional Center	Bill	Bowman	CEO Orange County Regional Center
Family Representative, Korean Community	Ellen	Ahn	Executive Director Korean Community Services

STEERING COMMITTEE MEMBERS			
CATEGORY	**FIRST NAME**	**LAST NAME**	**TITLE, AGENCY/ORGANIZATION**
Representative, Senior Citizen Advisory Council	Brenda	Ross, Ed.D.	Senior Citizen Advisory Council
Representative, Social Services Agency	Alisa	Drakodaidis	Chief Deputy Director Orange County Social Services Agency
Representative, Superior Court, Central Justice Center	Wendy	Lindley	Judge Orange County Superior Court Central Justice Center
Representative, Veterans Service Office	Doug	Boeckler	Interim Veteran's Service Officer Orange County Veteran's Service Office
Representative, Work Force Investment Board	Andrew	Munoz	Executive Director Orange County Workforce Investment
Faith Based University Community	Dwight	Smith	Director, Catholic Charities
Gay and Lesbian Comm. Center of OC	Terry	Stone	Executive Director

3) Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.

Orange County has a full-time MHSA Administrator, Dorothy Hendrickson. She has responsibility for the MHSA planning process and overall project coordination. Oversight is provided by Mark Refowitz, County Mental Health Director and Sandra Fair, Behavioral Health, Chief of Operations. The MHSA Office has employed direct staff listed below and has received in-kind donations of staff time from numerous Health Care Agency employees. In addition, during the period from June-August 2005, the MHSA was fortunate enough to have the services of four unpaid part-time summer interns.

Table 3 below summarizes both MHSA direct staff and HCA in-kind staff that had a significant role in the planning process. It does not include the numerous other Health Care Agency staff that provided assistance with specific activities associated with the planning process; nor does it include the efforts of the many hundreds of consumers, family members, service providers and other interested parties, throughout the County,

Table 3: Staff Participation in MHSA Planning

MHSA DIRECT STAFF		
NAME	**TITLE**	**% TIME**
Dorothy Hendrickson	MHSA Administrator	100%
Jonathan Yu	Staff Specialist	100%
Marco Anzar	Staff Specialist	100%
Maria Cervantes	Information Processing Technician	100%
Shebuah Burke	Community Outreach Worker	50%
Don Haylock	Community Outreach Worker	50%
Pierre Tran	Community Outreach Worker	50%

MHSA IN-KIND STAFF		
NAME	**TITLE**	**% TIME**
Mark Refowitz	Mental Health Director	20%
Sandra Fair	Behavioral Health, Chief of Operations	20%
Alan Edwards, MD	Behavioral Health, Medical Director	20%
Robert Duval	Program Support Manager	20%
Megan MacDonald	Program Support Analyst	50%
Bonnie Birnbaum, DrPH	Health Planner	100%
Kate Pavich	Service Chief	50%
Casey Dorman, PhD	Clinical Psychologist/Training	25%
Veronica Kelley	Cultural Competency Coordinator	15%
Dane Libart	Family Advocate	15%
Alan Albright	Division Manager, CYS	20%
Kevin Smith	Division Manager, Adult/Older Adult	20%
Christine Basterrechea	Program Manager, Older Adults	20%
Annette Mugriditchian	Program Manager, Adult Services	20%
Rochelle Pierre	Program Manager, Housing services	20%
Vickie Mortensen	Program Manager, Inpatient Services	20%
Mary Hale	Division Manager, ADAS	10%

4) Briefly describe the training provided to ensure all participation of stakeholders and staff in the local planning process.

Training of stakeholders and staff was provided in a two-tiered format. In the first tier, the goal was to provide a general overview of information needed for the planning process. The second tier of training was directed toward identification of values-driven, evidence-based practices relevant to each age group targeted by the MHSA.

For tier-one training, seven trainings (each lasting four hours) were held throughout the County. Rather than hold separate trainings for different groups of stakeholders, it was decided to hold seven trainings that members of any stakeholder group could attend; this allowed maximum flexibility in meeting individual's scheduling preferences. Stakeholders could choose which training to attend. The curriculum for all trainings was roughly the same.

The participants at the trainings included members of the following stakeholder groups:

- Consumers and families members;
- County Behavioral Health Services management, supervisors and line staff;
- County Behavioral Health contractors (management, supervisors and line staff);
- Other agency personnel with direct contact with mental health clients (e.g., education, probation, social services, law enforcement, non-profit community agencies);
- Mental Health Board members;
- Alcohol and Drug Board members;
- County Supervisors or their representatives;
- Community special interest groups; and
- Non-profit agencies (e.g. Vietnamese-American Human Services Association, Orange County Asian Pacific Islander Community Alliance, Orange County Children's Therapeutic Art Center, YMCA Community Services).

Five community-wide training workshops were conducted in English. One additional workshop was conducted in Vietnamese and another in Spanish. Workshops were conducted at locations throughout the County, at varying times: morning, afternoon, evening, and on Saturday morning. The agenda for each of these initial general training workshops included following:

- The current mental health system, including the development of the State's publicly-funded mental health system, the current structure of the State system, and the current Orange County mental healthy system and its budget,
- Cultural competence, including its definition, the concept of community collaboration, the importance of identifying cultural and linguistic barriers to receiving mental health services, the development of culturally competent mental health services, a review of data regarding the ethnic and linguistic makeup of Orange County and ethnic, linguistic, gender, and age-related data on service utilization within the County, and data on the ethnic and linguistic makeup of County mental health professionals and support staff,

- The concepts underlying the Mental Health Services Act, including system transformation, community collaboration, wellness focus, family and consumer-driven services, integrated service experiences, the system-of-care model, recovery, resilience, stigma, early intervention and prevention, values-driven evidence-based practices, and consumer-operated services,
- The local planning process, including the local MHSA planning organizational structure,
- The State implementation guidelines, including methods of information gathering, use of focus groups, identification and analysis of community mental health needs, definitions of unserved, underserved, and inappropriately served persons, focal groups, and service and support strategies,
- The development of an action plan for the County addressing both services and supports as well as system capacity and outcomes,
- The identification of service gaps and areas for improvement in the County mental health system,
- An opportunity for discussion by the audience.

Tier-two training covered best practices. It was offered as part of the workgroup process. Training for the Children and Youth Workgroup included a family liaison model of service delivery based upon Connecticut's *Help Me Grow* model of outreach and service delivery. *Wraparound models of service delivery* were presented to both the children's and Transitional-age Youth workgroups. The Adult workgroup was given presentations on *Assertive Community Treatment* and the model of service delivery underlying AB2034, while the Older Adult workgroup heard a presentation of *Integrated Treatment Models* for older adults with co-occurring substance abuse and mental health problems.

All members of the workgroups and the Steering Committee, as well as interested consumers and family members were offered a six-hour training on *Recovery-Based Mental Health Services*, presented by Mark Ragins, MD, Medical Director the Village in Long Beach.

In addition, in preparation for working within the programs of the MHSA, many County mental health staff participated in a two-day, twelve-hour *Personal Transformation Training* in recovery and resilience-based mental health.

SECTION II: PLAN REVIEW

1) Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.

At the September 28, 2005 Steering Committee meeting, the Committee discussed the proposed programs and services recommended for MHSA funding and approved the draft plan, as amended by some suggested wording. The plan reflected the needs identified and prioritized through the community planning process.

On November 7, 2005 the 30-day public review period began. A copy of the MHSA plan was posted on the website at www.OCHealthInfo.com/Prop63. Also posted were an executive summary of the plan and information on how to obtain paper copies. Copies of the executive summary were translated into threshold languages, i.e., Spanish and Vietnamese. The Mental Health Services Act Office, in collaboration with Cultural Competency staff, also developed a strategy to actively circulate the plan and/or executive summary for review and feedback to a variety of agencies, including community centers, senior centers, mental health organizations, substance abuse providers, and faith-based agencies, particularly those stakeholder agencies that conducted focus groups on the plan. A PowerPoint presentation and handout summarizing the plan were created and were provided to stakeholder groups and community agencies.

In addition, advertisements were placed in mainstream and local community newspapers, announcing the review period and explaining how to obtain a copy of the plan. Copies of the plan and/or executive summary were also made available at public libraries and various governmental offices. In addition, copies of the plan were sent to all County Department Heads.

Notification of the review period, and the date, time and location of the Public Hearing were posted at all Behavioral Health Services (BHS) program and contract sites, and the Director of BHS requested that each program review the plan and give feedback. Copies were mailed or e-mailed to the MHSA mailing list and, in accordance with the Public Information Act, to anyone who requested copies in writing.

At the close of the public comment period, on December 8, 2005, the Mental Health Board convened a General Meeting and held a Public Hearing to discuss the MHSA plan. Each attendee was given a public comment form to share his/her feedback on the plan. Members of the public were invited to provide verbal and written comments on the plan. Approximately 400 individuals attended the Mental Health Board Public Hearing. About half of the attendees were consumers and family members.

2) Provide documentation of the public hearing by the mental health board or commission.

On December 8, 2005, the Orange County Mental Health Board voted unanimously to approve the draft plan. See **Appendix 3**.

3) Provide the summary and analysis of any substantive recommendations for revisions.

The comments received were mainly requests for clarification and suggestions for wording changes. The Hospital Association expressed concern that there is a continued need for involuntary beds, which was not addressed in the plan due to DMH requirements.

4) If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.

No substantive changes were made. The plan was then unanimously approved by the Orange County Board of Supervisors on December 13, 2005. See **Appendix 4** for the Minute Order documenting approval.

PART II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

SECTION I: IDENTIFYING COMMUNITY ISSUES RELATED TO MENTAL ILLNESS AND RESULTING FROM LACK OF COMMUNITY SERVICES AND SUPPORTS

1) Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSA services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

The workgroups were asked to identify community issues resulting from untreated mental illness and lack of resources. The workgroups varied in their approach to determining these issues. Some workgroups broke into subgroups to identify the issues; others decided to use a group process that involved everyone present. Based on these initial lists (which were quite extensive), the groups narrowed the issues to those listed in the chart below. All of these issues were ones that the community felt were important to address in the first three years.

There were a number of issues that were common to a variety of age groups. Homelessness appeared on the list for all age groups. Involvement in the criminal justice system appeared on all but the list for older adults. Frequent hospitalizations and use of emergency room services appeared on both the transitional age youth and the adult lists. Substance use and suicide were also considered priority issues for more than one group. **Table 4** below shows the priority issues identified by the workgroups.

Table 4: Priority Issues by Age Group

CHILDREN/YOUTH	TRANSITIONAL AGE YOUTH	ADULTS	OLDER ADULTS
1. Inability to succeed in mainstream school environment *	1. Peer and family problems*	1. Homelessness*	1. Homelessness*
2. Involvement in the child welfare and/or juvenile justice systems*	2. Substance use*	2. Inability to work*	2. Increased risk of suicide, homicide, violence, isolation; need for 24/7 crisis services*
3. Peer and family problems*	3. Involvement in the child welfare and/or juvenile justice systems*	3. Frequent hospitalization and emergency room care*	3. System of care issues*
4. Substance use*	4. Homelessness or at risk of homelessness affordable housing*	4. Inability to manage independence*	4. Lack of education and resources for older adult issues and meaningful activities*
5. Homelessness*	5. Inability to work or manage independence*	5. Incarceration*	5. Educational programs for community partners*
	6. Suicide*	6. Involuntary care / institutionalization*	6. Peer support services*
	7. Frequent hospitalization and/or emergency room care*		

* Priority Issues to be addressed in first three years.

2) Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was selected for more than one age group, describe the factors that led to including it in each.)

The chart below presents the major criteria considered by the workgroups in determining the highest priority issues resulting from untreated mental illness and lack of resources. Attendees at the workgroup meetings were asked to brainstorm issues arising from untreated mental illness. The ideas were noted on large poster paper. Results were discussed, and then attendees were asked to put colored dots by those issues they thought most important based on their experience and expertise.

Prioritization was done in a holistic manner. The groups believed that the data regarding these factors was inadequate for performing some kind of numerical analysis. Therefore, subjective evaluations were utilized.

Criteria for Prioritizing Issues Resulting from Untreated Mental Illness
1. How many individuals are directly impacted by this issue? 2. What are the consequences/costs of not addressing this issue with regard to the following groups: ✓ Clients? ✓ Family members? ✓ The community at large? 3. Does this issue affect minority populations disproportionately? 4. Would addressing this issue close a gap in our existing mental health system? 5. Would addressing this issue promote recovery and resiliency? 6. Do we have the capacity to address this issue now, or do we need to build infrastructure first? 7. How much and what kinds of infrastructure would be necessary to address this issue?

3) Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop-out rates, and other significant issues.

Children and Youth

- **Inability to succeed in mainstream school environment** – According to California Department of Finance estimates, Orange County has a total 0-15 population of 581,798. Of this group, 243,228 children and youth were estimated to live in families whose annual income was less than 200% of the federal poverty level. Latinos comprise 69% of the population with incomes below 200% of the federal poverty, with Caucasians at 14% and Asian/Pacific Islanders (A/PI) at 12%.

  With recent changes in the education system, the ability to provide supportive services in the mainstream classroom has declined. For example, class size reductions have resulted in a shortage of space for staff that provides various types of support, special education classes, and collaborating agency staff such as social services, probation and mental health staff. This change in the educational system has a direct impact on the poor children in the school system. This is particularly true for those that are English learners, whose parents may be new immigrants, unfamiliar with the educational system in the County, and with mental health services offered.

  The school drop-out rate for Orange County has declined, although it varies by ethnicity. For example, Latinos comprise 63% of all high school drop outs in the County, followed by Caucasians at 24% and Asian/Pacific Islander (A/PI) at 6%.

  For poor Latinos, one factor affecting continued participation in a main stream school environment is higher rates of incarceration, interrupting the educational process. According to Orange County Probation Department data, of the nearly 3,000 individual children booked into the Juvenile Hall in FY04-05, 60% (1,785) were Latino, compared to 26% (793) Caucasian, 7% (202) African American, and 5% (148) A/PI. Many of these children have attended multiple school sites, including juvenile hall school and are unable to return to a mainstream school environment. The gender breakdown for Juvenile Hall admissions shows a disparity between males and females, with male youth making up 79% (2,374) compared to 21%, (618) for females.

  For the FY 04-05, approximately 1,100 children, ages 0-15 were removed from their homes by the Social Services Agency of Orange County and placed in the County's emergency shelter care program, Orangewood. Fifty percent (50%) were male and 50% were females. All of these children received at least some mental health services. By ethnicity, 52% were Latino; 34% were Caucasian; 7% were African American; and 6% were A/PI. Removal from the home by Social Services, while a necessity for the immediate well-being of the child, also affects the ability of the child with mental health needs to return to a mainstream school environment. Twenty-one percent of these children are discharged from Orangewood to other group home/institutions, which further impact the ability to succeed in a mainstream school environment.

Additional variables such as English language skills and those of their parents/guardians also impact success in school. Sixty-seven per cent (67%) of the children who receive mental health services in Orange County cite English as their primary language. Fourteen per cent (14%) identify Spanish as their primary language and 1% identifies Vietnamese as their primary language. In addition, 17% of the children cite other emerging languages as primary (Farsi, Korean, Cambodian, and Laotian), and eight (8) children site ASL as their primary language.

Orange County has the second largest enrollment of English learners (30%) in Southern California. Orange County also has a large number of linguistically isolated households (defined as all persons over the age of 14 in a household are not English proficient.) Twenty-nine per cent (29%) of Asian and 5% of Pacific Islander households in Orange County are linguistically isolated. The two largest Asian groups among the linguistically isolated are Vietnamese (46%) and Korean (39%). Latinos rank close behind with 27% linguistically isolated households.

- **Involvement in the Child Welfare and /or Juvenile Justice Systems** – As stated previously, 1,027 children under the age of 15 were admitted into the juvenile justice system in Orange County during FY04-05. Of these children, 79% were male and 21% were female. Additionally, their ethnicity was 60% Latino, 29% Caucasian, 6% African-American, 4% A/PI, and less than 1% Native American/Indigenous. There is an over-representation of Latinos seen with mental health issues in the juvenile justice system in Orange County. Latinos age 15 and younger make up 41% of the population in the County, while they are 60% of the population in Juvenile Hall receiving mental health services. There has also been a steady increase of female offenders in Juvenile Hall, increasing to 25% in the daily population.

  According to national data, juvenile arrests disproportionately involve minorities. In Orange County this is demonstrated by the disparity between Latinos and all other ethnic groups in the juvenile justice system. A significant risk factor for involvement in the juvenile justice system is poverty, as well as the availability of drugs, firearms, the mobility of a community, prevalence of family discord, school failure, and negative peer groups. All of these risk factors are associated with the characteristics of Orange County's low-income, ethnic minority groups, who remain at high risk without intervention.

  For children in the child welfare system, approximately 1,100 children 0-15 are placed by the Orange County Social Service Agency into emergency shelter care at Orangewood Children's Home. Orangewood has about 89 admissions per month. The gender breakdown is equitable, with 50% males and 50% females in the child welfare system. All of these children receive at least crisis-oriented mental health services. Fifty-two percent (52%) of these children were Latino, 34% Caucasian, 7% African American, and 6% A/PI. There is an over-representation of both Caucasian and African-American children, compared to their relative numbers in the low income populations in the County.

- **Peer and Family Problems** – Poor, minority children remain at highest risk for peer and family problems. The Office of Juvenile Justice Delinquency Prevention identifies "strengthen the family" as the number one strategy to decrease delinquency and acknowledges that minority juveniles are at highest risk for juvenile justice involvement. The community risk factors for juvenile delinquency (e.g. gang affiliation and crime) are availability of drugs, firearms, community norms favoring drugs/firearms, media portrayal of violence, transitions/mobility, and extreme economic and social deprivation.

  Santa Ana, the city in Orange County with the highest population of Latinos, has more liquor stores than parks/open spaces for children to play. This high concentration of and availability of alcohol is a risk factor for, among other things, juvenile delinquency.

  Another risk factor for juvenile delinquency, peer and family problems is transitions/mobility. Orange County cities with high minority populations are very mobile cities, with much fluctuation in moving into and out of the city. Santa Ana is a hub of new immigrants, as is Anaheim. Both cities are among those with the largest number of Spanish-speaking residents in the United States. The rising cost of housing in the County has resulted in frequent moves, homelessness, and increased use of emergency and transitional shelters. This increase in economic and social deprivation is yet another factor in juvenile delinquency.

  Crowded living conditions, intergenerational issues and unemployment add to the risk factors for peer and family problems, particularly for the County's minority populations. The average household size in Orange County (3.0) is higher than the state average, with Santa Ana being the highest at 4.7 followed by Garden Grove at 3.7. Santa Ana has the highest number of Latinos and Garden Grove has the highest number of A/PIs in the County.

  The unemployment rate for Santa Ana (7.4%) is the highest in County. Orange County cities with the poorest residents are also the cities with the most minorities. Risk factors outlined above identify those situations that place the highest risk for peer and family problems on the most vulnerable.

- **Substance Use** – A recent National Institute of Drug Abuse (NIDA) study found that whether a child 17 and younger used drugs varied by ethnicity and gender. The study showed that Mexican-American youth received more offers for drugs, used more drugs and were more likely to be offered drugs by their peers and family. The study also demonstrated that males were at risk for more offers of drugs at a younger age than their female counterparts. Considering the large Latino population of Orange County, of which 90% are of Mexican descent, it is clear that the risk for substance abuse is high for Latino youth in Orange County.

  There were 1,953 youth, 0-17 who received treatment in Orange County during FY 02-03 for outpatient, residential and drug services. There were an additional 574

who received treatment services for substance abuse. Moreover, Orange County Probation reported 2,951 juveniles on probation, 60% of whom indicated frequent abuse of drugs. The overwhelming number of these juveniles are Latino.

NIDA identifies preventative and risk factors for youth and drug abuse/addiction. Risk factors include; aggressive behavior at an early age, lack of parental supervision and poverty. The poverty factor, coupled with lack of treatment options for poor children, disproportionately impacts Latinos in Orange County.

- **Homelessness** – Homelessness is a major issue for Orange County, particularly for those with incomes less than 200% of the federal poverty line. The Orange County housing market is one of the most expensive housing markets in the country. According to The Orange County Register newspaper, the median price for a single-family home in August 2005 was $617,000 and the average rent asking price was $1,359 per month. The average cost per month of a one-bedroom apartment is approximately $1,200, a two-bedroom costs $1,500, and a three-bedroom unit costs more than $2,000. Even with a HUD voucher, finding affordable housing is difficult. In September 2005, the HUD Fair Market Rent for Orange County for a one-bedroom apartment was $1,098 and for a two-bedroom was $1,317. The Orange County Housing Authority will not pay for housing beyond the fair market rate. Currently, waits for affordable housing through the existing programs are often more than two years.

  There are an estimated 16,333 homeless children, age 0-18 in Orange County, of which some 5,390 are ages 5 and under. The number of homeless families with children has been increasing. In 2000, there were approximately 13,000 families with children homeless in Orange County compared with approximately 25,000 in 2004. The waiting lists for Section 8 Housing continue to increase rapidly. In 2004, there were 5,264 families on the waiting list in Santa Ana, the largest Spanish speaking city in the nation, while there were 9,272 families on the waiting list in Anaheim, the fourth largest Spanish speaking city in the nation.

  According to the Conditions of Children in Orange County Report, 2004, the fastest growing segment of the homeless population is children. Many homeless children remain hidden in Orange County, particularly those children who are Latino or A/PI. Their parents shuffle them from relatives to friends, and they are therefore often left out of homeless counts. The vast majority of homeless children 0-18 in Orange County are Caucasian, followed by African American. There are also more males than females who are homeless.

  The National Coalition for the Homeless reported that homeless children experience more developmental problems and are in “fair to poor health” twice as often as other children. They are also four times more likely to have delayed development, twice as likely to have learning disabilities and three times more likely to have emotional or behavioral problems.

Poverty and homelessness go hand and hand. According to the U.S Census, the percentage of children in Orange County living in poverty has risen 4% over the past 4 years to 14.3% in 2003. Approximately 109,000 children live in poverty in Orange County. The vast majority of these are Latino.

Transitional Age Youth (TAY)

- **Peer and Family Problems** – Poor, minority TAY are also at high risk for peer and family problems. The Office of Juvenile Justice Delinquency Prevention identifies "intervening immediately" as an effective strategy to decrease delinquency among transitional age youth and acknowledges that minority TAY are at highest risk for juvenile justice involvement. The community risk factors for juvenile delinquency (e.g. gang affiliation and crime) are availability of drugs and firearms, community norms favoring drugs/firearms, media portrayal of violence, transitions/mobility, and extreme economic and social deprivation.

  TAY are two times more likely than adults to be victims of violent crimes. TAY experience higher rates of rape/sexual assault and aggravated assault than their younger adolescent/youth counterparts, with males at higher rates of victimization than females. Due to the age of transitional age youth, poor families tend to place the responsibility of dealing with the crime on the TAY, who lacks the resources to adequately address the results of a crime. This in turn can create interpersonal problems between TAYs and their peers and family.

  Similar to the discussion of risk factors for children and youth included above, risk factors for peer and family problems include high mobility of minority populations, increased risk of homelessness and the use of emergency and transitional shelters. Similarly, crowded living conditions, intergenerational issues and unemployment add to the risk factors for peer and family problems, particularly for the County's minority populations.

  The average household size in Orange County (3.0) is higher than the state average, with Santa Ana being the highest city at 4.7, followed by Garden Grove at 3.7. Santa Ana has the highest number of Latinos and Garden Grove has the highest number of A/PIs in the County. The unemployment rate for Santa Ana is the highest in County, at 7.4%. Orange County cities with the poorest residents are also the cities with the most minorities. Risk factors outlined above identify those situations which place the highest risk for peer and family problems on the most vulnerable.

- **Substance Use** – According to Department of Labor data, TAY are entering the workforce at the fastest rate, but with the highest percentage of drug use. In California, for the year 2003, 738,000 TAY reported illicit drug use in the past month and 1,045,720 reported drinking five or more drinks once or twice a week. Two hundred and eighty seven thousand (287,000) reported needing, but not receiving

treatment for illicit drug use and 570,000 reported needing, but not receiving treatment for alcohol abuse.

Research has shown that the key risk periods for drug abuse are during major transitions in children's lives. When they enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances. Additionally, when TAY leave home for college or work and are on their own for the first time, their risk for drug and alcohol abuse is very high.

TAY are at a disadvantage, particularly those who are from recent immigrant families in Orange County, in understanding what substance abuse services exist and how to access them.

NIDA identifies preventative and risk factors for youth and drug abuse/addiction. Risk factors include; aggressive behavior at an early age, lack of parental supervision and poverty. The poverty factor, coupled with lack of treatment options and lack of knowledge about accessing any existing programs for low-income TAY disproportionately impact Latino TAY in Orange County.

- **Involvement in the Child Welfare/Juvenile Justice Systems** – Minority TAY in Orange County experience a great deal of intergenerational turmoil. They often have limited language ability to communicate with their monolingual/Low English Proficiency (LEP) parents, and are therefore unable to successfully navigate between the primary culture/language at home and that of the larger community. This results in increased acting out behaviors, often involving law enforcement, and or the child welfare system. For example, many first generation TAY are left to navigate a complex social/health system in the County, as their parents are recent immigrants with little, if any, knowledge of the Orange County/United States system.

  Disproportionate minority confinement (DMC) continues to plague all criminal justice systems in the United States. Minority youth are defined as youth that are African American, Latino, A/PI or Native American/Indigenous. In a national study, minority youth averaged 32% of the county population and 68% of the juvenile population in secured detention sites and 68% in secure institutional settings.

  According to the Social Service Agency of Orange County, approximately 500 TAY were in out-of-home placements in any given month during the year 2004. There was equal distribution according to gender. However, 43% of the TAY in the child welfare system were Latino; 40% were Caucasian; 9% were African American; and 4% were A/PI.

  Orange County's child welfare department, the Social Services Agency, serves 1:9 residents in the County. The need for services is more concentrated in the Central

and North regions of the County, which are the most impoverished regions. Those regions have the lowest average income levels in the County and the highest levels of unemployment.

These regions also have the largest population of Latinos and A/PIs, specifically Vietnamese. Over 507,000 residents in these regions speak Spanish as a primary language, while 640,000 residents speak English as a primary language.

- **Homelessness/At Risk for Being Homeless, Lack of Available/Affordable Housing** – Homelessness is a big concern for Orange County's TAY. Also, there continue to be disparities along ethnic lines with regards to housing, which are exacerbated by being a TAY. The Orange County housing market is one of the most expensive housing markets in the country. According to The Orange County Register newspaper, the median price for a single-family home in August 2005 was $617,000 and the average rent asking price was $1,359 per month. Currently, waits for affordable housing through the existing programs are often more than two years.

  A large portion of the homeless or those at risk of being homeless population are TAY. However, many reside in cars, abandoned buildings and shared hotel rooms, and therefore do not meet the narrow definition of homeless. There were 79 sheltered TAY in Orange County homeless shelters and 413 who were unsheltered, almost the same number as veterans who were unsheltered in Orange County.

  Orange County has a total TAY population of 415,432, of which 154,997 live in families with an annual income that was below 200% of the federal poverty level. Latinos represent 55% of the low-income TAY, while A/PI represent 15% of the low-income TAY. The disparity between Caucasian TAY and Latino TAY in poverty status is striking. Latino TAY represent 41% of the TAY population in the County, but 55% of the low-income TAY.

  TAY are at greater risk for homelessness if they have a family history of homelessness, particularly during their adolescence/childhood, if housing is unstable, if there are weak social supports and poverty. Social supports for Latinos and A/PI in Orange County are lacking. This is evident in the percentages of those receiving mental health care, a social support, which is focused on the provision of culturally and linguistically competent services. The percentages of Latino and A/PI TAY receiving County mental health services are 2.4% and 2.5%, respectively.

- **Inability to Work or Manage Independence** – TAY who have incomes less than 200% of the federal poverty level are at a distinct disadvantage when it comes to finding work or managing their independence. This is particularly true for TAY who are Latino or A/PI in Orange County. Factors necessary to assist in finding employment and managing independence are negatively affected by poverty. TAY from low Socio-Economic Status (SES) families are more involved with the criminal justice system than TAY from high SES families. This is due to a number of factors, including lack of resources (legal and otherwise), living in higher crime areas, lack of

role models, lack of parental control/involvement, etc. Criminal involvement affects the ability to be hired for work, interrupts normal social development, and contributes to the lack of skill development needed to become a contributing member of society.

Pervasive poverty, such as that experienced by TAY with incomes below 200% of the federal poverty level, undermines the relevance of education, which impacts TAY's ability to find and keep work. Latino TAY in Orange County have a higher high school drop-out rate and a higher teenage pregnancy rate than all other ethnic groups. Orange County is ranked 16th in the State of California for school drop-outs. For school year 02-03, the four-year derived drop-out rate for the County was 8%, with Santa Ana having the highest drop-out rate (29%). County-wide, Latinos drop out at a much higher rate than Caucasians, 68% compared to 20%.

Of students enrolled in Orange County high schools, 38% are Latino, 42% are Caucasian and 15% are A/PI. A smaller percentage of Latinos enroll in high school and their drop-out rate is higher compared to other ethnicities. Not completing a high school education negatively impacts TAYs' ability to find employment and manage their independence. Females who drop out of school are more likely to have children at a younger age and more likely to be single parents, which leads to the continuation of the cycle of poverty.

Poor TAY females give birth at a high rate. Latino TAY represent 80% of all TAY births, compared to 14% for Caucasians, 3% for A/PI and 1% for African Americans. TAY females who have children have a higher risk of being poor, having school failure, substance abuse and family problems. Latina TAY, have a much more difficult time of finding employment if they have children. They tend to lack the resources to complete their education and find employment with a wage that allows them to maintain their independence.

Intergenerational issues for A/PI with incomes below 200% of the federal poverty level also negatively impact their ability to find work, and maintain independence. Traditional A/PI families include many generations in one household, and independence may be defined as the ability to contribute to the family economically. U.S. culture defines independence as the ability to live on one's own-usually alone, or with non-relatives. This is an issue for A/PI families who want their children to remain at home, while the children want to move out. Aside from family conflict, many TAY of A/PI descent remain at home and may become rebellious, resulting in truancy from school, high school and college drop out, criminal involvement, etc.

- **Suicide** – Suicide has been the third leading cause of death among TAY ages 15-24, with a rate of 10.4 per 100,000 children in this age group. The suicide rate for TAY age 15-19 was 8.2 per 100,000, which includes five times as many males as females. In Orange County, for the year 2001, for 15-19 year olds, the suicide rate was 4.5 per 100,000. This may be compared to the rate for 0-14 year olds, which was 0.1.

Although white males continue to outpace all other ethnic groups, the suicide rate of A/PI females is increasing and is the fastest growing rate for 15-24 year olds. According to a local study, contributing factors to the increase in A/PI females' suicide rate in Orange County include lack of healthcare, stigma associated with mental illness, lack of housing, unemployment, and acculturation issues. In addition, although Latino (male and female) TAY suicide rates are lower than their Caucasian counterparts, both male and female Latinos are more likely to report a suicide attempt and to have a plan to commit suicide. Further causal factors of suicide (and suicide attempts) affecting poor minority TAY in Orange County include: 1) the role of immigration and acculturation and the ensuing stress this causes, 2) a sense of alienation and marginalization from majority culture, and 3) racism.

- **Hospitalization and/or Emergency Room Care** – In Orange County, TAY with incomes below 200% of the federal poverty level generally do not have health care coverage. This impacts their ability to receive preventative care, resulting in increased use of emergency health care. Orange County does not have a County medical facility/hospital. Over half of the uninsured in Orange County are Latino. Twenty-one percent (21%) of the TAY 18-24 in the County lack health care coverage.

  In addition to chronic illnesses, these TAY face an increase in unplanned pregnancies and sexually transmitted diseases, including HIV. Of those TAY with healthcare coverage, 70% receive it from their employers. This is an issue for poor TAY, who have a higher rate of being unemployed. The number of uninsured Latinos continues to climb, as does that of uninsured Vietnamese. Both of these ethnic groups are more likely to be uninsured than any other racial/ethnic group. Residents of Santa Ana, Anaheim and Costa Mesa are more likely to be uninsured; all of these areas are very heavily populated with Latinos.

  Due to lack of health care coverage and lack of clinics that provide sliding fee services, many poor TAY do not utilize preventative care. They then utilize local emergency rooms for medical regular medical care. Not only does this affect the financial stability of the medical facility, but it negatively impacts the health of the TAY, who may then require a higher level of medical services than would have been necessary if the TAY had health care coverage.

Adults

- **Homelessness** – Homelessness remains an issue for adults in Orange County, but particularly for those with incomes less than 200% of the federal poverty line. The Orange County housing market is one of the most expensive housing markets in the country. According to The Orange County Register newspaper, the median price for a single-family home in August 2005 was $617,000 and the average rent asking price was $1,359 per month. Currently, waits for affordable housing through the existing programs are often more than two years.

From 2000-2004, the total homeless population grew by 88%. In 2000, there were approximately 13,000 families with children homeless in Orange County compared with approximately 25,000 in 2004. A large portion of the homeless or those at risk of being homeless are adults and adults with families. Only 10% of the County homeless reside in shelters, leaving some 32,000 individuals unsheltered. Many Latino, and A/PI adults and their families reside in cars, abandoned buildings, shared hotel rooms, and therefore do not meet the narrow definition of homeless. Often, poor, adult homeless of minority ethnicity are undercounted because they are staying in the homes of friends, family, in converted garages, motels, and in other alternative living arrangements.

In a recent study of motel families in Anaheim, 318 adults/159 families were interviewed about their length of stay in motels to avoid being on the streets. Of those homeless motel families in the study, 76% identified themselves as Caucasian, 20% Latino, 10% African American and 4% A/PI. There were 51% females and 49% males. Most cited the reasons for their homelessness as financial problems, family problems, and mental illness.

The waiting lists for Section 8 Housing continue to grow. In 2004, there were 5,264 families on the waiting list in Santa Ana (the largest Spanish-speaking city in the nation), and 9,272 families on the waiting list in Anaheim (the fourth largest Spanish-speaking city in the nation).

Adults are at risk for homelessness if they have a family history of homelessness, particularly during their adolescence/childhood; if housing is unstable; and if there are weak social supports and poverty. Social supports for Latinos and A/PI in Orange County are lacking. This is evident in the percentages of those receiving mental health care, a social support, which is focused on the provision of culturally and linguistically competent services. The percentages of Latino and A/PI adults receiving County mental health services are 2.4% and 2.5% respectively.

- **Inability to Work and Manage Independence** – Adults with incomes below 200% of the federal poverty level are at a disadvantage when it comes to finding work or managing their independence. This is particularly true for adults who are Latino, or A/PI in Orange County. For example, 54% of the adults without healthcare insurance in Orange County are Latino. Due to lack of insurance coverage, a poor Latino who becomes ill is less likely to seek immediate healthcare. The illness can progress, and when the illness becomes worse, and the individual must seek out health care, it is usually more acute, requiring extended recovery time. This results in loss of employment and financial difficulties due to the hospital bill.

  Pervasive poverty, such as that experienced by adults with incomes below 200% of the federal poverty level, undermines the relevance of education. This impacts an adult's ability to find and keep work, which is directly related to managing independence. Latinos in Orange County have a higher high school drop-out rate and a higher teenage pregnancy rate than all other ethnic groups. Orange County is

ranked 16th in the State of California for school drop outs. For school year 02-03, the four-year derived drop out rate for the County was 8%, with Santa Ana having the highest drop-out rate (29%). Countywide, Latinos drop out at a much higher rate, with an overall drop-out rate of 68% compared to 20% for Caucasians. Of the students enrolled in Orange County high schools, 38% are Latino, 42% are Caucasian and 15% are A/PI. Compared to other ethnicities, a smaller percentage of Latinos enroll in high school and their school drop-out rate is higher. Not completing high school negatively impacts a low-income adult's ability to find employment and manage their independence. Females who drop out are more likely to have children at a younger age and more likely to be single parents, which leads to the continuation of the cycle of poverty.

For A/PIs with incomes less than 200% of the federal poverty level, generational issues also negatively impact their ability to find work and maintain independence. Traditional A/PI families include many generations in one household, and independence may be defined as the ability to contribute to the family economically. U.S. culture defines independence as the ability to live on ones own-usually alone, or with non-relatives. This is an issue for A/PI families who want their children to remain at home, while the adult children want to move out. Aside from family conflict, many adults of A/PI descent remain at home, and when they finally are able to move out, are unable to manage their independence.

In addition, if adults with incomes below 200% of the federal poverty level suffer from a mental illness, their ability to seek out help, particularly if they are Latino or A/PI, is vastly curtailed. The degree of stigma in these cultures prevents the acknowledgement of a mental illness, much less the treatment of it. This results in out of control symptoms, which negatively impact an adult's ability to manage independence.

- **Frequent Hospitalizations and ER Care** – Adults in Orange County with incomes below 200% of the poverty level generally lack health care coverage. This impacts their ability to receive preventative care, resulting in increased use of emergency health care. Orange County does not have a County medical facility/hospital. Over half of the uninsured in Orange County are Latino; 23% are Caucasian; followed by 11% Vietnamese and 8% other A/PIs. Due to a lack of resources, the Latino population is more likely to postpone medical care, resulting in extreme examples of illness, which are treated not via primary care, but via the emergency room. The number of uninsured Latinos continues to climb, as does that of uninsured Vietnamese. Both of these ethnic groups are more likely to be uninsured than any other racial/ethnic group. Residents of Santa Ana, Anaheim and Costa Mesa are more likely to be uninsured. These are all areas very heavily populated with Latinos. Behavioral health-related diseases accounted for 4% of Orange County discharges in 2004.

- **Incarceration** – Nationally, poor minorities are at higher risk for incarceration. In the U.S., 1:7 Latino males will be incarcerated compared to 1:17 for Caucasians. In

California, 65% of those incarcerated are Latino compared to 31% who are Caucasian.

The level of incarceration in Orange County has risen in the past year. There were 64,993 adult bookings into the Orange County jail system in 2004, a 5% increase from 2003. Of these bookings, 86% were male and 14% were female, although there was a 2% increase in the female adult population form 2003. The ethnic breakdown was 51% Latino, 36% Caucasian, 6% African American and 7% other ethnicities.

Risk factors for incarceration continue to be poverty, school failure, substance abuse, homelessness, mental illness. Approximately 16% of all inmates have a mental illness. When inmates are released into the community, those who are poor and suffer from various mental illnesses are often left without after care. This contributes to re-offending and a return to jail. The Mentally Ill Criminal Offender Program was one way to manage better discharge planning for those incarcerated individuals who also have mental illness.

- **Involuntary Care/Institutionalization** – Adults in Orange County who are poor receive a higher rate of involuntary care if they are seriously mentally ill. Adults with incomes less than 200% of the federal poverty level who suffer from a mental illness are less likely to have healthcare coverage, particularly if they are Latino. If they are mentally ill and homeless, they are three times as likely to have no healthcare coverage. Therefore, they are less likely to receive ongoing care for their mental health problems and less likely to be followed by a psychiatrist who can monitor medications. This results in institutionalization and involuntary care due to the chronic mental illness and the inability to adequately treat it.

  The lack of mental health providers who are trained in providing culturally competent mental health services and who speak the language of the adult patients with mental illness also contributes to the inadequate treatment of and subsequent institutionalization of poor adults in Orange County.

Older Adults

- **Homelessness** – Like all populations in Orange County, the older adult homeless population continues to grow. Orange County older adults are living longer, with more diseases and illnesses, and less resources to assist them. This is particularly true for those older adults who are Latino or A/PI, particularly Vietnamese.

  Forty percent (40%) homeless are Veterans of the United States Armed Forces, many of whom are 55 years and older. Older adults are increasing in the general homeless population, and in the next decade, will result in an elderly white majority of homeless. Poverty is the number one risk factor for homelessness, and in Orange County, older adults are 10% of the low- income population.

- **Increased Risk of Suicide/Homicide/Violence/Isolation/Crisis Services** – Older adults are the highest risk group for suicide, particularly older adult males who are Caucasian. It is estimated that 30-70% of suicide victims suffer from Major Depression or Bipolar Disorder. The risk for suicide increases with age, particularly for older adult males. Caucasian males over age 65 are at 300 times greater risk for suicide than the general population. The suicide rates continue to increase with age and even peak for Caucasian women over the age of 75.

  Poor, older adults are a very vulnerable population, especially if they are disabled or non-native English speakers. The amount of resources available to this population is severely limited.

  Older adults were more likely to be killed during a felony than their younger counterparts. Interestingly, older adults, 65 years and older were more likely to be disproportionately affected by property crimes. Nine out of ten property crimes between 1993 and 2002 were against older adults. In California, homicides accounted for 6.5 deaths per 100,000, and in Orange County it was 2.5 per 100,000. Based on national data, there is an increased risk of homicide for older adults. Five percent (5%) of all homicides were adults 65 and older. Males were more likely to be victims than females.

  In Orange County, there are approximately 420 reports of elder abuse each month. Between 4% and 10% of the older adult population suffers from elder abuse. Risk factors for being abused include social isolation and mental impairment. Almost half of those neglected or abused older adults are unable to physically care for themselves. The oldest group, 80 years old and above, are neglected at 2-3 times their proportion of the elderly population. For Orange County residents over 80 years of age, the break down by ethnicity is as follows: 85% are Caucasian, 7% Latino, and 7% A/PI.

  Female older adults are abused at a higher rate, and their perpetrators tend to be male. The abusers tend to be someone close to the victim, either family member or caregiver. Many times there are additional alienating factors, such as language differences. The primary language cited by 61% of older adults is English, which leaves 39% of older adults identifying various other languages as their primary language, such as Spanish (8%) and Vietnamese (6%). This age group has the largest number of Vietnamese primary language speakers compared to any other group. For the older adult population, emerging languages accounted for 24% of the primary languages spoken. Resources to educate and assist vulnerable elders and help place them in situations that are safe are inadequate.

  Isolation is rampant in Orange County's older adult communities, particularly for recent immigrants, and/or elders of minority backgrounds. In many cultures, the elder position is a position of wisdom and pride. Yet in American culture, elders can be looked at as burdens, particularly for adult children who must care for them. Many times older adults are forced to become primary caregivers for grandchildren, and

great grandchildren, with little regard for their own social needs. Many older adults are, therefore, isolated from their peers, and do not speak up for fear of being seen as ungrateful. Additionally, many older adults are not able to drive, or ambulate, thus they are unable to get to facilities, such as senior centers that may encourage social interaction. The senior centers may also lack the staff to provide facilitation and services in the older adults' primary language.

Crisis services are sought after for Orange County's older adult population due to the inability of older adults to access services in a timely manner. The older adults may be unaware of services, have transportation issues, be unable to pay for the services (particularly for those poor older adults) or the services may not be available in their primary languages, as the language needs of older adults are far broader than the general population.

- **Lack of Educational Resources/Peer Education/Activities** – Resources and activities are available for ambulatory seniors in most cities in Orange County. Some senior centers also offer services in a variety of languages. The programming and transportation available is limited and often those with mental impairments/mental illness are not appropriate for these programs. Adult day care centers, which provide more appropriate educational resources, are not free. This is problematic for the poor older adult populations who have to pay for food, medicine and shelter.

4) If you selected any community issues that are not identified in the "Direction" section above, please describe why these issues are more significant for your county/community and how the issues are consistent with the purpose and intent of the MHSA.

Not Applicable

SECTION II: MENTAL HEALTH NEEDS IN THE COMMUNITY

1) Using the information from population data for the county and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.

In the discussion below, data was analyzed by age group. It should be noted that the data is categorized by ***non-overlapping*** *age groups*. Children and Youth data includes ages birth-15; Transitional Age Youth includes ages 16-25; Adults data includes ages 26-59; and Older Adults data includes those individuals 60 or older. The data was organized this way to allow for discrete categories. However, the actual age groups that are served by MHSA programs include some overlap. Programs serving Children and Youth target individuals from birth-18 and those up through age 21 if they are Special Education pupils. Programs serving TAY target individuals 16-25. Adult programs serve those 18-59, and Older Adult programs target individuals who are sixty or more years of age.

Children and Youth, age 0-15

According to California Department of Finance estimates, in July of 2004, Orange County had a total population age 0-15 of 581,798. Of these, 243,228 children and youth were estimated to live in families with annual incomes of less than 200% of the federal poverty level (FPL). According to California Department of Mental Health estimates, 9% of these low-income children and youth (21,355) were seriously emotionally disturbed (SED). During the same time period, the County of Orange provided mental health services for approximately 8,911 children and youth age 0-15.

Latino children and youth represent 55% children in the County and 69% of the low-income children. Latinos age 0-15 represent the greatest number of children and youth with SED among ethnic groups within the County. Latino children and youth comprise 49% of all the children age 0-15 who were provided mental health services by the County, but they are seriously under-represented relative to their numbers in the low-income population, as are Asian/Pacific Islander (A/PI) children, who represent just over 5% of all the children seen.

Only 3% of the low-income Latino children and youth receive County mental health services. For A/PI low-income children and youth, less than 2% receive mental health services; while for Native American/Indigenous, who comprise less than 1% of the County's child and youth population, the rate is 9%. Similarly, the rate for Caucasian children and youth is over 9%, and for African-American, children and youth it is 12% (although the absolute number of African-American children and youth is low). Thus, among the low-income Latino and A/PI population, there are large numbers of children and youth that are unserved (10,340 and 2,099, respectively.) In contrast, most of the low-income Caucasian and African-American children with SED are being served.

Transitional Age Youth (TAY), age 16-25

According to California Department of Finance estimates, in July of 2004, Orange County had a total transition age youth (16-25) population of 415,432. Of these young adults, it was estimated that 154,997 lived in families with annual incomes of less than 200% of the FPL. According to California Department of Mental Health estimates, nearly 10% of these low-income TAY, or 15,158, were seriously mentally ill (SMI). During the same time period, the County of Orange provided mental health services for 7,809 TAY.

Looking at the distribution of TAY by ethnicity, Latino transitional-age youth represent the greatest number of transitional-age youth with SMI in the County. Latino TAY comprised 41% of the TAY in the County and 55% of the low-income TAY. Latino TAY comprised 42% of all the transitional-age youth who were provided mental health services by the County, a number that is similar to their percentage in the general population, but not to that in the low-income population. A/PI TAY, who comprise 16% of TAY in the general County population and 15% of the low-income TAY population, were seriously under-represented among County clients and represented less than 6% of all the TAY who were seen.

Only about 4% of the low-income Latino TAY receive mental health services. The corresponding rate for A/PI TAY is 2%; while for Native American/Indigenous TAY (who comprise less than 1% of the County's TAY) the rate is 6%. The rate for Caucasian TAY is 8% and for African-American TAY, it is 19%; however, this represents only 407 African-American TAY.

In FY 2003-2004, the number of unserved, low-income TAY was 7,349. Although both Caucasian and African-American TAY were seen in adequate numbers relative to the prevalence of SMI in the population, the numbers of unserved Latino and A/PI TAY were quite high (4,252 and 1,530, respectively).

Adults, age 26-59
In 2004, 1,481,863 people age 26-59 lived in Orange County. Of this population, 303,837 were poor, with incomes less than 200% of the FPL. The low-income population for this age group was 52% Latino; 28% Caucasian and 16% A/PI.

According to tables provided by DMH, the prevalence of severe mental illness in Orange County, among low-income people in this age group, was 9% in 2004. In contrast, only 13,731 (or almost 5% of low-income people in this age range) were seen by the County for mental health services in FY 2003-2004. Over half (51%) of the clients seen were Caucasian. Latinos made up 21% of the clients seen; A/PIs, 12% of the clients; and African-American and Native American/Indigenous much smaller percentages, reflecting their smaller numbers in the population.

The percentage of the low-income population receiving mental health service differed among the ethnic groups. African Americans and Caucasians had the highest rates (12% and 8%, respectively), although this only represented 485 African-American clients. The rate for A/PIs was about 3%; while for Latinos, it was less than 2%.

In Orange County in 2004, an estimated total of 26,312 low-income persons within the 26-59 age range had SMI. During that year, 13,731 persons were provided mental health services by the County, leaving an estimated 12,581 persons unserved. The largest group of unserved clients (10,805) was in the Latino population. Among A/PIs unmet need was estimated to be 2,405 persons. In contrast, for Caucasians, African Americans and Native Americans the level of unmet need is estimated to be quite small.

Older Adults, ages 60 and older.
Within the low-income population, Latinos represent the largest numbers. Latino older adults are 52% of the population of residents with incomes less than 200% of the FPL. The next largest ethnic group within the low-income population is Caucasians, who represent 28% of the low-income population. A/PIs comprise 16% and African-Americans and Native American/Indigenous people much smaller percentages.

According to DMH tables, the prevalence of SMI in the low-income population of older adults in Orange County in 2004 was just under 7%. Of these 5,106 seriously mentally ill persons, Orange County provided services to 2,839 clients in FY 2003-2004.

The population served differed by ethnicity. Nearly 7% of low-income Caucasian older adults were served. African-American residents were seen at a rate of almost 6% of their numbers in the low-income population, and Native American/Indigenous people at a rate of about 4%. The corresponding percentage for A/PI clients was 3% and for Latinos, only 1%.

A total of 2,267 older adults with SMI were estimated to be unserved by the County's mental health services in FY 2003-04. Latinos and A/PI s accounted for almost all of this group. In contrast, both Caucasians and African Americans were seen in numbers exceeding the estimates of SMI prevalence in the low-income population. Native American/Indigenous people were served at about the SMI prevalence population for their ethnic group.

2) Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as part of Children and Youth or Adults.)

Chart A: Service Utilization by Race/Ethnicity

CHILDREN AND YOUTH*	Fully Served*		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	MALE	FEMALE	MALE	FEMALE	NO.	%	NO.	%	NO.	%
TOTAL	86	70	5059	3696	8,911	100%	243,228	100%	581,798	100%
African American	7	6	230	179	422	4.74%	3, 516	1.45%	10,784	1.85%
Asian Pacific Islander	3	2	253	226	484	5.43%	29,626	12.18%	87,057	14.96%
Latino	33	27	2524	1778	4362	48.95%	167,066	68.69%	320,363	55.06%
Native American	1	1	31	28	61	0.68%	692	0.28%	3,760	0.65%
Caucasian	42	34	1800	1354	3,230	36.25%	34,181	14.05%	137,408	23.62%
Other	0	0	221	131	352	3.95%	8,147	3.35%	22,426	3.86%

* Includes only clients served in county wraparound programs

TRANSITION AGE YOUTH*	Fully Served*		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	MALE	FEMALE	MALE	FEMALE	NUMBER	%	NUMBER	%	NUMBER	%
TOTAL	47	32	4629	3101	7809	100%	154,997	100%	415,432	100%
African American	5	2	211	189	407	5.21%	2,099	1.35%	6,601	1.59%
Asian Pacific Islander	2	2	260	188	452	5.9%	23,230	14.99%	66,758	16.07%
Latino	14	10	1919	1305	3248	41.59%	85,711	55.30%	171,341	41.24%
Native American	1	0	25	10	36	0.46%	595	0.38%	2623	0.63%
Caucasian	25	18	1911	1162	3116	39.91%	39,329	25.37%	159,494	38.39%
Other	0	0	303	247	550	7.04%	4033	2.60%	8,615	2.07%

* Clients served in wraparound (16-17 years old) or PACT or AB2034 programs

Chart A (Continuation): Service Utilization by Race/Ethnicity

ADULTS*	Fully Served*		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	MALE	FEMALE	MALE	FEMALE	NO.	%	NO.	%	NO.	%
TOTAL	70	43	7269	6349	13,731	100%	303,837	100%	1,481,863	100%
African American	9	4	271	201	485	3.53%	4,041	1.33%	26,218	1.77%
Asian Pacific Islander	5	3	903	699	1610	11.73%	47,798	15.73%	240,293	16.22%
Latino	16	9	1364	1502	2891	21.05%	157,243	51.75%	452,056	30.51%
Native American	1	0	36	30	67	0.49%	1,248	0.41%	8,479	0.57%
Caucasian	39	27	3912	3222	7,200	52.44%	86,202	28.37	737,468	49.77%
Other	0	0	783	695	1,478	10.76%	7,305	2.40%	17,349	1.17%

* Clients served PACT or AB2034 programs

OLDER ADULTS*	Fully Served*		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	MALE	FEMALE	MALE	FEMALE	NO.	%	NO.	%	NO.	%
TOTAL	0	1	1224	1614	2839	100%	77,133	100%	426,691	100%
African American	0	0	30	29	59	2.08%	1,026	1.33%	4,299	1.01%
Asian Pacific Islander	0	0	174	197	371	13.07%	12,136	15.73%	60,388	14.15%
Latino	0	0	175	270	445	15.67%	39,923	51.76%	53,832	12.62%
Native American	0	0	4	8	12	0.42%	317	0.41%	1,994	0.47%
Caucasian	0	1	665	847	1513	53.29%	21,886	28.37%	302,304	70.85%
Other	0	1	176	263	439	15.46%	1,845	2.39%	3, 874	0.91%

* Clients served in AB 2034 programs

3) Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.

Children and Youth, age 0-15

Among children and youth, ages 0-15, Latino children represent the largest ethnic group seen for mental health services. Latino children and youth comprise 49% of the clients in this age group. The next largest group of clients is Caucasians, who make up 36% of the clients in this age group. A/PI clients comprise over 5% of the clients, followed by African-American children who are slightly less than 5% of the clients seen.

Despite their large numbers among the clientele of Orange County's children's mental health services, only about 3% of low-income Latino children in the County receive mental health services, compared to almost 10% of Caucasian low-income children. Over 12% of the low-income African-American children also receive mental health services, but this number may not be reliable, given that African-Americans represent only 2% of the County's child population and only 1.5% of the low-income child population. Native-American/Indigenous children comprise less than 1% of the County's total and low-income child populations, yet the percentage of Native American/Indigenous people receiving mental health services is similar to that for Caucasians. In contrast, Asian-Pacific Islander children, who represent nearly 15% of the County's child population and 12% of the low-income population, have the lowest rate for receiving mental health services; less than 2% of low-income A/PI children receive mental health services.

Two-thirds (68%) of the children who receive County mental health services speak English as their primary language. Another 14% speak Spanish, and less than 1% speak Vietnamese as their primary language. Both Spanish and Vietnamese are threshold languages in Orange County. Seventeen percent (17%) of the clients speak an emerging language (e.g. Cambodian, Laotian, Farsi, Korean). Eight clients use American Sign Language as their primary language.

Of the clients served by the County's children's mental health services, 58% are males and 42% are females. Two clients were identified as transgendered.

One thousand and twenty-seven (1,027) Children age 15 and under were booked into the juvenile justice system in Orange County in FY 04-05, 79% of whom were males. Of these children and youth, 74% were seen for at least a face-to-face mental health evaluation. The 760 children seen by mental health services primarily received short-term crisis counseling, though some received more long-term therapy. Of the clients seen for mental health counseling, 76% were male. In terms of race/ethnicity, 60% were of Latino backgrounds, while 29% were Caucasian, 6% were African-American, and 4% were A/PI. Native-American/Indigenous children made up less than 1% of the children in juvenile hall seen for mental health services. The percentages of children in different

ethnic groups provided mental health services in juvenile hall mirror their actual percentages in the juvenile hall population, which, in turn, are relatively close to the percentages in the County's child population. However, there is some over-representation of Latino and Caucasian children and under-representation of A/PI children.

In FY 2004-2005, approximately 1,100 children, ages 0-15 were removed from their homes and placed in Orangewood Children's Home under the jurisdiction of the Department of Social Services. Half of these children were males and half were females. All of these children received at least brief, crisis-oriented mental health services. Of the children who received such mental health services, 52% were Latino, 34% were Caucasian, 7% were African-American, and 6% were A/PI. These percentages indicate an over-representation of African-American and Caucasian children and an under representation of Latino and A/PI children, relative to their proportions in the low-income population of the county, though the percentages represent the proportion of children removed from their homes by Children's Protective Services, since all children were seen by mental health services.

Of the 8,911 children seen for mental health services, 3045 were special education children seen as part of the AB3632 program. Seventy-eight percent (78%) of these children were males. In terms of race/ethnicity, 64% of these children were Caucasian; 25% were Latino; 4% were Asian-Pacific Islander; 3% African-American and 0.5% Native-American/Indigenous. Caucasian children were over-represented and all other ethnicities under-represented compared to their percentages in the population in terms of children seen for mental health services through this program.

Transitional Age Youth, age 16-25

Despite being the ethnic group most often receiving mental health services, Latino transitional-age youth (TAY) are considerably under-represented among mental health clients relative to their numbers in the County's low-income population. Latino TAY are 55% of the low-income population, but only 42% of those receiving mental health services. The percentage of Latino low-income TAY receiving mental health services is only 4%. Similarly, A/PI, who make up 15% of the County's low-income TAY population, represent only 6% of the clients served. Only 2% of A/PI TAY receives mental health services In contrast, both Caucasian and African-American TAY are over-represented among mental health clients, relative to their proportions in the low-income population. Caucasian TAY make up only 25% of the low-income population, but 40% of the clients served. African-American TAY in Orange County are only 1.4 of the low-income population, but represent 5% of the clients served. Native American/Indigenous TAY who make up less than one percent (1%) of the low-income population are a compatible one-half of one percent (.5%) of the clients who receive services.

Approximately 60% of the TAY receiving mental health services from the County of Orange in FY 03-04 were male. English is the primary language of 70% of the TAY seen for County mental health services. Another 10% speak Spanish, and 1% speaks Vietnamese, the two threshold languages spoken in the County. Of TAY who receive

mental health services, 17% speak an emerging language (e.g. Cambodian, Laotian, Farsi, Korean) as their primary language.

Approximately 1,400 youth ages 16-22 received services while in Juvenile Hall. Among these youth, 79% were male and by race/ethnicity, 58% were Latino, while 30% were Caucasian, 6% African-American, 5% A/PI, and less than 1% Native-American/Indigenous youth. Latino and African-American TAY are over-represented in the population of TAY being provided mental health services in Juvenile Hall, relative to their proportions in the low-income or general population. However, they are over-represented the population of juveniles who are incarcerated. The vast majority of incarcerated juveniles receive mental health services. The percentage of Caucasian TAY is relatively close to the percentage in the low-income population, but below that in the general population. A/PI TAY are under-represented relative to both populations.

According to the Orange County Department of Social Services, in 2004, about 500 TAY were in out-of-home placements in any one month. Of these youth, approximately an equal number were males and females, and 43% were Latino, 40% were Caucasian, 9% were African-American, and 4% were A/PI. All of these TAY received at least brief, crisis-oriented mental health services during their initial period of placement at Orangewood Children's Home.

Six hundred and thirty-eight (638) TAY received mental health services as part of their special education program. Ethnic data on all special education children and youth receiving mental health services under AB3632 indicated that 64% of these children were Caucasian; 25% were Latino; 4% were A/PI; 3% African-American and less than one percent Native-American/Indigenous. Caucasian children were over-represented and all other ethnicities under-represented, compared to their percentages in the population in terms of children seen for mental health services through this program.

Adults, age 26-59

Adults of Latino backgrounds make up 52% of the County's adult population in the 26-59 age range, but only 21% of County mental health clients. In contrast, Caucasians make up only 28% of the low-income adult County population but 52% of the clients receiving mental health services. As a result of these disparities, the percentage of each ethnicity receiving mental health services is 8% for Caucasians and 2% for those of Latino backgrounds. A/PI make up 16% of the County's low-income population and 12% of the clients served by County mental health. Only about 3% of adults in this ethnic group access the County's mental health service. African Americans (who are a small group in Orange County) are only slightly over one percent of the County's low-income population and about three and a half percent (3.5%) of the clients served. Based on these small numbers, about 12% of low-income African-Americans are served. Persons of Native American/Indigenous backgrounds are a very small number in Orange County. They represent less than one percent of the low-income population and about half a percent (.5)% of the clients seen. About 5% access mental health services.

Males represent 53% of the adult clients seen by Orange County's adult mental health services. Only among clients from Latino backgrounds are more females than males seen by mental health services (52%:48%).

English is the primary language of 65% of the adult clients of the County's mental health system. Another 8% speak Spanish as a primary language, and 5% speak Vietnamese. Emerging languages (such as Korean, Farsi, Laotian, or Cambodian) are spoken as a primary language by 19% of the County's adult mental health clients.

The number of adult homeless clients seen by the County's mental health system has been difficult to identify precisely because clients may be homeless at some time during their episode of care and not homeless at other times. Also, in many cases, the designation of homeless (or not) is left as unknown by the clinician seeing the client. However, 925 clients were designated as homeless at admission in FY 03-04, and another 1,900 were estimated to be homeless at some time during their episode of care. Of these homeless clients 61% were males. Data on ethnicity for those clients who were designated as homeless at admission indicated that 65% were Caucasian; 16% of Latino backgrounds; 3% A/PI; 9% African-American; and less than 1% Native American/Indigenous clients. These data were similar to recently published data from nearby San Diego County, indicating that Caucasian and African-American clients are over-represented in the SMI homeless population relative to Latino and Asian-Pacific Islander homeless clients.

According to the United States Council of Mayors Hunger and Homelessness Survey, 2004, about 23% of the nation's urban homeless have SMI. In Orange County, a 2004 survey of homeless conducted by the County of Orange Housing and Community Development agency found that 14% of the county's homeless, or 4,800 people, had SMI, though based on national statistics for demographically similar areas, this is regarded as an underestimate. National data on homeless persons, such as the 2003 Conference of Mayors study, suggests that higher rates of homeless SMI in the African-American population and lower rates in the SMI A/PI population probably reflect different rates of homelessness in the general population of individuals who are of theses ethnic backgrounds.

During FY 03-04, three hundred and thirty-eight (338) clients, age 26-59 were treated in skilled nursing facilities and another 119 in Institutes of Mental Disease (IMDs). All of these clients may be regarded as individuals who might make greater steps toward recovery with different or more comprehensive community-based treatment. Of these 457 clients, 63% were males. Two hundred and ninety-eight (298) or 65% were Caucasian; 22 or 5% were African-American; 53 or 12% were Latino; 47 or 10% were A/PI; and 6 or 1% were Native-American/Indigenous persons.

Older adults, ages 60 and over

Caucasian clients make up 53% of all the clients over age 60 seen by the County's mental health services. Caucasians also make up over 70% of the older adults in the County's general population, but are only 28% of the low-income, older population.

Thus, they are over-represented among County clients in that age range. The next largest group of clients is those with Latino backgrounds, who make up 16% of the older adult clients, though they are 52% of the older adults low-income population. Latino older adults are the most seriously under-represented ethnic group among older adults in terms of receipt of County mental health services. The percentage of Latino older adults receiving mental health services is only 1%, compared to 7% for Caucasians.

In this age group, A/PI (who make up 16% of the low-income older adult population in the County and 13% of the clients seen by the County's mental health services) are not seriously under-represented. About 13% of A/PI older adults receive mental health services. African-Americans are only around 1% of either the general older adult population in Orange County or the low-income population and make up 2% of the older adults provided mental health services, with a .The percentage of low-income African Americans receiving services is almost 6%. Native American/Indigenous older persons represent less than 1% of either the general population or the low-income population and receive less than 1% of mental health services. The percentage receiving services is slightly less than 4%.

Males make up only 43% of the older adult clients seen for mental health services. This appears to reflect their lesser numbers in the older adult population, since they represent 44% of the older adult population of the County.

In terms of primary languages spoken, 61% of older adult clients speak English as their primary language. This is the lowest percentage of English speaking clients of any age group. Despite the fact that the clients are overwhelmingly Caucasian, 8% of the older clients speak Spanish and 6% Vietnamese. This is the largest proportion of Vietnamese-speaking clients of any age groups. In fact, 90% of the older Vietnamese clients seen for mental health services had a primary language of Vietnamese, and another 6% spoke another emerging language (Chinese or Korean), while only 5% spoke English as a primary language. Of the older adult clients with a Latino ethnic background, 48% spoke Spanish as their primary language, a much higher proportion than in any other age group. Of the older adult client population, emerging languages accounted for 24% of the primary languages spoken, with Chinese, Japanese, Korean and Farsi being the languages most often spoken.

In general, the language needs of older adult clients span a wider range than in other age groups and a larger percentage of older adults speak a language other than English as their primary language. As the percentage of clients from non-Caucasian ethnic groups increases, the percentage of clients speaking other than English as a primary language can also be expected to increase. This is true more in this age group than others, since the proportion of older adults from non-Caucasian ethnic backgrounds who speak other than English as a primary language is so high.

Within the County's mental health services, specialized mobile mental health services and episodic treatment are provided to older adults, most often in their homes, through programs such as the Senior Health Outreach & Prevention Program (SHOPP), and the

Substance Abuse Resources Team (START) for older adults who are misusing alcohol or medications. In FY 04-05 these services reached 1,201 older adult clients, 86% of whom were Caucasian, 8% of whom were of Latino backgrounds, and 5% of whom were A/PI.

4) Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.

The key for Orange County is the development of culturally competent treatment services that work with the unserved and underserved populations. This is a population, based on the 2000 Census, that is overwhelmingly Latino and Vietnamese, and who speak languages other than English. With this in mind, the development of services must be different. Objectives to provide culturally and linguistically appropriate mental health services are as follows:

- Establish programs in non-traditional mental health settings. The majority of Orange County's unserved/underserved Latinos and Vietnamese do not access mental health services from a psychiatrist. They will work with their primary care physician, their clergy, and their family before working with the public mental health system. In addition, often the symptoms of the identified patient may be very acute due to the length of time without mental health care intervention. Accordingly, they may be seen in an emergency room facility, or interact with law enforcement personnel. The development and location of mental health services in locations where unserved and underserved seek out services is essential. This includes working with primary care facilities in Little Saigon, Garden Grove, Santa Ana and Anaheim. It requires the development of networks with other healthcare practitioners that see those who have mental illness years before they walk through the doors of the county mental health system.
- Outreach to unserved/underserved populations. Although services are available to assist the residents of Orange County with mental health issues, the information does not get to many of the unserved/underserved populations. Outreach efforts must include local leaders in ethnic communities, who can assist in the dissemination of materials and information. This type of a partnership with community leaders, clergy, etc., will increase trust and belief in a mental health system that may be very foreign to most. Outreach, which includes other forms of media, such as radio stations and non-English language newspapers/periodicals, will assist greatly in the outreach effort.
- Services must be provided in the languages of the populations served. The majority of the unserved/underserved populations in Orange County speak a language other than English. In order to better serve these populations, not only does staff need to speak Spanish, Vietnamese and emerging languages such as Korean and Farsi, but also all written materials must be in these languages. Due to the mass shortage of human service professionals who are bilingual/bicultural, additional strategies must be utilized to assist in this objective, such as teaching Spanish and Vietnamese to

culturally competent staff. The focus on recruitment and hiring will take place in the next few phases of the MHSA, but networks are already being developed to assist with this. The County has a partnership with a local university, CSU Fullerton, to allow tuition reimbursement for staff who would like to pursue a Bachelor's or advanced degree in their MFT program. Classes are offered on county sites, in the evening, making it more accessible by staff, and resulting in a bonafide degree. These staff then can be hired directly into the system. To date, many support staff, have worked through the program and are now clinicians in the system. This method of "growing our own" staff is particularly important for those Latino and Vietnamese staff who want to further their education and shift from a support staff position to a clinical staff position.

- Develop the consumer/family base from the ethnic populations that are unserved/underserved. This is a population that has been difficult to engage. The use of proven methods such as the "promotora" model, or community health educator model can address the disparities in consumers that work for and are engaged in the mental health system. A successful method of health education, the promotora model, can be utilized with mental health services to access pockets of the ethnic/linguistic community that are the least likely to access services and the most likely to need them.

SECTION III: IDENTIFYING INITIAL POPULATIONS FOR FULL SERVICES PARTNERSHIPS

1) From your analysis of community issues and mental heath needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

Full service partnerships are proposed for all age groups.. Full service partnerships address the needs of the client and his or her family.

Below is a brief description (by age group) of the situational characteristics of Full Service Partnership participants. Please see **Exhibit 6** for numbers of clients to be served in each year.

Children and Youth

Children and youth in the 0-18 age range (and age 21 for Special Education students) will be fully served by participating in the Integrated/Wraparound Services Program, which will provide twenty-four hour a day, seven days a week intensive case management, in-home services and interventions, and outpatient services; youth and

parent mentoring; supported education; transportation; housing; benefit acquisition; respite care; and integrated services for co-occurring disorder treatment.

The children and youth selected for this program may be recruited through the culturally competent outreach and engagement services developed as part of this proposal. Based upon priorities identified in the Children and Youth Workgroup and consistent with those specified in the DMH three-year program and expenditure plan requirements, these children will include:

- Preschool and school-age children unable to function in a mainstream school setting because of emotional problems
- SED children at risk for out-of-home placement
- SED children whose families are homeless, including those living in motels because of a lack of permanent residence
- SED children who are in the foster-care system
- SED children of parents who themselves have serious mental illness
- SED children who are exiting incarceration in the juvenile justice system
- Uninsured SED children
- SED children who are unserved or underserved because of linguistic or cultural barriers
- Children with multiple psychiatric hospitalizations
- Children with co-occurring disorders

Transitional Age Youth

Youth and young adults in the 16-25 age range will be fully served by participating in the TAY Integrated Services Program, which will provide twenty-four hour a day, seven days a week intensive case management and outpatient services, youth and parent mentoring, supported employment/education, transportation, and housing, benefit acquisition, respite care, and integrated services for co-occurring disorder treatment.

The youth and young adults selected for this program may be recruited through the culturally competent outreach and engagement services developed as part of this proposal. Based upon priorities identified in the Transitional-age Youth Workgroup and consistent with those specified in the DMH three-year program and expenditure plan requirements, these youth and young adults will include:

- School-age youth unable to function in a mainstream school setting because of emotional problems
- SED youth at risk for out-of-home placement
- SED youth whose families are homeless, or themselves are homeless, including those living in motels because of a lack of permanent residence
- SED youth who are in the foster-care system
- SED youth who are exiting incarceration in the juvenile justice system or the adult correctional system
- SED youth who are aging out of the foster care or juvenile justice system
- SED children of parents who themselves have serious mental illness
- Uninsured SED youth and young adults

- SED youth or young adults who are unserved or underserved because of linguistic or cultural barriers
- SED youth with co-occurring disorders
- Youth or young adults with multiple psychiatric hospitalizations
- Youth or young adults who are losing Wraparound funding because of aging out of the child welfare system
- Youth and young adults experiencing their first episode of psychosis

Adults

Adults in the 18-59 age range will be fully served by participating in the Adult Integrated Services Program, which will include the County AB 2034 program. The Adult Integrated Services Program will provide twenty-four hour a day, seven days a week intensive case management/wraparound services, community outpatient services, peer mentoring, a peer-to-peer line, supported employment/education, transportation, housing, benefit acquisition, respite care, and integrated services for co-occurring disorder treatment.

The adults selected for this program may be recruited through the culturally competent outreach and engagement services developed as part of this proposal. Based upon priorities identified in the Adult Workgroup and consistent with those specified in the DMH three-year program and expenditure plan requirements, these adults will include:

- Adults with SMI who are homeless or at risk of homelessness, including those living in temporary residences, such as hotels
- Adults with SMI who are have co-occurring substance abuse problems
- Adults with SMI who are about to be or have recently been discharged from the criminal justice system
- Adults with SMI who are about to be or were recently discharged from psychiatric hospitals, whether hospitalized voluntarily or involuntarily
- Adults with SMI who have come to the attention of the justice system
- Adults with SMI who have been frequently hospitalized or are frequent users of emergency room services for psychiatric problems
- Adults with SMI who are in Skilled Nursing Facilities (SNFs) or Institutes for Mental disease (IMDs), but could live with support in the community

Older Adults

Older Adults in the 60 and over age range will be fully-served by participating in the Older Adult Integrated Services Program, which will include outreach and engagement services. It will also provide twenty-four hour a day, seven days a week intensive case management/wraparound services, community-based outpatient services, peer mentoring, housing, meal services, benefit acquisition, supported employment/education, links to medical services, links to transportation services, respite care, and integrated services for co-occurring disorder treatment.

The older adults selected for this program may be recruited through the culturally competent outreach and engagement services that are integral to providing full-service partnerships to individuals in this age group, who are often unserved. Based upon

priorities identified in the Older Adult Workgroup and in line with those specified in the DMH three-year program and expenditure plan requirements document, these older adults will include:

- Older adults with SMI who are unserved by the mental health system
- Older adults with SMI who are frequent users of emergency room services for psychiatric problems or are frequently hospitalized
- Older adults with SMI who are in Skilled Nursing Facilities or Institutes of Mental Disease, but could live (with support) in the community
- Older adults with SMI who are about to be or were recently discharged from psychiatric hospitals, whether hospitalized voluntarily or involuntarily
- Older adults with SMI who are have co-occurring substance abuse problems
- Older adults with SMI who are about to be or have recently been discharged from the criminal justice system
- Older adults with SMI who have come to the attention of the justice system but have not been incarcerated
- Older adults with SMI who are at risk for suicide
- Older Adults with SMI who are homeless or at high risk of homelessness.

2) Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three years. (Distinguish between criteria used for each age group if applicable.)

Selection of initial populations was driven by the DMH recommendations. The focus is on providing assistance to those individuals with a serious mental illness/serious emotional disturbance who are currently unserved, uninsured or under-insured, homeless or at risk of homelessness, involved in the criminal justice system, and their family members.

3) Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.

Children and Youth

The populations of children initially selected for the Full Service Partnerships will include ethnic minorities from specific unserved and underserved groups to decrease the current treatment disparities. Preschool and school age children who are unable to function in a mainstream school setting due to emotional problems are disproportionately Latino and represent 69% of the population with incomes below 200% of the poverty level. In addition, Asian/Pacific Islanders represent 12% of the unserved population of Orange County children, who are preschool/school age. Offering services targeted towards these ethnic populations will assist the County in reducing treatment disparities. SED children who are at risk of out-of-home placement, whose families are homeless (including motel families), who are in foster care, whose parents also have a mental illness, who are incarcerated or are uninsured are all predominantly ethnic minority children.

There is an over-representation of Latinos seen with mental health issues in the juvenile justice system in Orange County. Latinos age 15 and younger make up 41% of the population in the County; however, they are 60% of the population in Juvenile Hall receiving mental health services. Fifty-two percent (52%) of the children in Orangewood Children's Home, are also Latino. Approximately 109,000 children live in poverty in Orange County. The vast majority of these are Latino. Clearly, developing mental health programs that target these specific populations, the majority of which are Latino, will increase access to treatment and decrease ethnic disparities.

Transitional Age Youth

The populations of TAY initially selected for the Full Service Partnerships will include ethnic minorities from specific unserved and underserved groups to decrease the current treatment disparities. School age youth who are unable to function in a mainstream school setting due to emotional problems are also predominantly ethnic minorities. SED youth who are at risk of out-of-home placement, whose families are homeless (including motel families), who are in the foster care system, are involved with the criminal justice system, aging out of the children's system and into the adult system, and those who are uninsured are all predominantly ethnic-minority TAY. Minority TAY in Orange County are experiencing a great deal of intergenerational turmoil which increases the likelihood of involvement in the system. They often have limited language ability to communicate with their monolingual/LEP parents and are therefore unable to successfully navigate between the primary culture/language at home and that of the larger community. This results in increased acting out behaviors often involving law enforcement, and or the child welfare system. For example, many first generation TAY are left to navigate a complex social/health system in the County, as their parents are recent immigrants with little to no knowledge of the Orange County/United States system. Developing services targeted towards ethnic minority TAY will help increase access to culturally and linguistically appropriate services, which will assist in the decrease of treatment disparities for ethnic groups.

Adults

The populations of adults initially selected for the Full Service Partnerships will include ethnic minorities from specific unserved and underserved groups to decrease the current treatment disparities. Adults who are homeless (or at risk for being homeless) will be targeted for services. A large proportion of the homeless population is adults and adults with families. Only 10% of the county homeless reside in shelters, leaving some 32,000 individuals unsheltered.

Many Latino, and A/PI adults and their families reside in cars, abandoned buildings, and shared hotel rooms. Therefore, they do not meet the narrow definition of homeless. Often, poor adult homeless who are Latino, A/PI and of other minority ethnicities are undercounted due to their higher numbers in the homes of friends and family, in converted garages, in motels, and in other alternative living arrangements. Adults who: have a co-occurring substance abuse problem; are involved in the criminal justice

system; are about to be, or were recently discharged from a psychiatric facility; have been frequently hospitalized; or who are in Skilled Nursing Facilities, but could live independently with support, are also predominantly ethnic minorities. Adults in Orange County with incomes below 200% of the federal poverty level have a lack of health care coverage which impacts their ability to receive preventative care, resulting in increased use of emergency health care. Over half of the uninsured in Orange County are Latino. The number of uninsured Latinos continues to climb, as do the number of uninsured Vietnamese. Both of these ethnic groups are more likely to be uninsured than any other racial/ethnic group. This results in treatment disparities, which can be corrected with a targeted approach to serving these specific groups, as is the intent of the Full Service Partnerships.

Older Adults

The populations of older adults initially selected for the Full Service Partnerships will include ethnic minorities from specific unserved and underserved groups to decrease the current treatment disparities. Older adults who are currently unserved by the mental health system are disproportionately ethnic minorities. They are often cared for by family members in the home, and receive very little mental health treatment until a crisis occurs, resulting in frequent utilization of emergency room care. Older adults who: are about to be or were recently discharged from a psychiatric hospital; who have co-occurring substance abuse problems; are involved in the justice system; or at risk of suicide include a large proportion of ethnic minorities. Targeting culturally and linguistically appropriate programs, such as the Full Service Partnerships, towards ethnic minority older adults in Orange County will greatly assist in disparity reduction.

SECTION IV: IDENTIFYING PROGRAM STRATEGIES

1) If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in each applicable program work plan including how they are transformational and how they will promote wellness/recovery/resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section.

All of the Orange County MHSA program strategies are consistent with the DMH Guidelines for MHSA Community Service and Supports, as outlined in the August 1, 2005 Three Year Program and Expenditure Plan Requirements. Orange County MHSA strategies are consistent with the required five elements:

1. Community collaboration
2. Cultural competence
3. Client and family driven
4. Wellness/Recovery/Resiliency focus
5. Integrated service experiences for clients and families.

Specific Orange County work plans and summaries recommended for MHSA funds are included in Section VI, Exhibit 4. The Orange County Community Services and Supports Plan includes Full Service Partnership strategies for each of the four identified age groups, General System Development strategies that respond to the priority community needs identified by MHSA Workgroups, and Outreach and Engagement strategies for reaching unserved populations.

SECTION V: ASSESSING CAPACITY

1) Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.

Strengths

The County of Orange, Behavioral Health Services is very diverse. The ethnic and language capability of both county and contract staff includes 28 different ethnicities and 48 different languages In addition to the threshold languages of Spanish and Vietnamese, and the emerging languages of Korean and Farsi, staff is proficient in a wide range of other languages. Such diversity in language capabilities is a definite strength for a county in which English speakers comprise 59% of the general population.

Staff is deemed proficient in language through a certification process that includes a reading, writing and speaking test that is administered by the University of California, Irvine Language Laboratory. The following table provides information on staff language proficiency based on a 2005 provider survey. Below is a table that shows language proficiency by staff function.

Language Proficiency by Staff Function

Language	County Admin.	Contract Admin.	County Direct Providers	Contract Providers	County Support Staff	Contract Support Staff
Spanish	9	11	81	94	35	53
Vietnamese	3	3	45	12	4	6
German	1		2	1	1	1
Armenian	1					
Hindi	1		1	1	1	
Tagalog		1	8	3		1
Italian		1	2	1		
Korean		1	4			
French			14		2	
Mandarin			6	7		
Cantonese			2			

Language Proficiency by Staff Function (Continued)

Language	County Admin.	Contract Admin.	County Direct Providers	Contract Providers	County Support Staff	Contract Support Staff
Telugu			3			
ASL			3	1		
Tugriniya			1			
Tamil			1	1		
Farsi			3	6		
Arabic			2	5	1	
Tongan			1			
Cambodian			2	1		
Ahmeric			2		1	
Urdu			3			
Punjabi			2			
Yoruba			1			
Marathi			1			
Gujarati			1			
Swahili			1			
Romanian			1			
Hungarian			1		1	
Hebrew			1			
Chiuchow			1			
Kanto			1			
Fookinese			1			
Lao			1			
Thai			1	1		
Rench				7		
Russian				1		
Portugese				1		
Korean				1		
SamoanI					1	
Romanian					2	

An additional strength of the County Behavioral Health Services is the ability to provide mental health services specifically to monolingual populations. The County has two Pacific Asian Units that are located in Westminster and Santa Ana. A third is being added in Anaheim. The services at these clinics are provided in Vietnamese, Cambodian and Laotian. The staff at the clinic sites ethnically match the clients seen and are able to provide services in a culturally and linguistically appropriate manner. Many of the clinicians are also leaders in the local Asian Pacific Islander communities, particularly in Little Saigon, and provide a cultural bridge between the Vietnamese, Cambodian and Laotian communities and county mental health. In a county that has the largest Vietnamese population outside of Vietnam this is a strength. The Anaheim

county clinic has developed a program specific to the growing Korean population in surrounding areas, developing group therapy curriculum that is culturally relevant to Korean consumers. The success can be seen in the 25 plus consumers who regularly attend groups with their families. Likewise, the Redhill clinic in Costa Mesa is developing a similar program targeting Iranian clients who speak Farsi.

The County of Orange has a dedicated Cultural Competency Department. This department is responsible for the implementation, development and monitoring of the federal and state mandates related to cultural competency. The department is also responsible for cultural competency training and demographic monitoring and is included in the administrative level of the organization to better affect policy and program development. This is a strength and a resource for both county and contract providers who may not be able to find multicultural resources anywhere else.

Limitations

For Orange County, establishing and maintaining a workforce with a sufficient number of Spanish-speaking personnel is challenging. The East region of the County has the highest number of Spanish-speakers in the general population. Santa Ana, the County seat, has the largest Spanish-speaking population in the nation, followed in fourth place by Anaheim, which lies in the North region of the County. In 2004-05, there were a total of 669 Spanish-speaking clients seen for mental health services, with 17% of the county providers in the East region speaking Spanish and 82% of contract providers in the East region speaking Spanish.

Work force development has been the focus for this population. The County has developed a program with the local California State University, Fullerton to “grow our own” staff, specifically Spanish speakers. Staff such as clerical/support staff who want to pursue advanced degrees, such as an MFT, can work with the county Workforce Development Program, use tuition reimbursement to pay for college, take classes after work at central county facilities, and earn their degrees, which they can then utilize in the County.

2) Compare and include an assessment of the percentages of culturally, ethnically and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county and the total population currently served in the county.

The ethnicity of the combined county and contract providers compared to that of the total population in Orange County with incomes below 200% of the federal poverty level and the current populations being served are listed on **Table 5**.

Table 5: Ethnicity of Combined County & Contract Providers Compared to Low Income Population and the Population Currently Served

County/Contract staff (By Ethnicity*)	Population with Incomes Below 200% of FPL	Current Population
Caucasian: 517 (60%)	25%	45%
Latino: 145 (17%)	58%	33%
Vietnamese: 40 (5%)	13%	3%

*Language Other than English		
Spanish: 242 (28%)	54%	9%
Vietnamese: 50 (6%)	10%	3%

* Of staff reporting ethnicity/language

3) Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/wellness/resiliency and cultural competence principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.

Orange County acknowledges that culturally competent programs and services, in order to effectively reach consumers from any ethnic group, must ensure consumer and family involvement as an essential component for systematic transformation. Consequently, 'business as usual' models for engaging consumers of minority groups have not effectively achieved proportionate access to services, and therefore must be improved.

The Orange County Health Care Agency developed a dedicated Cultural Competence program in 1999, and remains committed to the multi-cultural needs of the mental health community. However, availability of culturally and linguistically competent service providers in Orange County is a challenge. Similar to most California counties, it has been difficult for Orange County to recruit culturally and linguistically competent staff that reflect the ethnic and cultural makeup of our community, particularly Spanish-speaking and Vietnamese speaking professionals. Competitive salaries for bicultural/bi-lingual professionals in surrounding agencies and markets, combined with a high cost of living and an inflated housing market further compound this hiring challenge.

Employment of consumers in MHSA programs is also challenging. It is important to find creative solutions/alternatives to the dilemma consumers face in surrendering their

Medi-Cal and SSI benefits when accepting paid employment in an MHSA program., They incur the risk of their illness relapsing to the point of being unable to work for a lengthy period without the security of their SSI or Medi-Cal benefits. This is an issue that must be addressed on a state and national level.

Orange County is committed to partnering with community organizations and providers to meet the service and support needs of the county's diverse populations. Through integration and collaboration with community stakeholders, as well as building on existing service delivery and program strengths, the mental health system in Orange County will be transformed to full service partnerships with consumers and families by:

- Responding to the cultural and linguistic needs of the MHSA focal populations
- Providing services in the languages of the specific community to be served
- Service providers will possess the cultural awareness, knowledge, skills and training necessary to provide culturally competent services.

Strategies to Address Barriers

The following strategies of the Orange County Mental Health Services Act are planned to overcome those barriers noted above:

- Recruit, hire and retain bicultural/bilingual service providers.
  - ✓ Orange County Human Resources, in collaboration with county mental health and consumers and family members, will go beyond 'business as usual' in the recruitment, hiring and retention of linguistically and ethnically diverse providers;
  - ✓ Orange County will utilize bicultural/bilingual consumers and family members as service providers and volunteers;
  - ✓ Partnerships will be developed or expanded with contract agencies with bicultural/bilingual staff to best serve community needs;
  - ✓ Expand existing relationships with local schools and universities to further develop internships and other collaborative arrangements.
  - ✓ Providers will be expected to be familiar with, and assist clients and families in accessing existing community resources, including primary care physicians, housing, education, and\ faith-based organizations.
- Provide on-going cultural competency training to all county and contracted staff.
  - ✓ Education and training will include input from and services to consumer and family member staff and volunteers, clerical support staff, administrators as well as clinical staff.
  - ✓ Cultural competency training needs will be continually reassessed to best meet identified needs of the treatment community, including consumers and providers.
  - ✓ Recovery based hiring, services and training will be supported with ongoing in-services and monitoring.
  - ✓ Culturally competent education and training will address consumers with co-occurring disorders and their families.
- Develop a recovery based, consumer and family member involved advisory group to support and optimize services provided.

- ✓ A working group will be created of county and contract staff, consumers and family members, and community and faith-based leaders to develop culturally-appropriate strategies for the purpose of destigmatizing mental health care, ensure active engagement of consumers and family members in developing and evaluating services, and monitoring services to ensure that services are both effective and responsive to consumers with co-occurring disorders.

SECTION VI: DEVELOPING WORK PLANS WITH TIMEFRAMES AND BUDGETS / STAFFING

I) Summary Information on Programs to be Developed or Expanded

1. **Please complete Exhibits 1, 2, and 3, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.**

   See **Exhibits 1, 2 and 3**.

2. **The majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period. (Small counties are exempt from this requirement until Year 3 of the three-year plan.) Please provide information demonstrating that this requirement has been met.**

   See **Exhibit 2.**

3. **Please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.**

   See **Exhibit 6.**

4. **Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.**

   See **Exhibit 6.**

5. **For children, youth and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section18250, or provide substantial evidence that it is not feasible in the county in which case counties should explore collaborative projects with other counties and/or appropriate alternative strategies. Wraparound programs must be consistent with program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.**

   Not applicable. Orange County meets this requirement.

II) Programs to be Developed or Expanded:

In the following sections the programs are organized by age group: Children and Youth; Transitional Age Youth, Adults, and Older Adults.

Children & Youth Programs

MHSA funding is requested for the following four programs for children and youth: the CYS Full Service/Wraparound Program, the Outreach and Engagement Program, In-Home Crisis Stabilization Program, and Crisis Residential Program. Programs for Children and Youth cover the age range birth to 18 (and through age 21, if the individual is a Special Education student.) For all of the Children and Youth Programs, the following policy statements apply.

- All ages within the range stated above will be served. Provision of services will be focused on meeting the needs of individuals and their families.
- Within the limits of conflict of interest policy, the community will have the opportunity provide information regarding the specifics of implementation. This will occur by giving input into the Request for Proposals (RFP) process.

The children and youth programs are explained in the sections that follow.

Children & Youth – Program 1

Children's Full Service/Wraparound Program

(C1)

Program 1: Children and Youth 1 (C1) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Children's Full Service/Wraparound Program
Program Work Plan: C1		Estimated Start Date: June 2006

1. a) Description of Program: The Children's Full Service/Wraparound (FS/W) Program will be a community based, family-centered, program where individualized, family driven plans are developed. It will focus on family strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school and community through a "whatever-it-takes" approach. Through direct delivery, use of community resources and access to flexible funding, services secured will include but are not limited to 24/7 intensive in-home case management and wraparound services, community based mental health services, youth and parent mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.

1. b) Priority Population: The priority population to be served will be:

1. SED homeless and "motel" youth and their families
2. Youth with multiple psychiatric hospitalizations
3. Uninsured SED youth, including Probation youth exiting incarceration
4. SED children of parents with serious mental illness
5. Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems
6. SED youth unserved or underserved because of linguistic or cultural isolation, etc.
7. Children with co-occurring disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The strengths and needs of SED children and their families will be assessed and addressed through the creation of family teams which will consist initially of the child, family and a case manager. As the strengths and needs are identified, additional members may join the team (e.g., mentor, neighbor, teacher, pastor, therapist, other family members, etc.) The case manager will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole. ✓ One-time only start-up funding for the purchase of office furniture, computers, printers, telephones, etc. has been included.	☒	☐	☐	☒	☐	☐	☐

Program 1: Children and Youth 1 (C1) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Children's Full Service/Wraparound Program
Program Work Plan: C1		Estimated Start Date: June 2006

1. a) Description of Program: The Children's Full Service/Wraparound (FS/W) Program will be a community based, family-centered, program where individualized, family driven plans are developed. It will focus on family strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school and community through a "whatever-it-takes" approach. Through direct delivery, use of community resources and access to flexible funding, services secured will include but are not limited to 24/7 intensive in-home case management and wraparound services, community based mental health services, youth and parent mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.

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7. Children with co-occurring disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The strengths and needs of SED children and their families will be assessed and addressed through the creation of family teams which will consist initially of the child, family and a case manager. As the strengths and needs are identified, additional members may join the team (e.g., mentor, neighbor, teacher, pastor, therapist, other family members, etc.) The case manager will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole	☒	☐	☐	☒	☐	☐	☐

Program 1: Children and Youth 1 (C1) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Children's Full Service/Wraparound Program
Program Work Plan: C1		Estimated Start Date: June 2006

1. a) Description of Program: The Children's Full Service/Wraparound (FS/W) Program will be a community based, family-centered, program where individualized, family driven plans are developed. It will focus on family strengths, and meet the needs of children and families across life domains to promote success, safety, and permanence in home, school and community through a "whatever-it-takes" approach. Through direct delivery, use of community resources and access to flexible funding, services secured will include but are not limited to 24/7 intensive in-home case management and wraparound services, community based mental health services, youth and parent mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.

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5. Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems
6. SED youth unserved or underserved because of linguistic or cultural isolation, etc.
7. Children with co-occurring disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The strengths and needs of SED children and their families will be assessed and addressed through the creation of family teams which will consist initially of the child, family and a case manager. As the strengths and needs are identified, additional members may join the team (e.g., mentor, neighbor, teacher, pastor, therapist, other family members, etc.) The case manager will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole.	☒	☐	☐	☒	☐	☐	☐

Children and Youth 1 (C1) – Continued

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 Children's Full Service/Wraparound (Children's FS/W) program will be a community-based, family-centered, program where individualized, family driven service plans are developed. It will focus on family strengths and meet the needs of children and families across life domains to promote success, safety, and permanence in the home, school and community through a "whatever-it-takes" approach. It will be modeled on the Orange County Health Care Agency's experience in the current successful Orange County Wraparound program and on Children's System of Care principles.

In the Children's FS/W program, the strengths and needs of families will be assessed and addressed through the creation of Family Teams that will consist initially, for clients 0-18, of the family and a case manager. As the strengths and needs are identified, additional people may be invited to join the team such as a mentor, neighbor, teacher, pastor, therapist, other family members, etc. Whenever possible and appropriate, members of the team will be drawn from the local community, enhancing the cultural appropriateness of the service and helping to eliminate linguistic and cultural barriers. The case manager will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole. The team will identify the strengths and the needs of the family, prioritize them and decide on strategies to address them, using a "what-ever-it-takes" approach to develop an individualized plan. The family plan will cover the entire range of life domains: health, mental health, shelter and other basic needs, child supervision and care, transportation, education, recreation, etc. It also will address the service needs of children experiencing their first episode of mental illness.

The team will be responsible for identifying ways of addressing need through existing services at local schools, preschools, day care facilities, community centers, self help groups, etc. as well as at county and United Way organizations but also will have access to a pool of flexible funds to help meet these needs as appropriate. Through direct delivery, use of community resources and access to flexible funding, services secured will include but are not limited to 24/7 intensive in-home case management and wraparound services, community based mental health services, youth and parent mentoring, supported employment or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.

Case Managers will have caseloads of 10 or less, depending on the acuity and severity of problems addressed. They will be the single point of contact for the assigned family, will remain with the family throughout the term of service and will be available to the family on a 24 hours per day/7 days per week basis. It is estimated that six FTE positions will be needed in Year One and fourteen FTE in years two and three with appropriate levels of clerical and supervisory staff: Case Managers will be distributed geographically, with a heavier concentration in those areas with high numbers of target populations, but open to all areas of the county. When the Family Team is formed,

mental health services will be drawn from any agency that can provide culturally and linguistically competent services that will meet the needs and desires of the family.

The Children's FS/W program advances the goals of the MHSA by being family driven, focused on strengths and resiliency, providing an integrated service experience, culturally competent and developed through collaborative efforts within the community.

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

Families in the Children's FS/W program will have access to housing options including but not limited to vouchers for emergency housing, financial support for temporary housing and priority assignment for permanent housing opportunities. Every effort will be made to identify and develop local housing options for each family enrolled in order to provide housing that is linguistically and culturally familiar and also to minimize changing schools.

Funding for these options will be through the use of the flexible funds noted above, the housing options described in other sections of this application or through local municipal and county agencies. One-time housing funds will be used to leverage other federal, state, local and private funding to develop housing that will be an ongoing stock of affordable housing for FSP clients once the one-time monies are exhausted. The one-time funds will be used to acquire, renovate, or "buy down" mortgages of housing so that clients can afford their housing with ongoing benefits. In areas with high concentrations of "motel" families such as Anaheim, work with the local coalitions concerned about homelessness will be a key activity of the Children's FS/W staff.

As with housing needs, the Family Teams will be exploring all possible local community opportunities for employment and education. Many of the school districts and municipalities in Orange County have special programs for employment assistance and educational support at the local schools, community centers and community colleges that can be of assistance. In addition, the services of Cal Works, the Workforce Investment Board, the Department of Rehabilitation and the Youth Employment Service will be used.

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

All agencies employing Case Managers will be able to bill Medi-Cal, either directly or through sub contracting. Families qualifying for Medi-Cal services will be enrolled and all appropriate services will be billed to Medi-Cal. Exploration with the Children and Families Commission of Orange County is underway to identify possible partial funding for families with SED children under the age of 6. The average annual total cost per family will be approximately $23,650. Approximately 24% or $5675 is anticipated to be provided through Medi-Cal FFP and EPSDT funding.

5. Describe how the proposed program will advance the goals of recovery for adults and older adults and resiliency for children and youth. Explain how you

will ensure the values of recovery and resiliency are promoted and continually reinforced.

The Children's FS/W program is a family- and strengths-based program designed to maintain or increase the client's resiliency. Factors that promote resiliency in children include the availability and quality of social resources and supports and the presence of specific coping skills. The wraparound process described above will increase the social resources available to the child dramatically, not only for the period of wraparound intervention but for the long term, as the program focuses on sustainability and using local and natural supports. The family team meetings in themselves provide an opportunity for the family to learning new coping skills in identifying strengths, negotiation, planning for crisis, conflict resolution, etc. The strengths-based approach in itself promotes resiliency. The focus on the team decision-making process, rather than the authority hierarchy implicit in traditional approaches empowers the family and the youth. Overall, the wraparound approach embodies many of the principles of the children's system of care and promotes resiliency on many levels, for both the identified client and the family members.

As these concepts and approaches can provide challenges to traditionally trained staff, initial and ongoing training in team decision making, strengths-based intervention, wraparound and resiliency will be part of the training for all staff in order to ensure the values of resiliency are promoted and reinforced through the entire local system of care.

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

The goals of this program are to change whom we serve and how we serve them. The traditional clinic model which has been followed for the majority of Orange County clients has restricted services primarily to those families who had Medi-Cal or were involved in AB3632, who were familiar enough with mental health services to contact an agency, who were willing and able to come to a clinic and whose other life needs did not interfere with their ability to follow through on scheduled appointments. Although the percentage of Medi-Cal recipients receiving mental health services increased dramatically over the last eight years, there are many, many families who need services but who will never get them through a traditional service model. The Outreach and Engagement Program (see below) is designed to locate these families and the Children's FS/W program is designed to serve them. The family-centered, in-home, strengths-based, collaborative services across the life domains that this program will deliver are a radical departure from traditional therapy. To date, this type of service has only been available to clients enrolled in the Orange County Wraparound program. Because of its source of funding, the current Wraparound program is restricted to those youth who are returning from or on the verge of going to a high-level group home placement. However, it is very clear that these clients have greatly benefited from this type of service. Mental health staff have also benefited from exposure to this philosophy and begun the transition from a professionally centered practice to a family centered practice. The Children's FS/W program, following a Wraparound philosophy, will extend the benefits of this model to serve a much wider group of SED youth and their families and the staff that serve them.

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.

Parents, clients, former clients and family members will be integrated throughout the structure of the Children's FS/W program. Currently clients, parents and family members sit on the MHSA oversight committee, have participated in the focus and stakeholders groups and will continue to participate in the development and oversight of this program. The Children's FS/W program will have an advisory committee consisting primarily of parents, clients and family members, including those currently participating in the program.

Preference will be given to clients, former clients and family members applying to be mentors, case managers, therapists or other members of the Children's FS/W program. As the concept of "give back" will be introduced to families at the formation of the family team, it is also hoped that some of the early "graduates" of the Children's FS/W program will continue to be involved in the program through paid or volunteer positions. This will allow the continued inclusion of the unique perspective of the family and help to maintain the family driven, family focused nature of the program. A major criteria for selection as a Children's FS/W provider agency will be the organization's ability to identify, hire, train and support clients and family members.

In addition to positions within the Children's FS/W program itself, experience with Wraparound shows that there are some services that are frequently needed by enrolled families, such as respite care, childcare supervision and transportation. The Children's FS/W program will encourage clients/family members or local client/family member organizations such as the Parent Institute and the Mental Health Association to provide or develop these services.

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.

Children and Youth Services (CYS) in Orange County has a long and very successful history of collaboration with the Social Services Dept. of Children and Family Services, with the Juvenile Division of the Probation Dept., with Regional Center, and with the Orange County Dept. of Education (OCDE). These collaborative efforts have led to successful programs, including but not limited to the provision of on-site services to youth in Juvenile Hall, Orangewood Children's Home (county shelter), multiple group homes and schools. Innovative and successful programs such as Multidiscipline Treatment Foster Care, the "8%" program, Continuing Care Placement Unit, Youth and Family Resource Centers, Kinship Adoption Clinic, Dual Diagnosis Group Homes and Orange County Wraparound, have resulted from joint planning, funding and implementation between two or more agencies. Recently, collaborative work between the local school districts, the OCDE and CYS led to draft contracts to address the AB3632 crisis of last spring. The Children's Services Coordinating Council, (CSCC)

oversees many of these programs and is the oversight body for Orange County Wraparound. It will continue to serve an important role in the Children's FS/W Program. In addition to these collaborations, it is planned that the MHSA will allow expansion of collaborative efforts to include grassroots and "non-system" groups as well through the placing of Outreach staff in local multipurpose sites such as Family Resource Centers, community centers, public health clinics, etc.

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

The Children's FS/W Program will be inclusive of the target populations in the community, with particular attention paid to the linguistic and cultural needs of the families and children. In the Children's FS/W program, the distribution of staff teams will be on the basis of the ethnic disparities identified above. The Outreach staff will be housed in the local community at community centers, family resource centers, schools and similar sites and will work with community leaders to ensure the communities buy in to the FS/W Program.

Training of all staff will be required to address cultural and linguistic issues and ensure that services are provided in a culturally competent manner. The County of Orange will continue to monitor demographic changes in the communities being served. Demographic shifts with regards to differing cultural and linguistic needs will be planned for to ensure continuity of culturally appropriate treatment. In addition to threshold languages, attention will be given to emerging languages, a key issue in a rapidly changing county.

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.

The Partnership program will also attend to sexual orientation and gender specific issues. For the past six years, the Cultural Competency department has provided training on a quarterly basis on lesbian, gay, bisexual, transgender (LGBT) issues, such as gay/questioning youth, LGBT, same sex parents, high risk behaviors for LGBT youth, etc. These trainings have been the most requested trainings and will continue to be offered. Additionally, trainings on specific gender issues will also be added.

For all teams parent mentors for single parent families and child mentors will be matched by gender when possible and appropriate. In the second and third years of the projects and for the later years, specialty staff teams can be developed to address specialty needs such as non-traditional family units, and LGBT youth in traditional families. A representative of the Gay Lesbian Bisexual Transgender Center currently serves on the MHSA steering committee. This center will serve as a resource to GLBT clients and family members as well as questioning youth. The Cultural competency Department also coordinates trainings with the faculty from the University of California,

Irvine and works with the Gay and Lesbian Center on campus, which will also serve as a resource.

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

This program will close a service gap in the current system. Currently, children in placement outside of the county receive mental health services through the Pacific Behavioral Healthcare, or through letter agreements with the county of residence. If the children are in group homes, they are eligible for the existing Wraparound program, administered by Social Services, to speed up their return home and facilitate their re-entry into the family. If the child is in *foster care*, however, they are not eligible for Wraparound. However, the Children's FS/W program can be available to these families with SED children in foster care if access to this program will promote an earlier return home. As the court frequently orders parents to secure regular employment, a stable residence, etc. before their children can be returned, it is quite possible that participation in the Partnership program will allow an earlier return and provide a smoother and more successful transition back home for the child.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in number 2 above

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity

and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – C1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2005-2006
Program Workplan No:	C1	Date:	03/12/06
Program Workplan Name:	Children's Full Service/Wraparound Program		Page 1 of 1
Type of Funding:	Full Service Partnership	Months of Operation:	3
Proposed Total Client Capacity of Program/Service:	37	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	37	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$172,500	$172,500
c. Employee Benefits			$57,500	$57,500
d. Total Personnel Expenditures	$0	$0	$230,000	$230,000
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and				$0
f. Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$645,000	$645,000
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$875,000
6. Total Proposed Program Budget	**$0**	**$0**	**$875,000**	**$875,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$105,000	$105,000
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$105,000	$105,000
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$210,000	$210,000
3. Total Revenues	$0	$0	$210,000	$210,000
C. One-Time CSS Funding Expenditures			**$127,000**	**$127,000**
D. Total Funding Requirements	**$0**	**$0**	**$792,000**	**$792,000**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – C1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: C1 | Date: 03/12/06
Program Workplan Name: Children's Full Service/Wraparound Program | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 37 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 37 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Case Manager*	3.50	3.50		$0
Service Chief II	*Program Director*		0.25		$0
MFT/CSW II	*QA/AI Coordinator*		0.25		$0
Office Specialist	*Clerical*	0.25	0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	3.75	4.25		$172,500
C. Total Program Positions		3.75	4.25		$172,500

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

Children's Full Service/Wraparound Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

The program is expected to be in operation for one quarter of the current fiscal year, so the budget assumes costs for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. These additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in Orange County and other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $23,648.

62% of the total County of Orange MHSA allocation, including the Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, so it is assumed that Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 24% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

EXHIBIT 5a – C1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C1
Date: 03/12/06
Program Workplan Name: Children's Full Service/Wraparound Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 149
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 149
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$696,900	$696,900
c. Employee Benefits			$232,300	$232,300
d. Total Personnel Expenditures	$0	$0	$929,200	$929,200
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Exp				$0
e. enditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$2,605,800	$2,605,800
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$3,535,000
6. Total Proposed Program Budget	**$0**	**$0**	**$3,535,000**	**$3,535,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$424,200	$424,200
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$424,200	$424,200
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$848,400	$848,400
3. Total Revenues	$0	$0	$848,400	$848,400
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,686,600**	**$2,686,600**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – C1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C1
Date: 03/12/06
Program Workplan Name: Children's Full Service/Wraparound Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 149
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 149
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Case Manager*	14.00	14.00		$0
Service Chief II	*Program Director*		1.00		$0
MFT/CSW II	*QA/AI Coordinator*		1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	17.00		$696,900
C. Total Program Positions		15.00	17.00		$696,900

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

Children's Full Service/Wraparound Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. These additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in Orange County and other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $23,725.

64% of the total County of Orange MHSA allocation, including the Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, so it is assumed that Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 24% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – C1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: C1
Program Workplan Name: Children's Full Service/Wraparound
Type of Funding: Full Service Partnership
Proposed Total Client Capacity of Program/Service: 149
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 149

Fiscal Year: 2007-2008
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$710,838	$696,900
c. Employee Benefits			$236,946	$232,300
d. Total Personnel Expenditures	$0	$0	$947,784	$929,200
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$2,657,916	$2,657,916
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$3,605,700
6. Total Proposed Program Budget	**$0**	**$0**	**$3,605,700**	**$3,605,700**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$432,684	$432,684
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$432,684	$432,684
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$865,368	$865,368
3. Total Revenues	$0	$0	$865,368	$865,368
C. One-Time CSS Funding Expenditures			**$0**	**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,740,332**	**$2,740,332**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – C1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: C1
Date: 03/12/06
Program Workplan Name: Children's Full Service/Wraparound
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 149
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 149
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Case Manager*	14.00	14.00		$0
Service Chief II	*Program Director*		1.00		$0
MFT/CSW II	*QA/AI Coordinator*		1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	17.00		$710,838
C. Total Program Positions		15.00	17.00		$710,838

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

Children's Full Service/Wraparound Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. These additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in Orange County and other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $24,199.

65% of the total County of Orange MHSA allocation, including the Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, so it is assumed that Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 24% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Children & Youth – Program 2

Children's Outreach & Engagement Program

(C2)

Program 2: Children and Youth 2 (C2) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Children's Outreach & Engagement Program
Program Work Plan: C2		Estimated Start Date: June 2006

1. a) Description of Program: This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services by unserved SED children and their families in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, family focused, strength- and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concept of community collaboratives, local resource development, and strength-based services is well established as a best practice model. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.

1. b) Priority Population: The priority population to be served will be:
1) SED homeless and "motel" youth and their families
2) Youth with multiple psychiatric hospitalizations
3) Uninsured SED youth, including Probation youth exiting incarceration
4) SED children of parents with serious mental illness
5) Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems.
6) SED youth unserved or underserved because of linguistic or cultural isolation, etc.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
Continued on next page.	☐	☐	☒	☒	☐	☐	☐

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The Children's Outreach & Engagement Program will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid bilingual/bicultural outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region. ✓ One-time only start-up funding for the purchase of office furniture, computers, printers, telephones, etc. has been included.	☐	☐	☒	☒	☐	☐	☐

Program 2: Children and Youth 2 (C2) 2006/2007

<table>
<tr><th colspan="7">EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</th></tr>
<tr><td colspan="2">County: Orange</td><td colspan="2">Fiscal Year: 2006-2007</td><td colspan="3">Program Work Plan Name: Children's Outreach & Engagement Program</td></tr>
<tr><td colspan="3">Program Work Plan: C2</td><td colspan="4">Estimated Start Date: June 2006</td></tr>
<tr><td colspan="7">1. a) Description of Program: This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services by unserved SED children and their families in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, family focused, strength- and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concept of community collaboratives, local resource development, and strength-based services is well established as a best practice model. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.</td></tr>
<tr><td colspan="7">1. b) Priority Population: The priority population to be served will be:
1) SED homeless and "motel" youth and their families
2) Youth with multiple psychiatric hospitalizations
3) Uninsured SED youth, including Probation youth exiting incarceration
4) SED children of parents with serious mental illness
5) Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems.
6) SED youth unserved or underserved because of linguistic or cultural isolation, etc.</td></tr>
<tr><td rowspan="2">1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)</td><td colspan="6">1. d)</td></tr>
<tr><td colspan="3">Fund. Type</td><td colspan="3">Age Group</td></tr>
<tr><td>Continued on next page.</td><td>FSP</td><td>SD</td><td>OE</td><td>CY</td><td>TAY</td><td>ADL</td><td>OA</td></tr>
<tr><td></td><td>☐</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td></tr>
</table>

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The Children's Outreach & Engagement Program will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid bilingual/bicultural outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.	☐	☐	☒	☒	☐	☐	☐

Program 2: Children and Youth 2 (C2) 2007/2008

<table>
<tr><td colspan="7">EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY</td></tr>
<tr><td colspan="2">County: Orange</td><td colspan="2">Fiscal Year: 2007-2008</td><td colspan="3">Program Work Plan Name: Children's Outreach & Engagement Program</td></tr>
<tr><td colspan="3">Program Work Plan: C2</td><td colspan="4">Estimated Start Date: June 2006</td></tr>
<tr><td colspan="7">1. a) Description of Program: This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services by unserved SED children and their families in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, family focused, strength- and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concept of community collaboratives, local resource development, and strength-based services is well established as a best practice model. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.</td></tr>
<tr><td colspan="7">1. b) Priority Population: The priority population to be served will be:
1) SED homeless and "motel" youth and their families
2) Youth with multiple psychiatric hospitalizations
3) Uninsured SED youth, including Probation youth exiting incarceration
4) SED children of parents with serious mental illness
5) Children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems.
6) SED youth unserved or underserved because of linguistic or cultural isolation, etc.</td></tr>
<tr><td rowspan="2">1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)</td><td colspan="6">1. d)</td></tr>
<tr><td colspan="3">Fund. Type</td><td colspan="3">Age Group</td></tr>
<tr><td></td><td>FSP</td><td>SD</td><td>OE</td><td>CY</td><td>TAY</td><td>ADL</td><td>OA</td></tr>
<tr><td>Continued on next page.</td><td>☐</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td></tr>
</table>

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The Children's Outreach & Engagement Program will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid bilingual/bicultural outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.	☐	☐	☒	☒	☐	☐	☐

Children and Youth 2 (C2) – Continued

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.

Community outreach and engagement services will identify unserved and underserved, seriously emotionally disturbed (SED) children and their families who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved children and youth. They will assist children and families to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. This will be accomplished in three primary ways: 1) Raising awareness among community members of resources that promote problem-solving and wellness, 2) Facilitating improved communication among diverse community providers, and 3) Providing step-by-step assistance to those that face barriers in accessing needed services. Particular focus will be on identifying and serving racially and ethnically diverse populations that may be unaware of, or are reluctant to seek, services in traditional mental health settings.

Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include child-care and pre-school providers, school district employees, public health workers, and primary health providers, as well as those employed in the child welfare, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.

The primary goal of this program is to decrease racial and ethnic disparities in the access of mental health services. A focus will be on the Latino and Vietnamese populations which constitute a majority in several Orange County communities yet have lower rates of accessing mental health services. An additional goal is to increase the amount and timely delivery of appropriate services to unserved and underserved SED children and families in need. Local communities will also be strengthened in their capacity to identify target populations and to promote their inclusion in the mental health service delivery system. Services will be culturally and linguistically competent, client/family focused and community-based, designed to reduce hospitalization, out-of-home placement, homelessness, and stigma while promoting recovery and resiliency.

Outreach workers will be bilingual/bicultural and mirror as much as possible the community they serve. They will be comprised of parents, consumers, and when possible, age-appropriate youth from the community. Responsibilities will include the following: 1) Outreach at high-traffic areas such as shopping malls, and community sponsored events such as the Têt Festival in “Little Saigon” (i.e., a roughly three square mile area that takes in portions of the cities of Garden Grove and Westminster and has

the highest concentration of Vietnamese businesses and cultural amenities in the country, as well as ongoing contact with Family Resource Centers located in cities such as Anaheim, Garden Grove, Westminster, Costa Mesa, and Santa Ana; 2) Training for those in "high-contact" professions, such as school personnel for mental illness and suicide, police, primary health care providers, etc. 3) Resource identification through collaboration with agencies such as Info Link Orange County (as noted above), and with the wide range of traditional health providers that exists in both the Asian/Pacific Islander (specifically Vietnamese) and Latino communities; 4) Direct consumer contact, such as accompanying consumers to initial mental health services to ensure linkage; and 5) Culturally competent community visibility by making use of "home-grown" media, such as radio stations and publications that promote wellness and resiliency at the local level, and that reduce the stigma of using mental health services. Outreach workers will maintain contact with consumers for as long as it takes to ensure linkage to the "best-fit" full service provider. Once the family/consumer confirms that successful linkage has occurred and effective services are in place, the outreach worker will disengage.

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

Housing and employment services are not specifically a part of this program. However, outreach workers will have a complete array of housing information and referral sources, allowing them to successfully link individual clients and their families to meet their specific needs. Orange County plans to use $9.4 million in one-time funding to acquire, renovate, and to "pay down" mortgages/financing for housing, so that clients will be able to afford their housing with SSI, Section 8, and other benefits. Full service programs that offer housing and/or employment resources will also be accessed as needed to ensure that comprehensive housing, employment and all other service needs are fully addressed.

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

Clients already being served by a full service provider will not directly utilize outreach and engagement services once enrolled. However, many children who are appropriate for inclusion in a full service program will often be initially identified through this outreach and engagement function and linked to appropriate services.

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

This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved SED children and their families in the neighborhoods where they reside, or those who are homeless. Resiliency generally means a positive adaptation to stressors which is a result, in part, of the quantity and quality of the social resources and supports available to a child. By

promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally and linguistically competent, family focused, strength- and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concept of community collaboratives, local resource development, and strength-based services is well established as a best practice model. This program will employ culturally and linguistically competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and knowledgeable about resources. These outreach workers will not only facilitate access to community mental health services, but also assist the family in building viable community supports that will sustain future efforts in healthful living.

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

Specifically identified outreach and engagement workers are generally new to Children and Youth Services (CYS) but the concept builds on some of our existing activities. Several contract agencies currently have part-time outreach coordinators focused primarily on encouraging access to existing traditional outpatient services. This proposed program strategy places outreach and engagement workers in the areas where unmet needs are the greatest. Additionally, the proposed strategy consists of services dedicated to a wide span of activities that are client-centered rather than simple case finding.

Any existing contract provider of CYS that may propose to provide these services will be required to delineate clearly how its program will uphold the community values and priorities outlined in the Orange County planning process for implementation of the MHSA. Providers will need to clearly demonstrate a “whatever-it-takes” perspective that looks beyond the traditional means of service delivery that will be utilized and maintained throughout the engagement process.

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.

Outreach workers may be selected from a qualified pool of parents, consumers, and when possible, youth in the community. Priority in selection would be given to parents and/or family members who have experience in seeking and/or receiving services in the mental health system, or to qualified former consumers. In order to ensure that parents and consumers have a role in development and oversight of this outreach program, an advisory committee will be formed with parents and consumers to provide feedback and input on program direction. Family members as well as individuals who are professionally licensed may also be selected to fill supervisory and management positions within this program.

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.

Children and Youth Services in Orange County has a very successful and a long-standing history of collaboration with multiple service providers, such as the Department of Children and Family Services in the Social Services Agency, the Juvenile Division of the Probation Department, the Orange County Department of Education, and the Special Education Local Plan Areas and their associated Local Education Agencies. Throughout the entire planning process for the MHSA, collaboration with stakeholder groups has been at the forefront of identifying the community values and priorities that will be addressed. As a result of working closely with community organizations as noted above, ongoing and future relationships will be strengthened, and, consequently, this will improve the overall ability to address the needs of Orange County's racially/ethnically diverse population. Good inter-agency communication allows for rapid need assessment, responsive follow-up, and more appropriate care, which enhances outcomes on every level.

A primary goal of the Outreach and Engagement Program is to meet the mental health needs of the unserved and underserved. This will require a new and comprehensive approach to reaching those pockets of individuals whose suffering may have been overlooked in the past.

One collaboration strategy to be implemented will include the interface with community health care providers (e.g., physicians, acupuncturists, chiropractors, naturopaths, etc.). Many currently unserved/underserved individuals from racially/ethnically diverse groups will seek general health care services for themselves and their children from such providers. Being at the first point of contact, these health care providers are often the first to identify mental health conditions that require more specialized treatment. By providing these community-based outposts of care with the information and training that will promote the "best-fit" mental health service, overall health care will be enhanced. Referrals by "known" providers will improve acceptance and access for those who are unserved and underserved. Most importantly, early detection and treatment of mental illness will decrease its impact on the individual, the family, and the community in general.

Additionally, many providers may want to provide in-kind resources, such as allowing the use of donated space for on-site mental health providers. One report indicated that 59% of youth given a referral for a mental health service never made use of the service. Outcome results could be significantly improved if timely and readily accessible services, which negate the need to negotiate multiple systems, are available.

Another area of collaboration that provides opportunities for outreach and engagement is in the faith-based community. Many Latinos and Vietnamese are closely linked to their religious/spiritual organizations. The program will outreach to individuals from

these communities to build and strengthen relationships and to coordinate services with them when needed.

As outreach and engagement workers maintain contact with the local ethnically diverse communities in this way, coordination of effective and best-practice services will greatly improve health and wellness outcomes in a manner never before achieved.

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

Focusing on the inherent strengths in a culture provides a vehicle from which to treat and provide resources for diverse families and children in need**.** CYS has a skilled professional work force many of whom are Latino and Vietnamese. These professionals are well connected with their local communities and, as is the case for many of the Vietnamese staff, have experienced some of the same trauma and difficulties specific to the local Vietnamese population at large, such as being a refugee, resettlement in a foreign land, lack of English skills, etc. We have already engaged those workforce members in dialogue intended to plan for targeted outreach and engagement activities. We know that services offered in the most relevant and meaningful culturally competent manner are more effective. The over-arching principal in this program is that the information and services offered must be relevant to the intended populations. Collaborating with ethnically and linguistically diverse and community-based organizations will improve service delivery for SED children and their families. Case managers who are bilingual/ bicultural working in the community will develop relationships that will promote improved service delivery and provide outreach to ensure comprehensive participation for those who are currently unserved and underserved by reason of race/ethnicity, language/cultural differences, geographic location or other barriers.

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.

All services will be provided in a culturally and linguistically competent manner, which includes the cultures of sexual orientation and gender. Examples of techniques in working with LGBT/Questioning clients and their families, include reworking assessment techniques to use “orientation friendly” descriptors such as the name of client’s father’s girlfriend or boyfriend**.** To ensure inclusion for all cultures, such topics will be addressed in all new provider annual trainings.

In addition, the creation of “safe zones” in the FSP will be instituted by using non-threatening symbols such as the gay pride flag or displaying brochures from Parents,

Families and Friends of Lesbians and Gays (PFLAG). This will signify that all kinds of clients and families are welcome.

System-wide training to county and contract staff will be provided and focused on services for lesbian/gay/bisexual/transgender (LGBT) children and families. Services related to gender are especially critical when considering and understanding the role that gender plays in various culturally diverse populations. Such a training program has existed in the County for the past six years and LGBT topics are the most requested trainings.

Trainings for those staff working with children and youth focus on:
1. Differentiating when sexual orientation is a concern in the presenting problem and when it is not;
2. Understanding how a consumer's religious, family, and cultural background may impact the presenting concern;
3. Recognizing that coming out may involve questions or expressions of discomfort with one's sexual orientation;
4. Using the client's own support system to assist in treatment, when appropriate.

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

Children placed out-of-county face particular barriers in accessing appropriate mental health services both out-of-county and upon return. Outreach and engagement workers, although not working directly with out-of-county sites, will play a role in the training of community partners (education, juvenile justice, and social services systems) and mental health staff, consumers and family members to find the community resources that make it more likely that the needed services will be available once these individuals return within the county.

Provision of services that are culturally sensitive and increase access at earlier stages should result in decreasing the number of children placed out-of-county by addressing mental health issues before they become crisis that require services not found locally.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in (2) above.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See Exhibit 5.

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – C2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: C2
Date: 03/12/06
Program Workplan Name: Children's Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 33
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 33
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$50,156	$50,156
c. Employee Benefits			$16,719	$16,719
d. Total Personnel Expenditures	$0	$0	$66,875	$66,875
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$33,706	$33,706
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$100,581
6. Total Proposed Program Budget	**$0**	**$0**	**$100,581**	**$100,581**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$6,937	$6,937
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$6,937	$6,937
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$13,874	$13,874
3. Total Revenues	$0	$0	$13,874	$13,874
C. One-Time CSS Funding Expenditures			**$37,500**	**$37,500**
D. Total Funding Requirements	**$0**	**$0**	**$124,207**	**$124,207**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: C2
Date: 03/12/06
Program Workplan Name: Children's Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 33
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 33
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Outreach Worker*	1.00	1.00		$0
Service Chief I	*Outreach Coordinator*	0.25	0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.25	1.25		$50,156
C. Total Program Positions		1.25	1.25		$50,156

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

Children's Outreach & Engagement Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006, and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions, including motel vouchers.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated, including FFP revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05, with a COLA applied.

*Please note: The unduplicated number of clients served reflects a total of 33 per this 3-month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 workdays per year and one FTE clinician in FY 2005-06, the estimated number of contacts would be 1040.

EXHIBIT 5a – C2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C2
Date: 03/12/06
Program Workplan Name: Children's Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 132
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 132
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$202,631	$202,631
c. Employee Benefits			$67,544	$67,544
d. Total Personnel Expenditures	$0	$0	$270,175	$270,175
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$136,172	$136,172
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$406,347
6. Total Proposed Program Budget	**$0**	**$0**	**$406,347**	**$406,347**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$28,025	$28,025
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$28,025	$28,025
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$56,051	$56,051
3. Total Revenues	$0	$0	$56,051	$56,051
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$350,296**	**$350,296**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C2
Date: 03/12/06
Program Workplan Name: Children's Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 132
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 132
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Outreach Worker*	4.00	4.00		$0
Service Chief II	*Outreach Coordinator*	0.50	0.50		$0
Office Specialist	*Clerical*	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	5.00	5.00		$202,631
C. Total Program Positions		5.00	5.00		$202,631

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

Children's Outreach & Engagement Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions, including motel vouchers.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated, including FFP revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

*Please note: The unduplicated number of clients served reflects a total of 132 per 12-month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 work days per year and four clinicians, the estimated number of contacts per year would be 4,160.

EXHIBIT 5a – C2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: C2
Program Workplan Name: Children's Outreach & Engagement Program
Type of Funding: Outreach & Engagement
Proposed Total Client Capacity of Program/Service: 132
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 132

Fiscal Year: 2007-2008
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$206,684	$206,684
c. Employee Benefits			$68,895	$68,895
d. Total Personnel Expenditures	$0	$0	$275,579	$275,579
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$138,895	$138,895
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$414,474
6. Total Proposed Program Budget	**$0**	**$0**	**$414,474**	**$414,474**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$28,586	$28,586
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$28,586	$28,586
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$57,172	$57,172
3. Total Revenues	$0	$0	$57,172	$57,172
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$357,302**	**$357,302**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: C2
Date: 03/12/06
Program Workplan Name: Children's Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 132
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 132
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Outreach Worker*	4.00	4.00		$0
Service Chief II	*Outreach Coordinator*	0.50	0.50		$0
Office Specialist	*Clerical*	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	5.00	5.00		$206,684
C. Total Program Positions		5.00	5.00		$206,684

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

Children's Outreach & Engagement Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions, including motel vouchers.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated, including FFP revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

*Please note: The unduplicated number of clients served reflects a total of 132 per 12-month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 workdays per year and four clinicians, the estimated number of contacts per year would be 4,160.

Children & Youth – Program 3

Children's In-Home Crisis Stabilization Program

(C3)

Program 3: Children and Youth 3 (C3) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Children's In-Home Crisis Stabilization Program
Program Work Plan: C3		Estimated Start Date: June 2006

1. a) Description of Program: The provision of in-home crisis stabilization services will promote resiliency in children and youth by teaching them and their families coping strategies that reduce at-risk behaviors leading to peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice system.

1. b) Priority Population: The priority population to be targeted will be unserved or underserved SED youth who are in crisis and at risk of hospitalization and/or out-of-home placement, or those SED youth who, with intensive, short-term support, can be returned home from inpatient or out-of-home care.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ This proposal is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. Two-person Family Support Teams (FST), consisting of a mental health professional and a mental health worker, will be available to provide services to families in crisis on a 24-hour per day, 7 days per week basis. The FST will engage the family and mutually assess the child's and family's immediate needs. The FST will then provide direct service in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a full service partnership to develop a long-term safety plan and provide ongoing support and assistance. ✓ One-time only start-up funding for the purchase of office furniture, computers, printers, telephones, etc. has been included.	☐	☒	☐	☒	☐	☐	☐

Program 3: Children and Youth 3 (C3) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Children's In-Home Crisis Stabilization Program
Program Work Plan: C3		Estimated Start Date: June 2006

1. a) Description of Program: The provision of in-home crisis stabilization services will promote resiliency in children and youth by teaching them and their families coping strategies that reduce at-risk behaviors leading to peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice system.

1. b) Priority Population: The priority population to be targeted will be unserved or underserved SED youth who are in crisis and at risk of hospitalization and/or out-of-home placement, or those SED youth who, with intensive, short-term support, can be returned home from inpatient or out-of-home care.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ This proposal is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. Two-person Family Support Teams (FST), consisting of a mental health professional and a mental health worker, will be available to provide services to families in crisis on a 24-hour per day, 7 days per week basis. The FST will engage the family and mutually assess the child's and family's immediate needs. The FST will then provide direct service in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a full service partnership to develop a long-term safety plan and provide ongoing support and assistance.	☐	☒	☐	☒	☐	☐	☐

Program 3: Children and Youth 3 (C3) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Children's In-Home Crisis Stabilization Program
Program Work Plan: C3		Estimated Start Date: June 2006

1. a) Description of Program: The provision of in-home crisis stabilization services will promote resiliency in children and youth by teaching them and their families coping strategies that reduce at-risk behaviors leading to peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice system.

1. b) Priority Population: The priority population to be targeted will be unserved or underserved SED youth who are in crisis and at risk of hospitalization and/or out-of-home placement, or those SED youth who, with intensive, short-term support, can be returned home from inpatient or out-of-home care.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ This proposal is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. Two-person Family Support Teams (FST), consisting of a mental health professional and a mental health worker, will be available to provide services to families in crisis on a 24-hour per day, 7 days per week basis. The FST will engage the family and mutually assess the child's and family's immediate needs. The FST will then provide direct service in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a full service partnership to develop a long-term safety plan and provide ongoing support and assistance.	☐	☒	☐	☒	☐	☐	☐

Children and Youth 3 (C3) – Continued

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.

This program is based on successful intervention models currently operating in Massachusetts, New Jersey and as part of Wraparound Milwaukee. As proposed, the In-Home Crisis Stabilization Program will consist of family stabilization teams that deliver intensive, in-home crisis intervention services to SED children (and their families) who have been assessed as at imminent risk of psychiatric hospitalization or out-of-home placement but capable of avoiding such outcomes if provided all necessary and appropriate supports. The family stabilization team (FST) engages the child and family in the home whenever possible, mutually assesses their immediate and short-term needs, and then provides direct service in the form of crisis intervention, individual and family therapy, and case management to coordinate and link the family to all needed services. These services will be available to children and families on a 24-hour per day, 7 days per week basis. After the emergent situation has been resolved, the In-Home Crisis Stabilization Program will assure that appropriate long-term arrangements are made to meet the child's and family's ongoing mental health and full service needs.

A two-person crisis stabilization team will consist of a mental health professional and a mental health worker who will be capable of providing crisis intervention services in a culturally and linguistically competent, family friendly manner. The mental health worker will ideally be a former consumer or family member of a consumer, and speak a threshold or emergent language. The role of the mental health worker includes parent coaching and mentoring along with providing assistance in normalizing the situation. In addition, the family stabilization team provides support in identifying strengths and areas for potential growth, and creates plans that will promote positive change. In-home crisis stabilization services will be provided in familiar settings making them more accessible to unserved and underserved populations, and will promote and advance the goals of the MHSA through:

- Timely access to needed help in times of crisis
- Reduction in incarceration in jails and juvenile halls
- Reduction in involuntary services, institutionalization, and out-of-home placements

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

The initial collaboration between the family stabilization team and the family will center on an assessment of needs. If housing or employment issues are identified as critical, the team will assist the family by coordinating access to these supports either though existing resources for which the child and family is qualified, or through individualized resources developed in collaboration with the family and funded by the MHSA. It should also be noted that Orange County plans to use $9.4 million in one-time funding to acquire, renovate, and to "pay down" mortgages/financing for housing, so that clients will be able to afford their housing with SSI, Section 8, and other benefits

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

This is a system development proposal. As services are provided and additional assessment occurs, linkage to a full service partnership may be indicated.

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

Resiliency in children is in part a result of the coping strategies and skills which are available to them. In traditional care models, a child in crisis is often removed to an inpatient facility and cut off from all but brief interaction with their family. This gives neither the child nor the family the opportunity to develop the skills needed to avert or successfully address the next crisis in the home. This can result in the "revolving door" of multiple hospitalizations. Traditional methods of care can inadvertently "teach" the family to expel the troubled child from the home. The provision of in-home crisis stabilization services will promote resiliency in children and youth by teaching them coping strategies in the environments where they need to use those skills thereby enabling the youth to live safely at home. SED youth often have difficulty generalizing new behaviors learned in artificial settings, like the inpatient ward or the therapist's office, to their home environment. The family stabilization team will provide the youth with the opportunity to learn and practice different strategies in the home setting and modify those attempts until the child and family can generalize those strategies to new conflicts without dangerous escalation or to avoid new conflicts altogether. This in-home approach also permits the direct coaching of parents and siblings to become naturally reinforcing supports for the SED youth and each other.

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

Children and Youth Services clinicians currently respond to crisis and emergency situations involving SED youth in the community by conducting assessments for possible hospitalization. Assessments are conducted in regional clinics, schools, police stations, group homes and emergency rooms on a 24-hour/7 days per week basis. These assessments are accessible through regional outpatient clinics during normal working hours and an on-call team during all other hours. However, options available to the child and family are limited in the current system. Hospitalization is the most restrictive option but, if criteria are not met, the youth and family are usually referred to an outpatient service provider the next business day.

The In-Home Crisis Stabilization Program will provide a dynamic alternative to the current system and options outlined above. For example, some youth who might be hospitalized could be maintained at home and provided with aggressive intervention aimed at stabilizing the family support system and developing new coping strategies.

Families and youth who are reluctant to engage the traditional clinic-based mental health system will be provided a more collaborative, culturally and linguistically competent and integrated alternative to address their service needs.

Experience with wraparound services has shown that access to a known contact person, frequently a parent partner or mental health worker, provides the family a familiar re-entry point into the mental health system if their situation deteriorates after they disengage from direct services. Occasional follow-up calls by the team members may identify a need for services sooner than a family might reach out when confronted by a new crisis.

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.

As in full service partnerships, the family and client will be engaged in the assessment and planning process as well as on-going evaluation of the intervention's effectiveness. The family stabilization team may join with the family in reaching out to natural supports such as grandparents, or other extended family members, who can help the family negotiate the current crisis and build or access skills to avoid reoccurrences.

It is anticipated that a substantial number of family stabilization team mental health worker members be former clients or have family members who are/were SED. Such involvement will give added credibility to the team as it reaches into the homes of the previously unserved and underserved SED children and families. An essential function of the mental health worker is helping maintain the family-focused nature of the program. It is the mental health worker's life experience that lends authenticity to the process because of their close connection to the community and their having developed models for surviving the system while getting their needs met.

It is also anticipated that client and family representatives will be involved in quality assurance and administrative oversight activities during the planning, implementation and ongoing operational phases of this program to ensure that youth and family perspectives are embedded in all aspects of these services.

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.

The family stabilization teams will be designed to provide intensive, home-based interventions until the critical issues that precipitated the crisis are resolved or transition to longer term full service partnerships can be facilitated. Part of the team's strategy will be to engage any and all collaborative partners as is necessary to support the family as they emerge from the crisis and access needed on-going supports. Linkages with

school, faith community, neighborhood, physical health, Social Services and Probation will be essential components of the family's new resiliency.

Many of the unserved and underserved families do not take advantage of the services that are available to them in the community because of a lack of awareness or through fear, cultural or linguistic barriers, and stigma. As long term needs are identified, the family stabilization teams will address the benefits of full service partnerships with the family and arrange a series of transition meetings where the family will meet their ongoing case manager to coordinate the additional supports that are available through other, more permanent full service providers. Once a transition plan acceptable to the family is developed and the youth and family are successfully linked, the family stabilization team will disengage.

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

Focusing on the inherent strengths in a culture provides a vehicle from which to treat and provide resources for diverse families and children in need**.** Orange County BHS/CYS has a skilled professional work force many of whom are Latino and Vietnamese. These professionals are well connected with their local communities and as is the case for many of the Vietnamese staff, have experienced some of the same trauma and difficulties as the population at large, such as being a refugee, resettlement in a foreign land, lack of English skills, etc. We have already engaged those workforce members in dialogue intended to plan for targeted outreach and engagement activities. We know that services offered in the most relevant and meaningful culturally competent manner are more effective. The over-arching principal in this program is that the information and services offered must be relevant to the intended populations. Collaborating with ethnically and linguistically diverse and community-based organizations will improve service delivery for SED children and their families. Family stabilization team members who are bilingual/ bicultural working in the community will develop relationships that will promote improved service delivery and provide outreach to ensure comprehensive participation for those who are currently unserved and underserved by reason of race/ethnicity, language/cultural differences, geographic location or other barriers.

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.

All services for Children's In-Home Crisis Stabilization Program will be provided in a culturally competent manner, which is inclusive of gender and sexual orientation. A training program has been in place through the Cultural Competency department for the past six years that focuses specifically on LBGT/Questioning issues for children and

youth. All county and contract staff is included in this training program, which will utilize staff from The Gay Lesbian, Bisexual Transgender Center as well as subject experts from our local universities (UC Irvine and CSU Fullerton). This training program on LGBT/Questioning issues is specific to working with children and their families and focuses on the cultural specifics of additional cultures, such as ethnic cultures. Issues specific to being a Gay youth in the Latino community may be very different than for a Gay youth in the Vietnamese population.

Training will also focus on "orientation friendly" assessments to convey acceptance of all clients/families and the importance of providing "safe zones" that are created by displaying non-threatening symbols such as the gay pride flag. Additionally, all staff for this program will be trained on local resources for LGBT/Questioning, available to further assist children and youth and their families and support systems.

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

Out-of-county placement may be an unavoidable option for SED youth who require a structured treatment environment in response to behavioral problems that overwhelm the family support system. The In-Home Crisis Stabilization Program can serve as a valuable resource for these youth by assisting in their return home from residential programs located in other counties. Since these transitions can be difficult for the youth and family, the services of a Family Support Team will increase the probability of a successful transition home and decrease the risk of re-hospitalization.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in number 2 above.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets

and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – C3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: C3 | Date: 03/12/06
Program Workplan Name: Children's In-Home Crisis Stabilization Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 31 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 31 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$104,336	$104,336
c. Employee Benefits			$34,779	$34,779
d. Total Personnel Expenditures	$0	$0	$139,115	$139,115
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$14,062	$14,062
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$153,177
6. Total Proposed Program Budget	**$0**	**$0**	**$153,177**	**$153,177**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$18,381	$18,381
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$18,381	$18,381
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$36,762	$36,762
3. Total Revenues	$0	$0	$36,762	$36,762
C. One-Time CSS Funding Expenditures			**$64,000**	**$64,000**
D. Total Funding Requirements	**$0**	**$0**	**$180,415**	**$180,415**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: C3 | Date: 03/12/06
Program Workplan Name: Children's In-Home Crisis Stabilization Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 31 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 31 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MFT/CSW II	*Intervention Specialist*		0.75		$0
Mental Health Worker III	*Intervention Specialist*	0.75	0.75		$0
Office Specialist	*Clerical*	0.25	0.25		$0
Service Chief II	*Program Director*		0.25		$0
MFT/CSW II	*QA/QI Coordinator*		0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	2.25		$104,336
C. Total Program Positions		1.00	2.25		$104,336

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

Children's In-Home Crisis Stabilization Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

The program is expected to be in operation for one quarter of the current fiscal year, so the budget assumes costs for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 24% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05.

EXHIBIT 5a – C3 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C3
Date: 03/12/06
Program Workplan Name: Children's In-Home Crisis Stabilization Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$421,518	$421,518
c. Employee Benefits			$140,506	$140,506
d. Total Personnel Expenditures	$0	$0	$562,024	$562,024
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$56,811	$56,811
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$618,835
6. Total Proposed Program Budget	**$0**	**$0**	**$618,835**	**$618,835**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$74,259	$74,259
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$74,260	$74,260
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$148,519	$148,519
3. Total Revenues	$0	$0	$148,519	$148,519
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$470,316**	**$470,316**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C3 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C3
Date: 03/12/06
Program Workplan Name: Children's In-Home Crisis Stabilization Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MFT/CSW II	*Intervention Specialist*		3.00		$0
Mental Health Worker III	*Intervention Specialist*	3.00	3.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
Service Chief II	*Program Director*		1.00		$0
MFT/CSW II	*QA/QI Coordinator*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	9.00		$421,518
C. Total Program Positions		4.00	9.00		$421,518

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

Children's In-Home Crisis Stabilization Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 24% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – C3 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: C3
Date: 03/12/06
Program Workplan Name: Children's In-Home Crisis Stabilization Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$429,948	$429,948
c. Employee Benefits			$143,316	$143,316
d. Total Personnel Expenditures	$0	$0	$573,264	$573,264
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$57,947	$57,947
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$631,211
6. Total Proposed Program Budget	**$0**	**$0**	**$631,211**	**$631,211**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$75,744	$75,744
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$75,745	$75,745
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$151,489	$151,489
3. Total Revenues	$0	$0	$151,489	$151,489
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$479,722**	**$479,722**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C3 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007-2008
Program Workplan No: C3 | Date: 03/12/06
Program Workplan Name: Children's In-Home Crisis Stabilization Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
MFT/CSW II	*Intervention Specialist*		3.00		$0
Mental Health Worker III	*Intervention Specialist*	3.00	3.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
Service Chief II	*Program Director*		1.00		$0
MFT/CSW II	*QA/QI Coordinator*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	9.00		$429,948
C. Total Program Positions		4.00	9.00		$429,948

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

Children's In-Home Crisis Stabilization Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

Text

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 24% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Children & Youth – Program 4

Children's Crisis Residential Program

(C4)

Program 4: Children and Youth 4 (C4) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Children's Crisis Residential Program
Program Work Plan: C4		Estimated Start Date: June 2006

1. a) Description of Program: The provision of crisis residential services will promote resiliency in youth in crisis by providing them and their families with a short-term, temporary residential resource that can facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, out of home placement, and involvement in the child welfare and juvenile justice system.

1. b) Priority Population: The priority population to be targeted will be unserved or underserved SED youth who are in crisis and at risk of hospitalization and/or out-of-home placement; or those SED youth who, with intensive, short-term support, can be returned home from inpatient or out-of-home care.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Short-term, six-bed crisis residential program offering structured services to assist youth in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement. ✓ One-time only start-up funding for the purchase of a facility, office furniture, computers, printers, telephones, etc. has been included.	☐	☒	☐	☒	☐	☐	☐

Program 4: Children and Youth 4 (C4) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Children's Crisis Residential Program
Program Work Plan: C4		Estimated Start Date: June 2006

1. a) Description of Program: The provision of crisis residential services will promote resiliency in youth in crisis by providing them and their families with a short-term, temporary residential resource that can facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, out of home placement, and involvement in the child welfare and juvenile justice system.

1. b) Priority Population: The priority population to be targeted will be unserved or underserved SED youth who are in crisis and at risk of hospitalization and/or out-of-home placement; or those SED youth who, with intensive, short-term support, can be returned home from inpatient or out-of-home care.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Short-term, six-bed crisis residential program offering structured services to assist youth in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.	☐	☒	☐	☒	☐	☐	☐

Program 4: Children and Youth 4 (C4) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Children's Crisis Residential Program
Program Work Plan: C4		Estimated Start Date: June 2006
1. a) Description of Program: The provision of crisis residential services will promote resiliency in youth in crisis by providing them and their families with a short-term, temporary residential resource that can facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, out of home placement, and involvement in the child welfare and juvenile justice system.		
1. b) Priority Population: The priority population to be targeted will be unserved or underserved SED youth who are in crisis and at risk of hospitalization and/or out-of-home placement; or those SED youth who, with intensive, short-term support, can be returned home from inpatient or out-of-home care.		

1. c) Describe strategies to be use, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Short-term, six-bed crisis residential program offering structured services to assist youth in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement.	☐	☒	☐	☒	☐	☐	☐

Children and Youth 4 (C4) – Continued

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.

Children and Youth Services currently evaluates SED youth for possible hospitalization at regional clinics, schools, police stations, group homes and emergency rooms on a 24-hour/7 days per week basis. These services are accessible through regional outpatient clinics during normal working hours and an on-call team during all other hours. However, options available to the child and family are limited in the current system. Hospitalization is the most restrictive option but, if criteria are not met, the youth and family are usually referred to an outpatient service provider the next business day. In reviewing the current array of services for children and adolescents, there is a lack of options when an emergent situation occurs. This county's MHSA plan includes a proposal for an In-Home Crisis Stabilization Program. However, there will be circumstances where the provision of in-home services is impractical or the family may benefit from a therapeutic respite. As another alternative to inpatient care, the plan is to create a crisis stabilization home (CSH).

A short-term, six-bed crisis residential program for adolescents will be established. Once the program is sited and staffed, staff involved in evaluating possible inpatient admissions or the newly established Family Stabilization Teams (FST) will identify youth who do not require hospitalization but who will benefit from additional assessment and therapeutic respite. Admissions will be voluntary and available on a 24/7 basis depending on bed availability. An on-site/on-call administrator will be able to make a rapid admission decision. The youth will be transported either by a parent or the professional making the referral to the program. The crisis residential program staff representative will meet with the youth and the family either concurrently or sequentially to determine what will need to occur for the youth to be successfully reintegrated back into home. Family therapy will begin immediately. Crisis residential program staff will provide transportation to the youth's regular school so that normal activities are maintained within the community. The case management staff at the crisis home will work with the youth and family to establish longer-term needs and will make referrals to full service partnerships or to other appropriate supports. If the referral originated with a FST or with a full service partnership, the members of that team will participate in the crisis residential program so that in-home supports may be in place when the youth is ready to transition back home. The anticipated length of stay in the crisis residential home is three to six weeks.

Alternatively, youth who are leaving the hospital or long-term placements may benefit from using the crisis stabilization home as a transitional step in returning home. The CSH will provide an opportunity for a gradual reintegration of the youth back into the family. The CSH will provide a venue to address many of the practical problems that are not focused on during hospital stays. Staff providing case management during the hospital or long-term stay will make the referral for the CSH placement. Before discharge from the hospital or long-term facility, transition meetings will be held with

CSH staff, the parents and the youth. The purpose of these meetings will be to establish goals and begin the process of returning home with appropriate supports and services. The focus will be on the skill building and learning conflict resolution strategies. Structured home visits will provide both youth and family the opportunity to practice newly acquired skills. The CHS case manager will work with the youth, family and others involved in supporting the family to ensure that continuity of care is maintained.

In addition to the CHS staff providing direct mental health service and those supervising the milieu, the program will make available a parent mentor who will serve as a liaison between the crisis home and the family. The role of the parent mentor includes parent coaching along with providing assistance in normalizing the situation.

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

This program will provide short-term housing. If employment is needed, linkage will be made to one of the full service partnerships for on-going intervention.

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

This is a system development proposal. As services are provided and additional assessment occurs, linkage to a full service partnership may be indicated.

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

As noted above, this program will provide an alternative to inpatient care for many youth, allowing them to return home more quickly or to avoid hospitalization altogether. Although the inpatient setting meets goals of providing a safe environment in which medication can be implemented or adjusted, and may also provide an opportunity for skill development by the child, it usually restricts family contact to very brief visits. The development of resiliency in the face of crisis is very limited in the traditional inpatient model. The proposed crisis residential program actively works with both the family and the child during the child's brief stay. It will assist youth and other family members to develop resiliency by demonstrating that family problems can be positively addressed. Both youth and families will be trained and supervised in conflict resolution with the goal of independent implementation of these strategies. A wide variety of other problem solving skills may be taught based on the needs of the individual family. The CSH will provide a venue for teaching, experimenting and re-teaching as necessary. This skill building process will provide a secondary benefit of instilling hope and giving all family members a sense of self-determination.

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

This program will provide a new level of service for youth in crisis. Currently hospitalization is the most restrictive and outpatient treatment with the possibility of enhanced services is the other easily available alternative. The CSH will provide an intermediate level of care for those families facing a crisis situation. This program will initially separate the youth and family for a period of de-escalation and therapeutic respite and then teach the skills necessary for a successful return home.

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.

CSH staff may be selected from a qualified pool of parents, consumers, and when appropriate, peers. Priority in selection would be given to parents and/or family members who have experience in seeking and/or receiving services in the mental health system, or to qualified former consumers. In order to ensure that parents and consumers have a role in development and oversight of this outreach program, an advisory committee will be formed with parents and consumers to provide feedback and input on program direction. Family members as well as individuals who are professionally licensed may also be selected to fill supervisory and management positions within this program.

An important part of the case managers' role will be engaging the family in directing the treatment. Successful interventions need to have the input of all the parties involved. Prescriptive approaches to crisis resolution have been shown to have limited sustainability.

There is a significant role for parent mentors including parent coaching and mentoring along with providing assistance in normalizing the situation by sharing from the parent partner's own experience. In addition, the parent partner provides support in identifying strengths, pinpoints areas for growth, and creates plans that will promote positive change.

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

This program model grew out of a successful collaboration among the Orange County Probation Department, a community based group home provider and the Children and Youth Services. The program was established under a Challenge II grant and sustainable funding was not found. The grant funding was available only for Fiscal Years 1999-2003. Thus, the program is not currently in operation.

A number of program changes proposed by the Rand/OC Probation evaluation of the earlier project will be incorporated into this design including having 24/7 admission procedures because delays forced restrictive decisions. The proposed model will promote continuity of both education and peer contact by transporting the youth to their home school. Linkages with school, faith community, neighborhood, physical health, Social Services and Probation will be essential components of the crisis resolution and the successful transition back into the home.

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

The Children's Crisis Residential Program will be culturally and linguistically competent in order to work with the diverse unserved/underserved at- risk youth in Orange County. Staffing will take into consideration the specific cultural/linguistic needs of the youth in the program and their families making sure to mirror the target population in both cultural and linguistic skills. Orange County has a diverse professional population many of who are intimately familiar with the special needs of ethnic populations, who may themselves also be recent immigrants, suffer in poverty, be refugees and be linguistically isolated.

Case managers and all program staff will be competent in the familial cultures of the populations being served to ensure that children and youth using the crisis residential program can reunify, as appropriate, with their families. Collaboration will be inclusive of Orange County's diverse populations and will focus on partnerships with non-traditional providers, such as churches, primary care, traditional healers and community centers that are familiar with the cultures of the target populations to ensure disparity reduction for the SED children and their families and successful utilization of the crisis residential program.

9. 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.

The Children’s Crisis Residential Program will provide all services in a manner which is respectful and inclusive of sexual orientation and gender. As has been stated previously, the County Cultural Competency Department has developed a training program to increase the knowledge base and skill set for clinicians working with all cultures, including those children and youth who are LGBT/Questioning. The training program will continue to target sexual orientation and gender issues, as well as focus on these issues as they relate to specific ethnic cultures. Subject matter experts in issues of sexual orientation and children, the coming out process, working with families of LGBT/Questioning children/youth, etc., will be utilized.

Ongoing training for all county and contract staff and management in LGBT/Questioning issues, as well as gender specific issues and their relation to cultures such as religion and ethnicity will be addressed. In the Crisis Residential Program, attention will be focused on the clinical needs of the children/youth and their families, including the appropriateness of same or different gender case managers, etc., and staff will be trained in providing clients and their families with community resources for additional familial support. In addition, all staff will be trained on "orientation friendly" assessment techniques to elicit information regarding the client and his/her family system by asking questions that do not assume sexual orientation

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

These services will be employed to avoid long-term out-of-home, out-of-county placements by teaching families to resolve conflicts that, if unresolved, lead to greater estrangement and requests for long term residential treatment. In addition, this type of home might be used as a brief step-down for youths who have succeeded in residential programs out of state or the area. Much of the model as outlined can be adapted to facilitate re-entry into the family of youth who have been separated for an extended period of time. (See response to question 2)

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in 2) above.

12. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

13. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5**

14. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – C4 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2005-2006
Program Workplan No:	C4	Date:	03/12/06
Program Workplan Name:	Children's Crisis Residential Program		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	3
Proposed Total Client Capacity of Program/Service:	20	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	20	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$142,969	$142,969
c. Employee Benefits			$47,656	$47,656
d. Total Personnel Expenditures	$0	$0	$190,625	$190,625
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$117,518	$117,518
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$308,143
6. Total Proposed Program Budget	**$0**	**$0**	**$308,143**	**$308,143**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$36,998	$36,998
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$36,998	$36,998
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$73,996	$73,996
3. Total Revenues	$0	$0	$73,996	$73,996
C. One-Time CSS Funding Expenditures			**$796,500**	**$796,500**
D. Total Funding Requirements	**$0**	**$0**	**$1,030,648**	**$1,030,648**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C4 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: C4
Program Workplan Name: Children's Crisis Residential Program
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 20
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 20

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Child Care Worker	*Child Care Worker*	2.25	2.25		$0
MFT/CSW II	*Licensed Therapist*		0.25		$0
Mental Health Worker III	*Mental Health Worker*	0.25	0.25		$0
Office Specialist	*Clerical*	0.25	0.25		$0
Service Chief I	*Program Director*		0.13		$0
MFT/CSW II	*QA/QI Coordinator*		0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.75	3.38		$142,969
C. Total Program Positions		2.75	3.38		$142,969

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

Children's Crisis Residential Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied. The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006, and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 24% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

There is also $725,000 in additional one-time funding requested for the purchase of a home in which to operate the program.

EXHIBIT 5a – C4 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C4
Date: 03/12/06
Program Workplan Name: Children's Crisis Residential Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 78
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 78
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$577,594	$577,594
c. Employee Benefits			$192,531	$192,531
d. Total Personnel Expenditures	$0	$0	$770,125	$770,125
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$474,773	$474,773
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$1,244,898
6. Total Proposed Program Budget	**$0**	**$0**	**$1,244,898**	**$1,244,898**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$149,471	$149,471
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$149,471	$149,471
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$298,942	$298,942
3. Total Revenues	$0	$0	$298,942	$298,942
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$945,956**	**$945,956**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C4 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: C4
Date: 03/12/06
Program Workplan Name: Children's Crisis Residential Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 78
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 78
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Child Care Worker	*Child Care Worker*	9.00	9.00		$0
MFT/CSW II	*Licensed Therapist*		1.00		$0
Mental Health Worker III	*Mental Health Worker*	1.00	1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
Service Chief I	*Program Director*		0.50		$0
MFT/CSW II	*QA/QI Coordinator*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	11.00	13.50		$577,594
C. Total Program Positions		11.00	13.50		$577,594

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

Children's Crisis Residential Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

Text

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 24% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – C4 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: C4
Date: 03/12/06
Program Workplan Name: Children's Crisis Residential Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 78
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 78
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$589,146	$589,146
c. Employee Benefits			$196,382	$196,382
d. Total Personnel Expenditures	$0	$0	$785,528	$785,528
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$484,268	$484,268
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$1,269,796
6. Total Proposed Program Budget	**$0**	**$0**	**$1,269,796**	**$1,269,796**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$152,460	$152,460
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$152,460	$152,460
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$304,921	$304,921
3. Total Revenues	$0	$0	$304,921	$304,921
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$964,875**	**$964,875**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – C4 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: C4
Date: 03/12/06
Program Workplan Name: Children's Crisis Residential Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 78
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 78
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Child Care Worker	*Child Care Worker*	9.00	9.00		$0
MFT/CSW II	*Licensed Therapist*		1.00		$0
Mental Health Worker III	*Mental Health Worker*	1.00	1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
Service Chief I	*Program Director*		0.50		$0
MFT/CSW II	*QA/QI Coordinator*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	11.00	13.50		$589,146
C. Total Program Positions		11.00	13.50		$589,146

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

Children's Crisis Residential Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 24% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Transitional Age Youth Programs

MHSA funding is requested for the following three programs for Transitional Age Youth (TAY): the TAY Full Service Partnership/Wraparound Program, Outreach and Engagement Program, and Crisis Residential Program. Programs for TAY cover the age range of 16-25. The following policy statements apply.

- Provision of services within the Integrated Services program will be focused on the needs of the individual TAY and his/her family.
- Within the limits of conflict of interest policy, the community will have the opportunity provide information regarding the specifics of implementation. This will occur by giving input into the Request for Proposals (RFP) process.

The TAY programs are explained in the sections that follow.

Transitional Age Youth – Program 1

Full Service/Wraparound Program

(T1)

Program 5: Transitional Age Youth (T1) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Transitional Age Youth (TAY) Full Service/Wraparound Program
Program Work Plan: T1		Estimated Start Date: June 2006

1. a) Description of Program: The Transitional Age Youth (TAY) Full Service/Wraparound (FS/W) Program will be a community based, client centered, program where individualized, client-driven plans are developed. It will focus on client strengths, and meet the needs of transitional age youth and in many cases, their families across life domains to promote success in school or job, safety, wellness and recovery through a "whatever-it-takes" approach. It will be modeled on the Orange County Health Care Agency's experience in the current successful Orange County Wraparound program and Children's System of Care principles.

1. b) Priority Population: The priority population to be served will be:
1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with SED and a developmental disability or with co-occurring substance disorders
7. SED/SMI TAY with co-occurring disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The strengths and needs of SED/SMI TAY will be assessed and addressed through the creation of service teams, which will consist initially of the TAY and a personal services coordinator. As the strengths and needs are identified, additional members may join the team (e.g., family, mentor, neighbor, teacher, pastor, therapist, etc.) The personal services coordinator will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole. The team will identify the strengths and the needs of the client, prioritize them and decide on strategies to address them, using a wraparound service delivery model. Strategies may include but are not limited to 24/7 intensive case management services, community based mental health services, TAY mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc. ✓ One-time only start-up funding for the purchase of office furniture, computers, printers, telephones, etc. have been included.	☒	☐	☐	☐	☒	☐	☐

Program 5: Transitional Age Youth (T1) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Transitional Age Youth (TAY) Full Service/Wraparound Program
Program Work Plan: T1		Estimated Start Date: June 2006

1. a) Description of Program: The Transitional Age Youth (TAY) Full Service/Wraparound (FS/W) Program will be a community based, client centered, program where individualized, client-driven plans are developed. It will focus on client strengths, and meet the needs of transitional age youth and in many cases, their families across life domains to promote success in school or job, safety, wellness and recovery through a "whatever-it-takes" approach. It will be modeled on the Orange County Health Care Agency's experience in the current successful Orange County Wraparound program and Children's System of Care principles.

1. b) Priority Population: The priority population to be served will be:
1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with SED and a developmental disability or with co-occurring substance disorders
7. SED/SMI TAY with co-occurring disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The strengths and needs of SED/SMI TAY will be assessed and addressed through the creation of service teams, which will consist initially of the TAY and a personal services coordinator. As the strengths and needs are identified, additional members may join the team (e.g., family, mentor, neighbor, teacher, pastor, therapist, etc.) The personal services coordinator will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole. The team will identify the strengths and the needs of the client, prioritize them and decide on strategies to address them, using a wraparound service delivery model. Strategies may include but are not limited to 24/7 intensive case management services, community based mental health services, TAY mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.	☒	☐	☐	☐	☒	☐	☐

Program 5: Transitional Age Youth (T1) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Transitional Age Youth (TAY) Full Service/Wraparound Program
Program Work Plan: T1		Estimated Start Date: June 2006

1. a) Description of Program: The Transitional Age Youth (TAY) Full Service/Wraparound (FS/W) Program will be a community based, client centered, program where individualized, client-driven plans are developed. It will focus on client strengths, and meet the needs of transitional age youth and in many cases, their families across life domains to promote success in school or job, safety, wellness and recovery through a "whatever-it-takes" approach. It will be modeled on the Orange County Health Care Agency's experience in the current successful Orange County Wraparound program and Children's System of Care principles.

1. b) Priority Population: The priority population to be served will be:
1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with SED and a developmental disability or with co-occurring substance disorders
7. SED/SMI TAY with co-occurring disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ The strengths and needs of SED/SMI TAY will be assessed and addressed through the creation of service teams, which will consist initially of the TAY and a personal services coordinator. As the strengths and needs are identified, additional members may join the team (e.g., family, mentor, neighbor, teacher, pastor, therapist, etc.) The personal services coordinator will function as a coordinator and facilitator but decisions that are made will be the responsibility of the team as a whole. The team will identify the strengths and the needs of the client, prioritize them and decide on strategies to address them, using a wraparound service delivery model. Strategies may include but are not limited to 24/7 intensive case management services, community based mental health services, TAY mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.	☒	☐	☐	☐	☒	☐	☐

Transitional Age Youth 1 (T1) – Continued

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 Orange County TAY Full Service/Wraparound (TAY FS/W) program will be a community-based, client-centered program where individualized, client-driven plans are developed. It will focus on client strengths, and meet the needs of transitional age youth and their families (if available) across life domains to promote academic and vocational success, safety, wellness and recovery through a "whatever-it-takes" approach. It will be modeled on the Orange County Health Care Agency's experience in the current successful Orange County Wraparound program and Children's System of Care principles.

In the TAY FS/W program, the strengths and needs of the client will be assessed and addressed through the creation of a Partnership Team that will consist initially of the client and a personal services coordinator. As strengths and needs are identified, additional people will be invited to join the team such as family members, a mentor, neighbor, teacher, pastor, therapist, etc. Whenever possible and appropriate, members of the team will be drawn from the local community, enhancing the cultural appropriateness of the service and helping to eliminate linguistic and cultural barriers. The personal services coordinator will function as a coordinator and facilitator, but decisions that are made will be the responsibility of the team as a whole. It is important to note that the client/individual is an essential member of their team. The team will identify the strengths and the needs of the client, prioritize them and decide on strategies to address them, using a "what-ever-it-takes" approach to develop an individualized plan. The plan will cover the entire range of life domains: health, mental health, shelter and other basic needs, transportation, education, recreation, etc. The team will be responsible for identifying ways of addressing need through existing services at local schools and colleges, community centers, employment centers, self help groups, etc. as well as at county and United Way organizations but also will have access to a pool of flexible funds to help meet these needs as appropriate. Through direct delivery, use of community resources and access to flexible funding, services secured will include but are not limited to 24 hours per day/7 days per week intensive in-home case management and wraparound services, community based mental health services, youth mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, co-occurring disorders services, etc.

Personal services coordinators will have caseloads of 10 or less depending on the acuity and severity of problems being addressed. They will be the single point of responsibility for the assigned client, will remain with the family throughout the service and will be available to the family by phone 24 hours per day/7 days per week. Personal services coordinators will be distributed geographically, with a heavier concentration in those areas with high numbers of target populations, but open to all areas of the county. As Partnership Teams are formed, mental health services will be

drawn from any agency that can provide culturally and linguistically competent services as desired by the client.

This program advances the goals of the MHSA by being client-driven, focused on strengths and resiliency, providing an integrated service experience, culturally competent, and developed and operated through collaborative efforts within the community.

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

TAY Housing Services

The TAY FS/W Program will establish a Housing Coordinator position that will be responsible for maintaining an up-to-date database of available housing resources, be available to consult with TAY Partnership Teams as housing needs are identified, and work with various community-based housing providers to develop additional TAY housing resources,

Clients in the FS/W program will have access to housing options including, but not limited to, vouchers for emergency housing, financial support for short-term housing and priority assignment for long term housing opportunities. Every effort will be made to identify and develop local housing options for each client enrolled in order to provide housing that is linguistically and culturally familiar. The Partnership Teams will work with the FS/W Program Housing Coordinator to help develop TAY appropriate housing options. Funding for these options will be through the use of flexible funds to access available housing resources through local municipal and county agencies or other community-based or private organizations. This flexible housing fund would also be used to create or encourage the development of individual or congregate housing options that may not exist, or to access or expand any of the existing resources listed below:

- Emergency Housing: FS/W funding can be used for vouchers for emergency housing at local shelters or motels. Orange County also currently has three "runaway youth" shelters for ages 17 and under. If there is sufficient need for emergency housing, one or more of these programs can expand to develop a similar program for 18-25 year olds. This will provide specialized TAY emergency housing and build on these programs' experience with providing short term, crisis oriented intervention.

- Congregate Living Transitional Housing: The use of group homes by Social Services has dramatically decreased in the past six years (from over 800 to 260), leaving many organizations with homes, staffs and administrative structures that are no longer needed. Some of these facilities can be used to provide congregate housing for TAY. Although some youth may reject this option as being too structured, others who have a strong connection with the agency providing the home may find this an appropriate option for short term transitional housing. This option will provide

supportive services while the youth is beginning education or employment programs and seeking more long-term housing.

- Apartment Program: Several apartment programs exist within the county that can be used or expanded. These programs provide "apartment finding", assistance with initial and sometimes monthly costs and case management. Shelter Care Plus, (Adult Mental Health Services program) and Olive Crest Transitional Housing Program (serving 16-18 but could expand to age 25) provide apartment finding and case management. Rising Tide (for TAY) and Jackson Isle (for adults) have apartment buildings with case managers who also live on site. Mercy House has a small TAY component in their apartment building for homeless men, but can expand their capacity if subsidies accompany clients. Because they can be located throughout the county, apartment programs are particularly useful for TAY who would benefit from living in a culturally familiar area.

- Specialty Housing: For TAY with special needs, several developments are possible. Regional Center, the Health Care Agency and a local organization, South Coast Children's Society collaborated five years ago to develop group homes for dually diagnosed youth, ages 12-17. A similar collaborative venture is possible to create housing (Regional Center classification 4-I) for the dually diagnosed TAY who cannot live independently in one of the programs above. The Social Services Agency has expressed an interest in dedicating part of the housing that they have been assigned on the former Tustin air base to SED/SMI TAY with co-occurring disorders who are exiting the child welfare system. Another local organization, Crittenton Services, is able to provide a home, Stepping Stones, for TAY pregnant and parenting teens if rent subsidies accompany clients.

TAY Education and Employment Services

The TAY FS/W Program will also establish an Education and Employment Coordinator position that will be responsible for maintaining an up-to-date database of available education and employment resources, be available to consult with TAY Partnership Teams as education and employment needs are identified, and work with various community-based providers to develop additional education and employment resources and opportunities for TAY.

Flexible funding would be available to all TAY in the FS/W program for any of the options listed below or for individualized education or employment opportunities that are developed or located in other ways:

- ILP Classes: For the 16 to 18 year old Foster Youth, Orange County has a very active Independent Living Skills Program (ILP). These classes and activities are available only to youth in the dependency system. FS/W funding can provide ILP services to non Foster Care youth whose families are unable to assist them in these developmental tasks.

- In-Program Support: For youth entering or in school, vocational training or a job, FS/W funding can be used for books, tuition, fees, special tools, uniforms, bus passes, etc.

- One-on-One Assistance: One-on-one support has been shown to be effective in keeping TAY in school and work. A peer-mentor, job coach, tutor or behavioral coach (depending on the participant's specific strengths and needs) can be accessed using FS/W funds.

- Group Support and Classes: Programs providing group activities such as support groups, study labs, social skills training, pre-employment and retention skills training, specialty training, etc. can be developed or paid for with FS/W funds.

- Supported Employment: FS/W funding can promote programs that place and support SED/SMI TAY with local employers, sheltered workshops and programs with in-house school or work opportunities. For example, a local organization provides supported employment training as part of their shelter program. FS/W funding could allow these types of programs to expand.

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

All agencies employing Personal services coordinators will be able to bill Medi-Cal. Clients qualifying for Medi-Cal services will be enrolled and all appropriate services will be billed to Medi-Cal. The average annual total cost per client will be approximately $23,500. Approximately 24% will be provided through Medi-Cal FFP and EPSDT funding.

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

The TAY FS/W program is a strengths-based program designed to maintain or increase the client's resiliency by helping them to acquire age-appropriate competencies, identify coping mechanisms and use external sources of support. One of the key tasks of the Partnership Team will be to define and promote appropriate relationships with the TAY's family members - to be "family-friendly" while supporting individuation and empowerment. Choice is also a key developmental issue for this age group. The process of forming the Partnership Team, combined with it's goals and methods, moves the TAY into the position of becoming an active participant in their own wellness plan rather the recipient of someone else's directions. The wraparound approach is seen as an optimal model by many who serve this age group and is recommended in the TAY Resource Guide developed by the TAY Subcommittee of the California Mental Health Directors Association.

As these concepts and approaches can provide challenges to traditionally trained staff, initial and ongoing training in team decision making, strengths-based intervention, wraparound and resiliency will be part of the training for the PSCs and all staff in order to ensure the values of resiliency are promoted and reinforced through the entire local system of care.

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

The goals of this program are to change whom we serve and how we serve them. For youth through age 21, the traditional clinic model which has been followed for the majority of Orange County clients by definition has restricted services primarily to those who had Medi-Cal or were involved in AB3632, who were familiar enough with mental health services to contact an agency, who were willing and able to come to a clinic and whose other life needs did not interfere with their ability to follow through on scheduled appointments. For those TAY over 21, the same restrictions applied but because of limited funding, only a very small percentage of clients received any services beyond medication, hospitalization and brief crisis intervention. Although the percentage of Medi-Cal recipients receiving mental health services has increased dramatically over the last eight years, there are many, many clients who need services but who will never get them in a traditional model. The TAY Outreach program is designed to locate these clients and the TAY FS/W program is designed to serve them. The client centered, in-home, strengths-based, collaborative services across the life domains that this program will deliver are a radical departure from traditional therapy. To date, this type of service has only been available to clients enrolled in the Orange County Wraparound program. Because of its source of funding, the current Wraparound program is restricted to those youth who are returning from or on the verge of going to a high-level group home placement. Even within this restricted group, most TAY "age out" at 18 and are no longer eligible for services, often at exactly the time when they most need support. However, those clients who have participated in Wraparound have greatly benefited.[6] Mental Health staff have also benefited from exposure to this philosophy and begun the transition from a professionally centered practice to a family centered practice. The TAY FS/W program, following a Wraparound philosophy will extend the benefits of this model to a much wider group of SED/SMI TAY, their families and to the staff that serve them.

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.

TAY clients, former clients and family members will be integrated throughout the structure of the TAY FS/W program. Currently clients, parents and family members sit on the MHSA steering committee, have participated in focus and stakeholders groups, and will continue to participate in the development and oversight of this program. The TAY FS/W program will have a TAY advisory committee consisting of TAY clients, family members and stakeholders, including those currently participating in the program.

Preference will be given to clients, former clients and family members applying to be mentors, personal services coordinators, therapists or other members of the TAY FS/W program. As the concept of "give back" will be introduced to clients at the formation of the Partnership Team, it is also hoped that some of the early "graduates" of the TAY FS/W program will continue to be involved in the program through paid or volunteer positions. This will allow the continued inclusion of the TAY's unique perspective and help to maintain the client-driven, client-focused nature of the program. A major criteria for selection as a TAY FS/W provider agency will be the organization's history of and ability to identify, hire, train and support TAY clients and family members.

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

Children and Youth Services (CYS) in Orange County has a long and very successful history of collaboration with the Social Services Dept. of Children and Family Services (DCSF), with the Juvenile Division of the Probation Dept., with Regional Center, and with the Orange County Dept. of Education (OCDE). One major area of discussion and joint planning has been in services to emancipating foster youth. Some of the housing and employment options outlined in the sections below have resulted from this collaborative work. In addition, it is anticipated that the MHSA will allow expansion of collaborative efforts to include grassroots and "non-system" groups as well through the placing of Outreach staff in local multipurpose sites such as Family Resource Centers, community centers, public health clinics, faith-based organizations, etc.

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

The TAY FS/W Program will be inclusive of the target populations in the community, with particular attention paid to the linguistic and cultural needs of the TAY and their families. The Outreach staff will be housed in the local community at community centers, family resource centers, schools and similar sites and will work with community leaders to ensure the communities are fully aware of the TAY FS/W Program. Staffing of the program will focus on meeting the cultural and linguistic needs of the community. The distribution of teams will be on the basis of the ethnic disparities identified elsewhere in this proposal. Training of all staff will be required to address cultural and linguistic issues and ensure that services are provided in a culturally competent manner. The County of Orange will continue to monitor demographic changes in the communities being served. Demographic shifts with regards to differing cultural and linguistic needs will be planned for to ensure continuity of culturally appropriate

treatment. In addition to threshold languages, attention will be given to emerging languages, a key issue in a rapidly changing county.

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.

The TAY FS/W program will attend to sexual orientation and gender specific issues. As stated previously, for the past six years, the Cultural Competency department has provided trainings on a quarterly basis on LGBT issues for TAY, such as gay/questioning youth, same sex parents, high risk behaviors for LGBT youth, the coming out process, etc. These trainings have been the most requested trainings and will be provided to all county and contract staff. Trainings by subject matter experts from The Gay, Lesbian, Bisexual and Transgender Center, in addition to other experts who are also knowledgeable about Orange County's culture will be utilized. Gender specific issues for TAY will be included in all staff trainings to ensure cultural comprehension of gender roles, when dealing with multicultural/multigenerational families. For all teams, TAY mentors will be matched by gender when possible and appropriate. In the second and third years of the projects and for the later years, specialty staff teams will be developed to address specialty needs, such as LGBT TAY.

Additionally, as in all FSPs, TAY FS/W staff will be trained in "orientation friendly" assessment/intake procedures designed to convey acceptance of sexual orientation. For example, staff may ask the TAY if she has a boyfriend or a girlfriend, not assuming that she is heterosexual. "Safe zones" will be developed in the program to provide visual cues that all sexual orientations are valued, such as displaying a gay pride flag, or LGBT adolescent literature in a section of the program. This information will be made available to TAY who may be visually impaired.

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

Incarcerated youth and youth placed out of county in group homes and residential treatment usually return to their families of origin and Orange County upon emancipation. In addition to the problems faced by all emancipating youth, these youth have the additional burden of having no local support system besides their families, from whom they often have been estranged, to assist them. Even when the other county offers emancipation services, there is an obvious limit on how helpful they can be in meeting a need that is so determined by local conditions. Furthermore, emancipated youth are NOT eligible for wraparound services as currently constituted due to the fact that Title IV-E funding for those services end at emancipation. It is anticipated that emancipating youth returning from out of county will be high users of the TAY FS/W

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in number 2 above.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – T1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2005-2006
Program Workplan No:	T1	Date:	03/12/06
Program Workplan Name:	TAY Full Service/Wraparound Program		Page 1 of 1
Type of Funding:	Full Service Partnership	Months of Operation:	3
Proposed Total Client Capacity of Program/Service:	33	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	33	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$191,250	$191,250
c. Employee Benefits			$63,750	$63,750
d. Total Personnel Expenditures	$0	$0	$255,000	$255,000
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$632,500	$632,500
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$887,500
6. Total Proposed Program Budget	**$0**	**$0**	**$887,500**	**$887,500**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$91,877	$91,877
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$91,877	$91,877
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$183,754	$183,754
3. Total Revenues	$0	$0	$183,754	$183,754
C. One-Time CSS Funding Expenditures			**$167,000**	**$167,000**
D. Total Funding Requirements	**$0**	**$0**	**$870,746**	**$870,746**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – T1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T1
Program Workplan Name: TAY Full Service/Wraparound Program
Type of Funding: Full Service Partnership
Proposed Total Client Capacity of Program/Service: 33
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 33

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Personal Services Coordinator*	3.25	3.25		$0
Service Chief II	*Program Director*		0.25		$0
MFT/CSW II	*QA/AI Coordinator*		0.25		$0
Office Specialist	*Clerical*	0.25	0.25		$0
Mental Health Worker III	*Housing Coordinator*		0.25		$0
Mental Health Worker III	*Employment Coordinator*		0.25		$0
Office Technician	*Clerical*	0.25	0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	3.75	4.75		$191,250
C. Total Program Positions		3.75	4.75		$191,250

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

TAY Full Service/Wraparound Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied. The personnel expenditures for the TAY Education and Employment Support Program and Supportive Housing Program services, originally included in the CSS Plan as separate MHSA programs, have been incorporated into this FSP and are now reflected in the program's Personnel Expenditures as well.

The program is expected to be in operation for one quarter of the current fiscal year, so the budget assumes costs for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. These additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California. The expenditures for the TAY Education and Employment Support Program and Supportive Housing Program services originally included in the CSS Plan as separate MHSA programs have been incorporated into this FSP and are now reflected in the program's operating expenditures as well.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $26,893.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, so it is assumed that Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 21% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

EXHIBIT 5a – T1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2006-2007
Program Workplan No: T1 | Date: 03/12/06
Program Workplan Name: TAY Full Service/Wraparound Program | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 132 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 132 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$772,650	$772,650
c. Employee Benefits			$257,550	$257,550
d. Total Personnel Expenditures	$0	$0	$1,030,200	$1,030,200
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$2,555,300	$2,555,300
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$3,585,500
6. Total Proposed Program Budget	**$0**	**$0**	**$3,585,500**	**$3,585,500**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$371,184	$371,184
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$371,183	$371,183
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$742,367	$742,367
3. Total Revenues	$0	$0	$742,367	$742,367
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,843,133**	**$2,843,133**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – T1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T1
Program Workplan Name: TAY Full Service/Wraparound Program
Type of Funding: Full Service Partnership
Proposed Total Client Capacity of Program/Service: 132
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 132

Fiscal Year: 2006-2007
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Personal Services Coordinator*	13.00	13.00		$0
Service Chief II	*Program Director*		1.00		$0
MFT/CSW II	*QA/AI Coordinator*		1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
Mental Health Worker III	*Housing Coordinator*		1.00		$0
Mental Health Worker III	*Employment Coordinator*		1.00		$0
Office Technician	*Clerical*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	19.00		$772,650
C. Total Program Positions		15.00	19.00		$772,650

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

TAY Full Service/Wraparound Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied. The personnel expenditures for the TAY Education and Employment Support Program and Supportive Housing Program services, originally included in the CSS Plan as separate MHSA programs, have been incorporated into this FSP and are now reflected in the program's Personnel Expenditures as well.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. These additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

The expenditures for the TAY Education and Employment Support Program and Supportive Housing Program services originally included in the CSS Plan as separate MHSA programs have been incorporated into this FSP and are now reflected in the program's operating expenditures as well.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $27,162.

64% of the total County of Orange MHSA allocation, including Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, so it is assumed that Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 21% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – T1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: T1
Date: 03/12/06
Program Workplan Name: TAY Full Service/Wraparound Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 132
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 132
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$788,103	$788,103
c. Employee Benefits			$262,701	$262,701
d. Total Personnel Expenditures	$0	$0	$1,050,804	$1,050,804
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$2,606,406	$2,606,406
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$3,657,210
6. Total Proposed Program Budget	**$0**	**$0**	**$3,657,210**	**$3,657,210**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$378,608	$378,608
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$378,607	$378,607
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$757,214	$757,214
3. Total Revenues	$0	$0	$757,214	$757,214
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,899,996**	**$2,899,996**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – T1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: T1
Date: 03/12/06
Program Workplan Name: TAY Full Service/Wraparound Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 132
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 132
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Personal Services Coordinator*	13.00	13.00		$0
Service Chief II	*Program Director*		1.00		$0
MFT/CSW II	*QA/AI Coordinator*		1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
Mental Health Worker III	*Housing Coordinator*		1.00		$0
Mental Health Worker III	*Employment Coordinator*		1.00		$0
Office Technician	*Clerical*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	15.00	19.00		$788,103
C. Total Program Positions		15.00	19.00		$788,103

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

TAY Full Service/Wraparound Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied. The personnel expenditures for the TAY Education and Employment Support Program and Supportive Housing Program services, originally included in the CSS Plan as separate MHSA programs, have been incorporated into this FSP and are now reflected in the program's Personnel Expenditures as well.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. In addition to the standard operating expenditures, additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

The expenditures for the TAY Education and Employment Support Program and Supportive Housing Program services originally included in the CSS Plan as separate MHSA programs have been incorporated into this FSP and are now reflected in the program's operating expenditures as well.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $27,706.

65% of the total County of Orange MHSA allocation, including Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, so it is assumed that Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 21% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Transitional Age Youth – Program 2

Outreach & Engagement Program

(T2)

Program 6: Transitional Age Youth 2 (T2) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Transitional Age Youth (TAY) Outreach & Engagement Program
Program Work Plan: T2		Estimated Start Date: June 2006

1. a) Description of Program: This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved seriously emotionally disturbed//seriously mentally ill (SED/SMI) TAY in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, strength and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concepts of community collaboratives, local resource development, and strength-based services are well established as best practices. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, age consistent with those they are serving, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.

1. b) Priority Population: The priority population to be served will be:

1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with an SED and a developmental disability or with co-occurring substance disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Community outreach and engagement services will identify unserved and underserved, SED/SMI TAY who require access to full service partnerships, other mental health services, and other needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. ✓ One-time only start-up funding for the purchase of office furniture, computers, printers, telephones, etc. have been included.	☐	☐	☒	☐	☒	☐	☐

Program 6: Transitional Age Youth 2 (T2) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Transitional Age Youth (TAY) Outreach & Engagement Program
Program Work Plan: T2		Estimated Start Date: June 2006

1. a) Description of Program: This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved seriously emotionally disturbed//seriously mentally ill (SED/SMI) TAY in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, strength and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concepts of community collaboratives, local resource development, and strength-based services are well established as best practices. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, age consistent with those they are serving, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.

1. b) Priority Population: The priority population to be served will be:

1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with an SED and a developmental disability or with co-occurring substance disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Community outreach and engagement services will identify unserved and underserved, SED/SMI TAY who require access to full service partnerships, other mental health services, and other needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified.	☐	☐	☒	☐	☒	☐	☐

Program 6: Transitional Age Youth 2 (T2) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Transitional Age Youth (TAY) Outreach & Engagement Program
Program Work Plan: T2		Estimated Start Date: June 2006

1. a) Description of Program: This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved seriously emotionally disturbed//seriously mentally ill (SED/SMI) TAY in the neighborhoods where they reside, or those who are homeless. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services will be reduced. Services offered in a culturally competent, strength and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concepts of community collaboratives, local resource development, and strength-based services are well established as best practices. This program will employ culturally competent outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, age consistent with those they are serving, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthful living.

1. b) Priority Population: The priority population to be served will be:

1. Homeless Seriously Emotionally Disturbed or Severely Mentally ill (SED/SMI) TAY
2. TAY with multiple psychiatric hospitalizations
3. TAY experiencing their first psychotic episode
4. Uninsured TAY, including SED/SMI TAY exiting the Probation and Social Services systems
5. SED/SMI TAY unserved or underserved because of linguistic or cultural isolation
6. SED/SMI TAY with special needs, such as those with an SED and a developmental disability or with co-occurring substance disorders

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Community outreach and engagement services will identify unserved and underserved, SED/SMI TAY who require access to full service partnerships, other mental health services, and other needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified.	☐	☐	☒	☐	☒	☐	☐

Transitional Age Youth 2 (T2) – Continued

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.

Community outreach and engagement services will identify unserved and underserved, seriously emotionally disturbed/seriously mentally ill transitional age youth (TAY) who require full service partnerships, other mental health services, and/or linkages with needed community resources. Paid outreach workers will be assigned to work in specific ethnically and linguistically diverse communities identified as having higher concentrations of unserved and underserved TAY. They will assist TAY to access the full range of integrated mental health services, as well as promote engagement with other services as additional needs are expressed or identified. This will be accomplished in three primary ways: 1) Raising awareness among community members of resources that promote problem-solving and wellness, 2) Facilitating improved communication among diverse community providers, and 3) Providing step-by-step assistance to those that face barriers in accessing needed services. Particular focus will be on identifying and serving racially and ethnically diverse populations that may be unaware of, or are reluctant to seek, services in traditional mental health settings.

Outreach workers will also provide training and collaboration with those employed in allied organizations so they too can be a ready resource to refer their own patrons that may be in need of mental health services. This would include school employees at both the high school and college levels, planned parenthood staff, public health workers, and primary health providers, as well as those employed in the child welfare/foster care, juvenile justice, and law enforcement systems. Training and collaboration will also occur with those affiliated with the broad range of local community agencies, such as Info Link Orange County, the designated 2-1-1 information and referral service in the Orange County region.

The primary goal of this program is to decrease racial and ethnic disparities in the access of mental health services. A focus will be on the Latino and Vietnamese populations which constitute a majority in several Orange County communities yet have lower rates in accessing mental health services. An additional goal is to increase the amount and timely delivery of appropriate services to unserved and underserved TAY in need, and to engage them before dropping out of school, losing contact with social workers, and/or separating from their family. Doing so will allow local communities to be strengthened in their capacity to identify target populations and to promote their inclusion in the mental health service delivery system. Services will be culturally and linguistically competent, client/family focused and community-based, designed to reduce hospitalization, incarceration, substance abuse, homelessness, and stigma while promoting recovery and resiliency.

Outreach workers will be bilingual/bicultural and mirror as much as possible the community they serve. They will be comprised of consumers or former consumers who are youth themselves, family members, and, when possible, other age-appropriate

youth from the community. Responsibilities will include the following: 1) Outreach at high-traffic areas such as shopping malls, and community sponsored events such as the Tết Festival in "Little Saigon", (i.e., a roughly three square mile area that takes in portions of the cities of Garden Grove and Westminster and has the highest concentration of Vietnamese businesses and cultural amenities in the country. 2) Training for those in "high-contact" professions, such as school personnel, police, planned parenthood personnel, primary health care providers, the County network of mental health providers, etc. 3) Resource identification through collaboration with agencies such as Info Link Orange County (as noted above), and with the wide range of traditional health providers that exists in the Asian/Pacific Islander (specifically Vietnamese) and Latino communities; 4) Direct consumer contact, such as accompanying consumers to initial mental health services to ensure linkage; and 5) Culturally competent community visibility by making use of "home-grown" media, such as radio stations and publications that promote wellness and resiliency at the local level, and that reduce the stigma of using mental health services. Outreach workers will maintain contact with consumers for as long as it takes to ensure linkage to the "best-fit" full service provider. Once the family/consumer confirms that successful linkage has occurred and effective services are in place, the outreach worker will disengage.

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

Outreach workers will establish and maintain a complete array of housing information and referral sources designed to address the individual needs of TAY. The Outreach and Engagement Program will also make use of flexible funding to access emergency and short-term housing options and supportive residential programs as a means to assist unserved TAY who are, or who are at risk of becoming, homeless and have not yet been successfully linked to a Full Service Partnership for extended support and care. Housing services provided through this program will be individualized and client-driven, with an emphasis on assuring client safety and stability during the engagement process.

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.

Clients already being served by a full service provider will not directly utilize outreach and engagement services once enrolled. However, many TAY who are appropriate for inclusion in a full service program will often be identified through this outreach and engagement function and linked to appropriate services.

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.

This program seeks to establish outreach and engagement activities in order to increase utilization of mental health services to unserved TAY in the neighborhoods where they reside, or those who are homeless. Resiliency generally means a positive adaptation to stressors which is a result, in part, of the quantity and quality of the social resources and supports available to a person. By promoting access to services in a locally integrated environment, the stigma of receiving mental health services can be reduced. The TAY is more likely to utilize both traditional and wraparound services, bringing additional resources and opportunities for skill building. Services offered in a culturally and linguistically competent, family focused, strength- and community-based manner will provide opportunities to build trust and encourage the establishment and growth of local support systems. The concept of community collaboratives, local resource development, and strength-based services is well established as a best practice model. This program will employ culturally and linguistically competent outreach workers trained in recovery and resiliency concepts. They will also be locally based, highly visible, age-consistent with those they are serving, and knowledgeable about resource. They will not only facilitate access to community mental health services, but also build on-going community supports that will sustain future efforts in healthful living among the TAY they encounter.

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

Specifically identified outreach and engagement workers are generally new to the Children and Youth System of Care in Orange County but the concept builds on some of our existing activities. Several contract agencies currently have part-time outreach coordinators focused primarily on encouraging access to existing traditional outpatient services. This proposed program strategy places outreach and engagement workers in the areas where unmet needs are the greatest. Additionally, the proposed strategy consists of services dedicated to a wide span of activities that are client-centered rather than simple case finding.

Any existing contract provider of CYS that may propose to provide these services will be required to delineate clearly how its program will uphold the community values and priorities outlined in the Orange County planning process for implementation of the MHSA. Providers will need to clearly demonstrate a “whatever-it-takes” perspective that looks beyond the traditional means of service delivery that will be utilized and maintained throughout the engagement process.

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.

Outreach workers may be selected from a qualified pool of consumers, former consumers, and when possible, youth from the community. Priority in selection would be given to age-appropriate TAY who have experience in seeking and/or receiving services in the mental health system, or to qualified former consumers. CYS has successfully partnered with several local universities and colleges to develop a pool of young workers, particularly for Therapeutic Behavioral Services, and we expect to increase and strengthen these partnerships for this program as well. In order to ensure that TAY have a role in development and oversight of this outreach program, an advisory committee will be formed with parents and consumers to provide feedback and input on program direction. Family members as well as individuals who are professionally licensed may also be selected to fill supervisory and management positions within this program.

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.

Children and Youth Services in Orange County has a very successful and a long-standing history of collaboration with multiple service providers, such as the Department of Children and Family Services in the Social Services Agency, the Juvenile Division of the Probation Department, the Orange County Department of Education, and the Special Education Local Plan Areas and their associated Local Education Agencies. Throughout the entire planning process for the MHSA, collaboration with stakeholder groups has been at the forefront of identifying the community values and priorities that will be addressed. As a result of working closely with community organizations as noted above, ongoing and future relationships will be strengthened, and, consequently, this will improve the overall ability to address the needs of Orange County's racially/ethnically diverse population. Good inter-agency communication allows for rapid need assessment, responsive follow-up, and more appropriate care, which enhances outcomes on every level.

A primary goal of the Outreach and Engagement Program is to meet the mental health needs of the unserved and underserved. This will require a new and comprehensive approach to reaching those pockets of individuals whose suffering may have been overlooked in the past.

One collaboration strategy to be implemented will include the interface with community health care providers (e.g., physicians, acupuncturists, chiropractors, naturopaths, etc.). Many currently unserved/underserved individuals from racially/ethnically diverse groups will seek general health care services for themselves from such providers, especially TAY mothers. Being at the first point of contact, these health care providers are often

the first to identify mental health conditions that require more specialized treatment. By providing these community-based outposts of care with the information and training that will promote the "best-fit" mental health service, overall health care will be enhanced. Referrals by "known" providers will improve acceptance and access for those who are unserved and underserved. Most importantly, early detection and treatment of mental illness will decrease its impact on the individual, the family, and the community in general.

Additionally, many providers may want to provide in-kind resources, such as allowing the use of donated space for on-site mental health providers. One report indicated that 59% of youth given a referral for a mental health service never made use of the service. Outcome results could be significantly improved if timely and readily accessible services which negate the need to negotiate multiple systems are available.

Another area of collaboration that provides opportunities for outreach and engagement is in the faith-based community. Many Latinos and Vietnamese are closely linked to their religious/spiritual organizations. The program will outreach to individuals from these communities to build and strengthen relationships and to coordinate services with them when needed.

With outreach and engagement workers maintaining contact with the local ethnically diverse communities in this way, coordination of effective and best-practice services will greatly improve health and wellness outcomes in a manner never before achieved.

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

The TAY Outreach and Engagement Program will focus on outreach to areas with high concentrations of ethnically diverse unserved/underserved TAY. Workers will be assigned to work within culturally/linguistically diverse communities to outreach TAY. Staff will be knowledgeable, bilingual/bicultural, and whenever possible, members of these communities, to help facilitate successful outreach. Staff will be provided training to ensure their understanding and competence when working with multicultural populations, including not only ethnically and linguistically diverse TAY, but TAY from other cultures, such as those who are homeless, recently incarcerated, recent immigrants, etc. Staff workers will work within already established cultural communities with community leaders to assist in successful and meaningful outreach and engagement, such as with the Vietnamese Buddhist Temples, with the Latino Catholic Churches, with local community centers and physical health care clinics, and with traditional healers, to decrease disparities in treatment and increase education of culturally competent resources.

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.

All services in the TAY Outreach and Engagement Program will be culturally competent and inclusive of gender and sexual orientation. Continued training for all program staff, both county and contract, will address the specific cultures of LGBT/Questioning TAY. The current County Cultural Competency Training Program addresses issues pertinent to LGBT/Questioning TAY, such as the coming out process, high risk behaviors for LGBT youth, LGBT/Questioning youth and families, working with LGBT youth. There will also be a focus on the specific cultural issues of ethnicity/religion. Training utilizing subject matter experts from the local area, such as the Gay, Lesbian, Bisexual, Transgender Center, the Vietnamese Gay Alliance and Delhi Community LGBT Services will be included, with a focus on the ever changing demographics of Orange County TAY.

Gender specific trainings will also take place to address the various cultural issues related to gender role for diverse TAY. This is essential when working with many diverse communities, who may have a different understanding of gender roles for both TAY and those staff who are working with them. Families and TAY in some communities may require an outreach worker of the same gender to appropriately connect. An example is the Muslim community, (who number over 200,000 in Orange County).

For outreach workers, who will be moving throughout the local communities, creating mobile "safe zones" will be key. That is, if the outreach workers are interacting with TAY at a local community center or on the street, binders that are carried may have a symbol such as a sticker of the gay pride flag on them to convey acceptance of sexual orientation. Staff will be trained on "orientation friendly" assessment techniques to demonstrate inclusion by asking if the male TAY has a girlfriend or a boyfriend, instead of assuming that the TAY is heterosexual.

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

TAY placed out-of-county face particular barriers in accessing appropriate mental health services both out-of-county and upon return. Outreach and engagement workers, although not working directly with out-of-county sites, will play a role in the training of community partners (education, juvenile justice, and social services systems) and mental health staff, consumers and family members to find the community resources that make it more likely that the needed services will be available once these individuals return within the county.

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

including how they are transformational and how they will promote the goals of the MHSA.

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in number 2 above.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – T2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2005-2006
Program Workplan No:	T2	Date:	03/12/06
Program Workplan Name:	TAY Outreach & Engagement Program		Page 1 of 1
Type of Funding:	Outreach & Engagement	Months of Operation:	3
Proposed Total Client Capacity of Program/Service:	46	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	46	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$67,500	$67,500
c. Employee Benefits			$22,500	$22,500
d. Total Personnel Expenditures	$0	$0	$90,000	$90,000
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$62,102	$62,102
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$152,102
6. Total Proposed Program Budget	**$0**	**$0**	**$152,102**	**$152,102**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$16,680	$16,680
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$16,680	$16,680
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$33,360	$33,360
3. Total Revenues	$0	$0	$33,360	$33,360
C. One-Time CSS Funding Expenditures			**$46,500**	**$46,500**
D. Total Funding Requirements	**$0**	**$0**	**$165,242**	**$165,242**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – T2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T2
Program Workplan Name: TAY Outreach & Engagement Program
Type of Funding: Outreach & Engagement
Proposed Total Client Capacity of Program/Service: 46
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 46

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Outreach Worker*	1.38	1.38		$0
Service Chief I	*Outreach Coordinator*	0.13	0.13		$0
Office Specialist	*Clerical*	0.13	0.13		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.64	1.64		$67,500
C. Total Program Positions		1.64	1.64		$67,500

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

TAY Outreach & Engagement Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions, including motel vouchers.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated, including FFP revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 22% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05, with a COLA applied.

*Please note: The unduplicated number of clients served is projected to be a total of 33 per 3-month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 workdays per year and 1.38 FTE clinicians, the estimated number of contacts would be 1435.

EXHIBIT 5a – T2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: T2
Date: 03/12/06
Program Workplan Name: TAY Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 182
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 182
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$272,700	$272,700
c. Employee Benefits			$90,900	$90,900
d. Total Personnel Expenditures	$0	$0	$363,600	$363,600
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$250,892	$250,892
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$614,492
6. Total Proposed Program Budget	**$0**	**$0**	**$614,492**	**$614,492**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$67,387	$67,387
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$67,387	$67,387
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$134,774	$134,774
3. Total Revenues	$0	$0	$134,774	$134,774
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$479,718**	**$479,718**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – T2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: T2
Date: 03/12/06
Program Workplan Name: TAY Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 182
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 182
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Outreach Worker*	5.50	5.50		$0
Service Chief I	*Outreach Coordinator*	0.50	0.50		$0
Office Specialist	*Clerical*	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.50	6.50		$272,700
C. Total Program Positions		6.50	6.50		$272,700

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

TAY Outreach & Engagement Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions, including motel vouchers.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated, including FFP revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 22% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

*Please note: The unduplicated number of clients served is projected to be 182. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 workdays per year and 5.5 FTE clinicians, the estimated number of contacts per year would be 5,720.

EXHIBIT 5a – T2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: T2
Date: 03/12/06
Program Workplan Name: TAY Outreach & Engagement Program
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 182
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 182
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$278,154	$278,154
c. Employee Benefits			$92,718	$92,718
d. Total Personnel Expenditures	$0	$0	$370,872	$370,872
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$255,910	$255,910
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$626,782
6. Total Proposed Program Budget	**$0**	**$0**	**$626,782**	**$626,782**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$68,735	$68,735
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$68,735	$68,735
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$137,469	$137,469
3. Total Revenues	$0	$0	$137,469	$137,469
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$489,313**	**$489,313**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – T2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T2
Program Workplan Name: TAY Outreach & Engagement Program
Type of Funding: Outreach & Engagement
Proposed Total Client Capacity of Program/Service: 182
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 182

Fiscal Year: 2007-2008
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Worker III	*Outreach Worker*	5.50	5.50		$0
Service Chief I	*Outreach Coordinator*	0.50	0.50		$0
Office Specialist	*Clerical*	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	6.50	6.50		$278,154
C. Total Program Positions		6.50	6.50		$278,154

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

TAY Outreach & Engagement Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions, including motel vouchers.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated, including FFP revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 22% of the costs associated with the program will be eligible for Medi-Cal reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

*Please note: The unduplicated number of clients served is projected to be 182. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 workdays per year and 5.5 FTE clinicians, the estimated number of contacts per year would be 5720.

Transitional Age Youth – Program 3

Crisis Residential Program

(T3)

Transitional Age Youth 3 (T3) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Transitional Age Youth (TAY) Crisis Residential Program
Program Work Plan: T3		Estimated Start Date: June 2006
1. a) Description of Program: The provision of crisis residential services will promote resiliency in seriously emotionally disturbed/seriously mentally ill (SED/SMI) TAY in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource that can provide respite from a stressful home environment and also facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement in the justice system.		
1. b) Priority Population: The priority population to be served will be uninsured or underinsured SED/SMI TAY who are in crisis and at risk of hospitalization and/or out-of-home placement or homelessness; or those TAY who, with intensive, short-term support, could be returned to their families or independent living setting from inpatient or out-of-home care.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Short-term, six-bed crisis residential program offering structured services to assist TAY in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement. ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED/SMI TAY and families being served through crisis residential services.	☐	☒	☐	☐	☒	☐	☐

Transitional Age Youth 3 (T3) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Transitional Age Youth (TAY) Crisis Residential Program
Program Work Plan: T3		Estimated Start Date: June 2006
1. a) Description of Program: The provision of crisis residential services will promote resiliency in seriously emotionally disturbed/seriously mentally ill (SED/SMI) TAY in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource that can provide respite from a stressful home environment and also facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement in the justice system.		
1. b) Priority Population: The priority population to be served will be uninsured or underinsured SED/SMI TAY who are in crisis and at risk of hospitalization and/or out-of-home placement or homelessness; or those TAY who, with intensive, short-term support, could be returned to their families or independent living setting from inpatient or out-of-home care.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Short-term, six-bed crisis residential program offering structured services to assist TAY in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement. ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED/SMI TAY and families being served through crisis residential services.	☐	☒	☐	☐	☒	☐	☐

Transitional Age Youth 3 (T3) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Transitional Age Youth (TAY) Crisis Residential Program
Program Work Plan: T3		Estimated Start Date: June 2006
1. a) Description of Program: The provision of crisis residential services will promote resiliency in seriously emotionally disturbed/seriously mentally ill (SED/SMI) TAY in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource that can provide respite from a stressful home environment and also facilitate the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement in the justice system.		
1. b) Priority Population: The priority population to be served will be uninsured or underinsured SED/SMI TAY who are in crisis and at risk of hospitalization and/or out-of-home placement or homelessness; or those TAY who, with intensive, short-term support, could be returned to their families or independent living setting from inpatient or out-of-home care.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Short-term, six-bed crisis residential program offering structured services to assist TAY in crisis to stabilize, provide respite, and offer diversion from hospitalization or transitional discharge options from inpatient or out-of-home placement. ✓ One-time only start-up funding to secure housing, transportation, child care and other resources necessary to support SED/SMI TAY and families being served through crisis residential services.	☐	☒	☐	☐	☒	☐	☐

Transitional Age Youth 3 (T3) – Continued

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 challenges facing most youth transitioning to adulthood have increased significantly over the past decade. However, for a young adult with a serious mental illness or a newly diagnosed mental illness, those challenges multiply exponentially and often become insurmountable. Over 60 percent of young adults with a serious mental illness are unable to complete high school. These young adults are often unemployed, unable to participate in continuing education, and lack successful skills necessary for independent living. An estimated 20 percent of youth receiving treatment for emotional or behavioral problems have either contemplated suicide or attempted suicide, and suicide is the third leading cause of death among young adults age 15 to 24.

In Orange County, SED/SMI TAY who respond to internal and/or external crises with significant impairment in daily functioning (e.g., threats to harm oneself or others) are routinely assessed for involuntary hospitalization if they refuse voluntary care. First responders to TAY in crisis are usually staff from regional outpatient clinics during normal working hours or law enforcement personnel during all other hours. However, treatment options available to the SED/SMI TAY are limited in the current system. Hospitalization is the most restrictive option but, if a locked setting is not indicated, these young adults are usually referred for traditional outpatient services in the community. The gap that exists between these two treatment destinations contributes to the challenges that SED/SMI TAY face. Without an available and intermediary resource, aborted treatment often results, and the challenges and trauma facing the youth and his/her family often recycle themselves until homelessness, unemployment, and/or family disgrace result. A structured, short-term residential program that fills this gap will provide time for stabilization, respite for relief from a stressful home environment, and aid in resiliency by quickly and effectively addressing the challenges related to an emerging crisis, such as the challenges faced by young adults (and their families) newly identified with a serious mental illness.

This alternative to inpatient care or institutionalization for SED/SMI TAY will be referred to as the Crisis Residential Program (CRP). It will be located in a six-bed residential site. Access to this program would be voluntary and available 24 hours per day/7 days per week. An on-site/on-call administrator would be able to make immediate admission decisions and coordinate transportation and other necessary arrangements. CRP staff would greet the youth and significant others either concurrently or sequentially to provide crisis intervention services and design a service plan that addresses the short- and long-term needs of the client and family. Program staff will also work with parents, roommates, or other persons identified by the TAY to begin the transition to a full service partnership that can provide the full array of services that will assist in the return home. Transportation would be available so that desired activities can be maintained and supported within the community. The CRP team will collaborate with all referral sources, especially full-service providers, to ensure continuity of care and that in-home

supports are in place when the youth is ready to transition back home. The anticipated length of stay in the crisis residential home would be three to six weeks.

Alternatively, SED TAY who are leaving the hospital, incarceration, or long-term placements (often located out-of-county) may also benefit from using the CRP as an intermediate step back into the community. The CRP will provide a venue to address many of the practical problems that are not focused on during hospital or institutional stays, such as gaps in care, unmet needs, acclimation to newly administered medications, or family support. Prior to leaving the facility, the CRP staff will arrange transition meetings with individuals the consumer views as essential to his/her success in navigating the challenges present. Goals will be established and the process of returning home with appropriate supports and services in place will be finalized. The CRP staff will work with the youth, family, and others involved in supporting the family to ensure linkage to needed services is made and that continuity of care is maintained.

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

This program will provide short-term housing while the client is accessing the crisis residential facility. If employment or long-term housing is an identified need, linkage will be made to one of the full service partnerships for on-going intervention.

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.

This is a system development proposal. As services are provided and additional needs are identified, linkage to a full service partnership may be indicated.

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.

As noted above, this program will provide an alternative to inpatient care for many TAY, allowing them to return home more quickly or to avoid hospitalization altogether. Although the inpatient setting meets the goals of providing a safe environment in which medication can be implemented or adjusted, and may also provide an opportunity for limited skill development by the TAY, none of the stressors of the “real world” are present, by design. Thus, testing and refinement of newly developed competencies is not possible. The development of resiliency in the face of crisis is very limited in the traditional inpatient model. The proposed crisis residential program will advance the goals of recovery for SED/SMI TAY by allowing a closer interaction with family members and other members of the client’s environment. The program will provide a “pause” in the client’s life and an opportunity for leaning new strategies for preventing future crises. Skills to be taught will include self-monitoring of symptoms and medication response, wellness maintenance, and relapse prevention. This skill building process will provide

the secondary benefit of instilling hope and giving the TAY a sense of self-determination. Rather than having spent weeks in an inpatient unit being "treated," the TAY will leave the Crisis Stabilization Home armed with new skills and strategies that promote resiliency and recovery.

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

This program will provide a new level of care for TAY in crisis not currently available in Orange 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.

CRP staff may be selected from a qualified pool of parents and consumers. Priority in selection will be given to parents and/or family members who have experience in seeking and/or receiving services in the mental health system, or to qualified former consumers. In order to ensure that parents and consumers have a role in development and oversight of this program, an advisory committee will be formed with parents and consumers to provide feedback and input on program direction. Family members as well as individuals who are professionally licensed may also be selected to fill supervisory and management positions within this program.

In the CRP, there are significant roles for TAY mentors including coaching and providing assistance in normalizing the situation by sharing from the mentor's own experience. In this way the mentor and the program resident can reinforce each other's recovery.

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

Collaboration strategies will be broad and varied. To ensure the necessary services and supports are in place, all areas of concern, such as permanent housing, employment, educational needs, treatment options, consultation with community agencies (e.g., Probation, Parole, Social Services, Regional Center, Police, WIB and the health care providers), specific ethnic or language needs, and family, will be addressed as needed. For high need TAY, full service partnerships may already be in place, consequently, collaboration with those providers will ensue to build on the success already made. When collaboration addresses unmet mental health needs, and targets the supports needed to help TAY function in the community, recovery is enhanced.

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

The TAY Crisis Residential Program will be culturally competent and inclusive. Staffing patterns will mirror the target population, with a focus on hiring staff that are bilingual/bicultural and knowledgeable of Orange County's diverse TAY population. Staff will receive ongoing training to meet the needs of an ever changing, diverse ethnic population and to help reduce disparities in access and treatment. The current Cultural Competency training program addresses these issues and will be provided to all county and contract staff. Additionally, staff for the TAY Residential Program will be trained in working with diverse family systems to ensure a comprehensive program that attends to the needs of a TAY and his family. This includes both those who are recent immigrants, as well as the native English speaking homeless TAY and their monolingual parent(s). Staff will work directly with the local community systems, integrating with already established, non-traditional provider networks, such as churches, youth groups, etc. The goal is to improve the service delivery for SED/SMI TAY and their families.

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.

All services in the TAY Residential Program will be culturally competent and inclusive of gender and sexual orientation. Staff will continue to receive ongoing training on issues related to LGBT/Questioning TAY and their families, such as working with LGBT adolescents and families, the coming out process, high risk behavior for LGBT youth, etc. There will be a focus on LGBT/Questioning issues in ethnic/religious communities. This will enable staff to work with a myriad of issues that may impact crisis residential care and success. Training will also address gender role issues, which are especially critical when considering and understanding the role gender plays in various culturally diverse populations.

All staff will be trained on appropriate assessment techniques to demonstrate inclusion. Questions will be "orientation friendly", asking if a male TAY has a girlfriend or a boyfriend, etc., instead of assuming orientation. "Safe zones" will be created to provide further non threatening support for LGBT TAY, such as having brochures on support groups, events, etc. from LGBT organizations such as GLSEN(Gay, Lesbian, Straight Education Network).

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

This program may be used as a brief step-down for youths who have succeeded in IMDs or in residential programs out of the state or area. Much of the model as outlined

can be adapted to facilitate re-entry into the family for youth who have been separated for an extended period of time. (See response to question 2)

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in number 2 above.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.
- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5**.

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – T3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2005-2006
Program Workplan No:	T3	Date:	11/11/05
Program Workplan Name:	TAY Crisis Residential Services		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	3
Proposed Total Client Capacity of Program/Service:	20	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	20	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
d. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$229,850	$229,850
6. Total Proposed Program Budget	**$0**	**$0**	**$229,850**	**$229,850**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$18,388	$18,388
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund			$18,388	$18,388
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$36,776	$36,776
3. Total Revenues	$0	$0	$36,776	$36,776
C. One-Time CSS Funding Expenditures			**$789,878**	**$789,878**
D. Total Funding Requirements	**$0**	**$0**	**$982,952**	**$982,952**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – T3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T3
Program Workplan Name: TAY Crisis Residential Services
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 20
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 20

Fiscal Year: 2005-2006
Date: 11/11/05
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Residential Counselor	*Residential Counselor*	1.50	1.50		$0
MFT/CSW II	*Licensed Clinician*		0.25		$0
Mental Health Worker III	*Peer Mentor*	0.25	0.25		$0
Service Chief II	*Program Director*		0.25		$0
Office Specialist	*Clerical*	0.25	0.25		$0
MFT/CSW II	*QA/QI Coordinator*		.013		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	2.63		$0
C. Total Program Positions		2.00	2.63		$0

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

TAY Crisis Residential Services, Fiscal Year 2005-06

A) Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   As the service provider is not yet known, no detailed data is available at this time.

2. **Personnel Expenditures**
   As the service provider is not yet known, no detailed data is available at this time.

3. **Operating Expenditures**
   As the service provider is not yet known, no detailed data is available at this time.

4. **Program Management**
   As the service provider is not yet known, no detailed data is available at this time.

5. **Estimated Total Expenditures when service provider is not known**
   Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions. Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a 3.4% Cost of Living Adjustment (COLA) applied. The program is expected to be in operation for one quarter of the current fiscal year, so the budget assumes costs for only 3 months.

B) Revenues

1. **Existing Revenues**
   This is a new program, so there are no existing revenues.

2. **New Revenues**
   It is assumed that some Medi-Cal Federal Financial Participation (FFP) and the State matching EPSDT will be generated. This budget assumes that approximately 20% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05.

There is also $725,000 in additional one-time funding requested for the purchase of a home in which to operate the program.

EXHIBIT 5a – T3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T3
Program Workplan Name: TAY Crisis Residential Program
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 20
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 20

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$114,844	$114,844
c. Employee Benefits			$38,281	$38,281
d. Total Personnel Expenditures	$0	$0	$153,125	$153,125
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$76,725	$76,725
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$229,850
6. Total Proposed Program Budget	**$0**	**$0**	**$229,850**	**$229,850**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$18,388	$18,388
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$18,388	$18,388
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$36,776	$36,776
3. Total Revenues	$0	$0	$36,776	$36,776
C. One-Time CSS Funding Expenditures			**$789,578**	**$789,578**
D. Total Funding Requirements	**$0**	**$0**	**$982,652**	**$982,652**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – T3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T3
Program Workplan Name: TAY Crisis Residential Program
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 20
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 20

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Residential Counselor	*Residential Counselor*	1.50	1.50		$0
MFT/CSW II	*Licensed Clinician*		0.25		$0
Mental Health Worker III	*Peer Mentor*	0.25	0.25		$0
Service Chief II	*Program Director*		0.25		$0
Office Specialist	*Clerical*	0.25	0.25		$0
MFT/CSW II	*QA/QI Coordinator*		0.13		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	2.63		$114,844
C. Total Program Positions		2.00	2.63		$114,844

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

TAY Crisis Residential Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 16% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05, with a COLA applied.

There is also $725,000 in additional one-time funding requested for the purchase of a home in which to operate the program.

EXHIBIT 5a – T3 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2006-2007
Program Workplan No:	T3	Date:	03/12/06
Program Workplan Name:	TAY Crisis Residential Program		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	78	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	78	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$463,969	$463,969
c. Employee Benefits			$154,656	$154,656
d. Total Personnel Expenditures	$0	$0	$618,625	$618,625
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$309,969	$309,969
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$928,594
6. Total Proposed Program Budget	**$0**	**$0**	**$928,594**	**$928,594**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$74,288	$74,288
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$74,288	$74,288
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$148,575	$148,575
3. Total Revenues	$0	$0	$148,575	$148,575
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$780,019**	**$780,019**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – T3 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T3
Program Workplan Name: TAY Crisis Residential Program
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 78
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 78

Fiscal Year: 2006-2007
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Residential Counselor	*Residential Counselor*	6.00	6.00		$0
MFT/CSW II	*Licensed Clinician*		1.00		$0
Mental Health Worker III	*Peer Mentor*	1.00	1.00		$0
Service Chief II	*Program Director*		1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
MFT/CSW II	*QA/QI Coordinator*		0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	8.00	10.50		$463,969
C. Total Program Positions		8.00	10.50		$463,969

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

TAY Crisis Residential Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 16% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – T3 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2007-2008
Program Workplan No:	T3	Date:	03/12/06
Program Workplan Name:	TAY Crisis Residential Program		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	78	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	78	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$473,248	$473,248
c. Employee Benefits			$157,749	$157,749
d. Total Personnel Expenditures	$0	$0	$630,997	$630,997
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$316,168	$316,168
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$947,165
6. Total Proposed Program Budget	**$0**	**$0**	**$947,165**	**$947,165**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$75,774	$75,774
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$75,774	$75,774
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$151,547	$151,547
3. Total Revenues	$0	$0	$151,547	$151,547
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$795,618**	**$795,618**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – T3 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: T3
Program Workplan Name: TAY Crisis Residential Program
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 78
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 78

Fiscal Year: 2007-2008
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Residential Counselor	*Residential Counselor*	6.00	6.00		$0
MFT/CSW II	*Licensed Clinician*		1.00		$0
Mental Health Worker III	*Peer Mentor*	1.00	1.00		$0
Service Chief II	*Program Director*		1.00		$0
Office Specialist	*Clerical*	1.00	1.00		$0
MFT/CSW II	*QA/QI Coordinator*		0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	8.00	10.50		$473,248
C. Total Program Positions		8.00	10.50		$473,248

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

TAY Crisis Residential Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions, with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05, with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal revenue will be generated. This budget assumes that 16% of the costs associated with the program will be eligible for Medi-Cal FFP and the State matching EPSDT reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Adult Programs

MHSA funding is requested for the following five programs for Adults: Adult Integrated Service Program, Crisis Assessment Teams and Psychiatric Emergency Response Team, Crisis Residential Services, Supported Employment Services for SMI Clients and Outreach and Engagement Services. Programs for adults cover the age range of 25-59. The following policy statements apply.

- There will be no discrimination in delivering services based on voluntary vs. involuntary legal status.
- Health and fitness are an important part of recovery and resiliency.
- Intergenerational issues will be addressed.
- Within the limits of conflict of interest policy, the community will have the opportunity to provide information regarding the specifics of implementation. This will occur by giving input into the Request for Proposals (RFP) process.

The adult programs are explained in the sections that follow.

Adults – Program 1

Adult Integrated Service Program

(A1)

Program 8: Adult 1 (A1) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Adult Integrated Service Program
Program Work Plan: A1		Estimated Start Date: June 2006

1. a) Description of Program: The Adult Integrated Service Program will provide county-wide individualized, integrated culturally-competent services for adults with a serious mental illness. High priority populations are those who are homeless and those who may have co-occurring disorders. Individuals will enroll in a voluntary program with a single point of responsibility. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each PSC will have a low client to staff ratio. Services include: 24/7 availability, linkage to or provision of all needed services. Services are founded on a "whatever it takes" commitment.

1. b) Priority Population: Services to be provided to SMI adults who are suffering from substance abuse, homeless, in jail, frequent users of hospitals and emergency rooms, are cycling through different institutional and involuntary settings.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated assessment teams that provide comprehensive mental health and substance abuse assessment, which are strength based and focused on client engagement. ✓ Supportive employment and education and other productive activities. ✓ Self-help and client run programs. ✓ Family support and education and consultation services. ✓ Integrated services with law enforcement, probation and courts for the purpose of alternatives to jail for those with serious mental illness. ✓ Client self-directed plans.	☒	☐	☐	☐	☐	☒	☐

Program 8: Adult 1 (A1) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Adult Integrated Service Program
Program Work Plan: A1		Estimated Start Date: June 2006
1. a) Description of Program: The Adult Integrated Service Program will provide county-wide individualized, integrated culturally-competent services for adults with a serious mental illness. High priority populations are those who are homeless and those who may have co-occurring disorders. Individuals will enroll in a voluntary program with a single point of responsibility. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each PSC will have a low client to staff ratio. Services include: 24/7 availability, linkage to or provision of all needed services. Services are founded on a "whatever it takes" commitment.		
1. b) Priority Population: Services to be provided to SMI adults who are suffering from substance abuse, homeless, in jail, frequent users of hospitals and emergency rooms, are cycling through different institutional and involuntary settings.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated assessment teams that provide comprehensive mental health and substance abuse assessment, which are strength based and focused on client engagement. ✓ Supportive employment and education and other productive activities. ✓ Self-help and client run programs. ✓ Family support and education and consultation services. ✓ Integrated services with law enforcement, probation and courts for the purpose of alternatives to jail for those with serious mental illness. ✓ Client self-directed plans.	☒	☐	☐	☐	☐	☒	☐

Program 8: Adult 1 (A1) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Adult Integrated Service Program
Program Work Plan: A1		Estimated Start Date: June 2006

1. a) Description of Program: The Adult Integrated Service Program will provide county-wide individualized, integrated culturally-competent services for adults with a serious mental illness. High priority populations are those who are homeless and those who may have co-occurring disorders. Individuals will enroll in a voluntary program with a single point of responsibility. Each enrolled individual participates in the development of a plan that is focused on recovery and wellness. Each PSC will have a low client to staff ratio. Services include: 24/7 availability, linkage to or provision of all needed services. Services are founded on a "whatever it takes" commitment.

1. b) Priority Population: Services to be provided to SMI adults who are suffering from substance abuse, homeless, in jail, frequent users of hospitals and emergency rooms, are cycling through different institutional and involuntary settings.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated assessment teams that provide comprehensive mental health and substance abuse assessment, which are strength based and focused on client engagement. ✓ Supportive employment and education and other productive activities. ✓ Self-help and client run programs. ✓ Family support and education and consultation services. ✓ Integrated services with law enforcement, probation and courts for the purpose of alternatives to jail for those with serious mental illness. ✓ Client self-directed plans.	☒	☐	☐	☐	☐	☒	☐

Adult 1 (A1) – Continued

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

Orange County will expand its array of integrated service programs to increase beyond the current 94 clients served by our AB 2034 program. One program/team will be developed using the successful integrated service program model employed by AB2034 for individuals who are adjudicated through the court. The second will target those released from the criminal justice system. The third will serve those general community members who meet the eligibility requirements. Target populations for all three of these components will be adults who are homeless or at imminent risk of homelessness and seriously and persistently mentally ill, and who often suffer from co-occurring disorders and have not been able to benefit from traditional mental health services. Participation will be voluntary.

Integrated Service Program (a Full Service Partnership) is the evidence-based model for this program. It will be strength-based, with the focus on the person rather than the disease. Multi-disciplinary teams will be established including the client, psychiatrist, and Personal Services Coordinator (PSC). Whenever possible, these multidisciplinary teams will include a mental health nurse, marriage and family therapist, clinical social worker, peer specialist, and family members. The ideal client to staff ratio will be 10 to 1, ensuring relationship building and intense service delivery. Services will include:

- Crisis management
- Housing Services
- 24/7 intensive case management
- Community-based Wrap around Recovery Services
- Vocational and Educational services
  - ✓ Job Coaching/Developing
  - ✓ Consumer employment
- Money management/representative payee support
- Flexible fund account for immediate needs
- Transportation
- Illness education and self-management
- Medication Support
- Dual Diagnosis Services
- Linkage to financial benefits/entitlements
- Family and Peer Support
- Supportive socialization and meaningful community roles

Client services are focused on recovery and harm reduction to encourage the highest level of client empowerment and independence achievable. PSC's will meet with the member in their current community setting, and will develop a supportive relationship with the individual served and become teachers and mentors rather than just case managers. Substance abuse treatment will be integrated into services provided by the

client's team to persons suffering with a co-occurring disorder. Consumers who have experience with NA and AA 12 step recovery programs will provide peer support, hope, and encourage sobriety and recovery to clients by role modeling recovery and attending community AA and NA meetings with those who need their support, and assisting in working the 12 step program.

The Integrated Services Program will offer "whatever it takes" to engage serious mentally ill adults, including those who are dually diagnosed in a partnership to achieve the individual's wellness and recovery goals. Services will be non-coercive and focused on engaging people in the field. Engagement is relationship focused with a no harm, no fault policy.

The programs will include a strong outreach component with an expanded focus on traditionally difficult to engage cultural groups such as Latinos, the Asian community, transitional age youth and others in order to overcome the many barriers to participation by particular local populations. Consumers who have particular knowledge of the street culture, where the homeless eat and sleep, and have had the same experience will be used as part of the outreach effort to overcome new clients' fear of the system, as well as provide hope for recovery and self-reliance. Orange County's current AB2034 outreach team may serve as a principal gatekeeper and provide outreach and engagement to potential members. However, additional outreach and engagement strategies will be employed beyond those currently in place.

Outreach is harm reduction-focused, providing the client on the street with any needed resources to reduce harm to self and the community, while role modeling decision making and strengthening the relationship between client and outreach worker. Harm reduction recognizes that recovery is a process. This process may include the client "using" while he/she addresses other areas of need in their lives before considering drug/alcohol reduction, on the road to abstinence and recovery. Reduction in use, switching to less harmful drugs, using more responsibly, will all be recognized as positive steps in the continuum of recovery.

Orange County Integrated Recovery Services (IReS) is one of the State's current AB2034 programs. This program provides intensive community treatment to assist 94 members with serious and persistent mental illness. The IReS team has provided outreach, engagement, and assertive community treatment services since 2000. The team has demonstrated success in outreach and engagement, reducing homelessness, decreasing incarcerations and hospitalization and increasing employment. This success has been demonstrated in evidence gathered, monitored and presented to the State Department of Mental Health. However, these services are not available outside normal working hours.

This program will provide 24 hours 7 days a week access for its members. Individuals enrolled in this program will have a single point of contact; a PSC in partnership with the member will develop an individualized service plan that will be used to identify a full array of desired services. A key component of the program will be a Peer Recovery

Specialist on the team, who can serve as a mentor. The team will be able to provide crisis response, alternatives to jail and hospitalization, housing and employment supports using engagement and recovery strategies. The team will use community resources whenever feasible, and use flexible funding to address immediate needs, socialization activities, recreational, educational and other learning opportunities, to engage the client based upon the individual's interests. In addition, other members may be added periodically to the team, based upon the client's strengths, needs and goals. These may include the client's pastor or spiritual leader, family members, probation officer, employer, etc.

The Integrated Services Program, in collaboration with the Criminal Justice System, will serve a total of 100 (by end of Year 3). The target population is adults with severe mental illness, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement and/or homelessness; or who have recently been discharged from institutions or jails. The team will have the same composition as other FSPs, adding additional members to address specific needs and goals of the client. The team will provide intensive community-based services and supports that will utilize a team approach and will include consumers as service providers. The program will have 24/7 service availability. Each enrollee will have a PSC who will help the client in the development of his/her individualized service plan.

This integrated team will collaborate with the Orange County court and OC Jail to provide integrated mental health and substance abuse treatment to individuals with a serious mental illness and co-occurring disorders. The incidence of co-occurring mental health and substance abuse disorders is high. Approximately 60-80% of all Emergency Treatment Services admissions are identified as having co-occurring disorders. The team will be recovery focused and harm reduction-oriented. In addition, teams assigned to the "Whatever It Takes" (W.I.T.) court and criminal justice FSP will also partner with Probation Department and Orange County Jail to assist with the difficult to engage individuals who have a serious mental illness, are homeless, criminally involved and have a high incidence of recidivism in the local jails and courts.

Some staff will also spend considerable time at the Main Jail focusing on assessment, connection and discharge planning as soon as client identification for release is made. If it is determined that the client is not ready for independent living' they may be referred to the Crisis Residential Program for assessment, stabilization and follow-up. The Integrated Services program will not replace the current treatment staff and programs in the Orange County jails. Those programs will remain in place.

The Integrated Services Program will advance MHSA goals by providing client-directed services that are individualized, reducing the effects of untreated mental illness, increasing access to care for ethnically diverse individuals, decreasing homelessness, connecting with the justice system and reducing inappropriate use of acute inpatient care. In addition, this program will advance rehabilitation and recovery practices, which will assist clients in their recovery, self-sufficiency and in seeking and sustaining employment.

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

Providing housing will be a critical element for this program. The PSC will work with the individual served to determine the best options for safe affordable housing based on client need and the expressed desire of the client. Each individual will have the opportunity to express his/her desire or interest in community programs and activities that result in meaningful use of time and talent.

Doing "whatever it takes" to address a consumers housing needs will be done. Housing strategies may vary over the course of services, transitional or respite housing may be indicated early on, whereas permanent supportive housing or independent housing is the long-term goal. Program specific housing specialists are a part of the program team.

An array of housing options provided includes:

- Immediate shelter: critical access for individuals who are homeless or have no other immediate housing options available. For those who may be unwilling or inappropriate for a shelter, or when no shelter is available, motel vouchers will be available.
- Dual Diagnosis Recovery Program (Transitional Housing 60-90 day) will be available for those clients who express a need for more structure and recovery support before moving on.
- Transitional Housing: available for individuals who will benefit from intermediate step between shelter and permanent housing. Transitional housing is generally time-limited and provides structures and programming in the context of housing such as Board and Care or Room and Board. Providers may look into master leasing such housing options.
- Permanent Housing: Allow residents to have their own unit or bedroom. Shelter Plus Care will also be available for members to as a potential resource.
- The program will build upon existing collaborative relationships with landlords, while seeking out additional landlords who can provide the types of housing needed.

The Integrated Service Program will also have a vocational/educational specialist on the team to work with consumers in identifying employment goals. Consumers will be encouraged to consider and to start volunteer work, part-time, supported employment or education. Employment services provide the basic skills necessary to assist in the integration of the severe chronic mentally ill homeless individual into the workforce. Many of the clients have minimal work experience or have not worked for a number of years. In order to prepare these clients for the workforce, the program will have volunteer and employment preparation duties. For example: a day labor program will be developed or contracted with an existing day labor company in order to provide opportunities to those who want and need to work immediately. This will also be an effective outreach strategy as many consumers in the community have little insight into their need for psychiatric assistance and will reject any offer of same, but will accept an opportunity to work. A job developer will cultivate relationships in the business

community and look for the right employers to connect with the appropriate employee from the program. The job developer will also assist the clients in job search and preparation for the interview, develop his/her resume, search for jobs, practice interviewing skills, and explore various career options.

Many of these clients have failed in the traditional educational system due to the lack of support available, understanding of their illness and symptoms as well as the structure to which they are required to adhere. Individuals will engage in a number of activities such as: GED prep using the computer program PLATO and be linked to colleges, vocational and adult schools. Peers may be used as teachers' aids to ease the anxiety of new clients returning to continue educational goals.

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.

Average cost per client per year without housing is $15,000.

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

The Integrated Service Program is based on a recovery model that is designed to do "whatever it takes" to assist clients in achieving their hopes and dreams while reducing incarceration and recidivism. Rehabilitation and recovery interventions are client directed and embedded within the service array to include: individualized wellness recovery action plan, skill development, peer supports, social and recreational opportunities, supported employment, supported education and supported housing.

Staff will participate in The Village immersion training, which fundamentally incorporates the concepts of AB2034 and recovery. There will be ongoing training and support in wellness and recovery philosophy and methodology to ensure successful client/staff relationships. Management and supervision staff will also be responsible for educating, cultivating, supporting, and role modeling the values of recovery.

Staff will be selected based, at least in part, on experience with and commitment to the recovery vision. Because the goal of the program is to provide effective interventions that engage individuals who have previously been homeless and experience multiple incarcerations, the team will focus on identifying individual strengths and opportunities to promote illness management techniques. Every opportunity will be taken to assist clients to team with "life building" community resources and partners.

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

The current AB2034 program is staffed to provide services to 94 members. It is proposed to expand our array of programs to accommodate 260 additional full service partnerships. This expansion will increase access to 24 hours 7 days a week for the current 94 members, as well as the members of the newly created full service partnerships. Individuals assigned to these programs will have a single point of responsibility; a PSC, in partnership with the member, will develop an individualized service plan that will be used to identify a full array of desired services. The team will be able to provide crisis response, alternatives to jail and hospitalization, housing and employment supports using engagement and recovery strategies including mentoring life skills and decision-making strategies. A key component of the program will be a Peer Recovery Specialist on the team.

As noted above, a new Full Service Partnership integrated team will be developed to support a collaborative court and those being released from incarceration back into the community.

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.

Connection to community, family and friends will be a critical element to recovery. The PSC's will work to include the consumer's natural support system in treatment and services.

Peers will be hired and peer volunteers recruited as peer support to assist members in their recovery. A key component of the team will be to employ consumers as Peer Recovery Specialists (PRS). Each of the three program components (W.I.T. court, criminal justice system, and general population) will have a minimum of two client/family members employed as PRS's. In addition, each component will have an additional minimum of five Mental Health Workers to work in client-operated wellness centers.

It is recognized that an individual's natural support system, including family, is essential to their recovery. It is also recognized that this natural system may need support and/or education to be able to provide the best care and support. The Health Care Agency has a Family Advocate that will be utilized by the team. Education and Support groups will be developed for the program. NAMI's Family-to-Family education services will also be a resource as well as the County's" True North" program which is based on the work of Bill Anthony and his colleagues at Boston University.

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.

Our experience with the AB2034 homeless program has demonstrated successful collaboration by many stakeholders, including: Orange County Superior Court, hospitals, local homeless providers, local housing authorities, alcohol and drug programs, mental health providers, law enforcement, criminal justice community, faith-based community providers, housing providers, health providers, business and education entities. These same community stakeholders will continue to collaborate with the integrated services program to address the needs of the homeless mentally ill. Additionally, we will need to engage new "life building" partners who will assist clients to achieve their chosen goals in "normal, everyday" activities.

AB2034 has collaborated with local law enforcement agencies and designed a pilot to improve police response and enhance services to all mentally ill persons that come in contact with officer via phone or on site. By pairing law enforcement officers with a mental health specialist, the collective skill and knowledge in dealing with mentally ill persons could be applied when responding to and resolving calls for services. This pilot has proven to be an effective tool in diverting mental health consumers from incarceration or crisis hospitalization back into recovery services. The community, consumers, families of the mentally ill and law enforcement personnel have asked for expansion of this pilot, which presently runs in a limited geographical area and limited hours.

Orange County AB2034 has also collaborated with the court system by participating in the homeless outreach court. The program addresses quality of life infractions that presented barriers to independence and self-sufficiency for homeless residents. Staff will be available to provide outreach and engagement to those identified by the court for needing mental health intervention. Homeless court has also been used and will continue to be used by the outreach team as an engagement strategy. Many consumers in the community state that resolving pending legal charges is their immediate need. By the outreach worker being able to resolve the issue favorably with the assistance from the homeless court, trust between client and outreach staff is established.

Again, we intend to build upon the vast experience we have gained in the past five (5) years with our current integrated service program. We will call upon new "partners" to help both expand the current AB 2034 program and to develop our proposed new Integrated Service Program.

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

Cultural Competence will be a continuous focus in the development of these programs. Key will be the recruitment and hiring of staff that are culturally and linguistically competent to address treatment disparities. Moreover, outreach and engagement activities will be targeted to unserved and underserved linguistic and ethnic minority communities. We must have new dialogues with new partners. We must expand upon the good work accomplished to date. The program will develop an outreach plan that will include new partners such as ethnic and community "elders" and "leaders" as well as other natural partners who will assist program clients in their quest for new experiences. The staff will be sensitive to the client's, and family level of acculturation or disparity between the two and not just ethnic background. This program will be embedded in the overall Cultural Competency guidelines and expectations for all county services.

Additionally, we will develop new strategies, resources and training for using "translators" for both linguistic purposes as well as for communicating with the deaf and hard of hearing communities.

In addition, the Cultural Competency Department, a unique asset of Orange County, will provide training for all staff. Training will address the provision of care to various cultures in a manner, which is appropriate and effective, and will focus on how to work with consumers in a culturally competent manner with such developments as employment and housing.

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.

System-wide training to county and contract staff will be provided and focused on services for lesbian/gay/bisexual/transgender (LGBT) consumers. Services related to gender are especially critical when considering and understanding the role gender plays in relation to specific ethnic and cultural populations. The need to be knowledgeable about and considerate of gender sensitive issues when working with culturally diverse populations will be a focus of the program's training curriculum.

Specifically, training will address issues that LGBT adults may face, particularly LGBTs from various ethnic backgrounds. Subject matter experts from a variety of ethnic communities, such as the Vietnamese Gay Alliance will be incorporated in LGBT trainings to focus on the special needs of these populations.

Sexual orientation and gender sensitivity are required and integrated in the service delivery system. In the second and third years of the projects and for the later years, specialty staff teams may be developed to address specialty needs. A representative of the Gay and Lesbian Center of Orange County currently serves on the MHSA Steering Committee. The Center will serve as a resource to LGBT clients and family members.

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

This service will be provided to Orange County residents only. Should members of this program desire to move outside of Orange County or find themselves in a situation that has taken them out of Orange County and then later wish to return, the team will work with the appropriate contacts in the new location to effect a successful and safe change.

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

All strategies are listed in Section IV.

13. Please provide a timeline for this work plan including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – A1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: A1
Program Workplan Name: Adult Integrated Services Program
Type of Funding: Full Service Partnership
Proposed Total Client Capacity of Program/Service: 100
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 100

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$583,125	$583,125
c. Employee Benefits			$194,375	$194,375
d. Total Personnel Expenditures	$0	$0	$777,500	$777,500
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$747,965	$747,965
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$1,525,465
6. Total Proposed Program Budget	**$0**	**$0**	**$1,525,465**	**$1,525,465**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$135,000	$135,000
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$135,000	$135,000
3. Total Revenues	$0	$0	$135,000	$135,000
C. One-Time CSS Funding Expenditures			**$762,500**	**$762,500**
D. Total Funding Requirements	**$0**	**$0**	**$2,152,965**	**$2,152,965**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – A1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: A1
Date: 03/12/06
Program Workplan Name: Adult Integrated Services Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 100
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 100
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Psychiatrist	*Medication Management*		1.00		$0
Service Chief	*Supervisor*		1.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Specialist	*Personal Services Coordinator*		5.50		$0
Nurse	*Linkage to Primary Care*		1.00		$0
CSW II	*Personal Services Coordinator*		1.00		$0
Mental Health Specialist	*Housing Specialist*		1.00		$0
Mental Health Worker	*Peer Recovery*	1.25	1.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.25	12.75		$583,125
C. Total Program Positions		1.25	12.75		$583,125

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

Adult Integrated Services Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied. The program is expected to be in operation for one quarter of the current fiscal year, so the budget assumes costs for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. Additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $15,254.

62% of the total County of Orange MHSA allocation, including Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, therefore, it is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 18% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

The one-time funding request for this program also includes approximately $450,000 for renovations to the potential site location for this program.

EXHIBIT 5a – A1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2006-2007
Program Workplan No:	A1	Date:	03/12/06
Program Workplan Name:	Adult Integrated Services Program		Page 1 of 1
Type of Funding:	Full Service Partnership	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	400	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	400	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$2,605,825	$2,605,825
c. Employee Benefits			$850,345	$850,345
d. Total Personnel Expenditures	$0	$0	$3,456,170	$3,456,170
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$2,706,709	$2,706,709
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$6,162,879
6. Total Proposed Program Budget	**$0**	**$0**	**$6,162,879**	**$6,162,879**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$545,400	$545,400
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$545,400	$545,400
3. Total Revenues	$0	$0	$545,400	$545,400
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$5,617,479**	**$5,617,479**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – A1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: A1
Date: 03/12/06
Program Workplan Name: Adult Integrated Services Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 400
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 400
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Psychiatrist	*Medication Management*		4.00		$0
Service Chief	*Supervisor*		4.00		$0
Office Specialist	*Clerical*		4.00		$0
Mental Health Specialist	*Personal Services Coordinator*		22.00		$0
Nurse	*Linkage to Primary Care*		4.00		$0
CSW II	*Personal Services Coordinator*		4.00		$0
Mental Health Specialist	*Housing Specialist*		4.00		$0
Mental Health Worker	*Peer Recovery*	5.00	5.00		$0
Mental Health Worker	*Wellness Center*	5.00	5.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	10.00	56.00		$2,605,825
C. Total Program Positions		10.00	56.00		$2,605,825

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

Adult Integrated Services Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied. In FY 2006-07, 5 additional program staff were added with the anticipated increase in the MHSA funding allocation. These staff will serve as Mental Health Workers, to be filled by consumers/family members to support the Wellness Center.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. In addition to the standard operating expenditures, additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $15,407.

64% of the total County of Orange MHSA allocation, including applicable Administrative costs, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, therefore, it is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 17% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – A1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2007-2008
Program Workplan No:	A1	Date:	03/12/06
Program Workplan Name:	Adult Integrated Services Program		Page 1 of 1
Type of Funding:	Full Service Partnership	Months of	12
Proposed Total Client Capacity of Program/Service:	479	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	479	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$3,362,942	$3,362,942
c. Employee Benefits			$1,102,352	$1,102,352
d. Total Personnel Expenditures	$0	$0	$4,465,294	$4,465,294
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$2,825,365	$2,825,365
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$7,290,659
6. Total Proposed Program Budget	**$0**	**$0**	**$7,290,659**	**$7,290,659**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$556,308	$$556,308
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$556,308	$556,308
3. Total Revenues	$0	$0	$556,308	$556,308
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$6,734,351**	**$6,734,351**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – A1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: A1
Date: 03/12/06
Program Workplan Name: Adult Integrated Services Program
Page 1 of 1
Type of Funding: Full Service Partnership
Months of 12
Proposed Total Client Capacity of Program/Service: 479
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 479
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Psychiatrist	*Medication Management*		6.00		$0
Service Chief	*Supervisor*		4.00		$0
Office Specialist	*Clerical*		4.00		$0
Mental Health Specialist	*Personal Services Coordinator*		26.00		$0
Nurse	*Linkage to Primary Care*		4.00		$0
CSW II	*Personal Services Coordinator*		6.00		$0
Mental Health Specialist	*Housing Specialist*		8.00		$0
Mental Health Worker	*Peer Recovery*	5.00	5.00		$0
Mental Health Worker	*Wellness Center*	8.00	9.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	13.00	72.00		$3,362,942
C. Total Program Positions		13.00	72.00		$3,362,942

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

Adult Integrated Services Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied. In FY 2007-08, 12 additional program staff, including 2 full time psychiatrists, were added with the anticipated increase in the MHSA funding allocation. Of the 5.9% of total funding the state has suggested be included as an increase in the entire MHSA program spending plan in year three, Orange County has allocated 3.9% directly to the Adult FSP program, in accordance with direction provided by our steering committee during our planning process to direct any additional funds available to the Adult FSP.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, is based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. In addition to the standard operating expenditures, additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $15,220.

65% of the total County of Orange MHSA allocation is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

Benefit establishment is one of the program components of the full service partnership program, therefore, it is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Adults – Program 2

Centralized Assessment Team and Psychiatric Emergency Response Team

(A2)

Program 9: Adult 2 (A2) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Centralized Assessment Team and Psychiatric Emergency Response Team
Program Work Plan: A2		Estimated Start Date: June 2006

1. a) Description of Program: One centralized assessment team (CAT) to provide emergency mental health evaluation throughout Orange County including emergency rooms. One Psychiatric Emergency Response Team (PERT) to collaborate with law enforcement to provide mental health evaluations. This program advances MHSA goal of integrated services and timely access.

1. b) Priority Population:
Adults with serious mental illness and/or co-occurring disorder who are experiencing a mental health crisis.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Develop 2 teams to provide emergency mental health evaluations and crisis intervention. ✓ Provide linkage to other mental health services when hospitalization is not required. ✓ Increase access to C.A.T to south region of County. ✓ Services will be dual diagnosis capable and will include screening, assessment and referral, with a wellness, strength based and resilience focus. ✓ Referral to Family Advocate as appropriate. ✓ Integrated services with law enforcement to provide alternatives to incarceration.	☐	☒	☐	☐	☐	☒	☐

Program 9: Adult 2 (A2) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Centralized Assessment Team and Psychiatric Emergency Response Team
Program Work Plan: A2		Estimated Start Date: June 2006

1. a) Description of Program: One centralized assessment team (CAT) to provide emergency mental health evaluation throughout Orange County including emergency rooms. One Psychiatric Emergency Response Team (PERT) to collaborate with law enforcement to provide mental health evaluations. This program advances MHSA goal of integrated services and timely access.

1. b) Priority Population:
Adults with serious mental illness and/or co-occurring disorder who are experiencing a mental health crisis.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Develop 2 teams to provide emergency mental health evaluations and crisis intervention. ✓ Provide linkage to other mental health services when hospitalization is not required. ✓ Increase access to C.A.T to south region of County. ✓ Services will be dual diagnosis capable and will include screening, assessment and referral, with a wellness, strength based and resilience focus. ✓ Referral to Family Advocate as appropriate. ✓ Integrated services with law enforcement to provide alternatives to incarceration.	☐	☒	☐	☐	☐	☒	☐

Program 9: Adult 2 (A2) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Centralized Assessment Team and Psychiatric Emergency Response Team
Program Work Plan: A2		Estimated Start Date: June 2006

1. a) Description of Program: One centralized assessment team (CAT) to provide emergency mental health evaluation throughout Orange County including emergency rooms. One Psychiatric Emergency Response Team (PERT) to collaborate with law enforcement to provide mental health evaluations. This program advances MHSA goal of integrated services and timely access.

1. b) Priority Population:
Adults with serious mental illness and/or co-occurring disorder who are experiencing a mental health crisis.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Develop 2 teams to provide emergency mental health evaluations and crisis intervention. ✓ Provide linkage to other mental health services when hospitalization is not required. ✓ Increase access to C.A.T to south region of County. ✓ Services will be dual diagnosis capable and will include screening, assessment and referral, with a wellness, strength based and resilience focus. ✓ Referral to Family Advocate as appropriate. ✓ Integrated services with law enforcement to provide alternatives to incarceration.	☐	☒	☐	☐	☐	☒	☐

Adult 2 (A2) – Continued

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

The Centralized Assessment Team (CAT) will offer mobile response to provide mental health assessments and diversion to reduce inpatient hospitalization, incarceration and reliance on hospital emergency rooms. The Psychiatric Emergency Response Team (PERT) will be partnered with law enforcement to form mental health law enforcement response teams. This program will enhance relationships with law enforcement and hospital emergency rooms and increase the ability of Orange County mental health to provide crisis intervention ("urgent") services. Staff will be available 24/7 at law enforcement request. Staff will also respond to hospital emergency rooms when ER staff have determined that a consultation/intervention from a mental health provider is required for individuals who may be seriously mentally ill and/or suffering from a co-occurring disorder. Referral criteria will be established for both law enforcement and ER staff. Law enforcement personnel will not be paid for with MHSA funding.

The CAT will provide emergency psychiatric services to the community. Staff will provide timely follow-up on all evaluations including those who do not require hospitalization. Follow-up services will include assessment and linkage to ongoing services. In addition, this team will provide local non-designated emergency rooms with assessment and consultation for those individuals waiting in Emergency Rooms for inpatient services. This may include inpatient admission or diversion with a referral to an outpatient follow-up appointment. Staff will also be available to local law enforcement to provide timely evaluation. Police will be encouraged to contact teams before taking individuals to an Emergency Department. The current team that provides services to only the northern part of the County for fiscal year 04/05 received 813 calls. Seventy-five percent of those calls required an assessment and 31% required involuntary hospitalization. Of the total calls, 96% received follow-up with linkage to the most appropriate service.

Another team (PERT) will be assigned to police departments to create a mental health response team. These collaborative endeavors bring Behavioral Health Services to the front end of the law enforcement response. The mission of these collaborative teams is to provide rapid response to mental health clients, assess the needs of afflicted individuals, protect life and property, and make community based resource referrals where appropriate. Follow-up is essential in order to reduce the frequency of calls for service for mental health related issues by facilitating treatment and housing for those in need. In addition, for those individuals who are incarcerated or hospitalized, follow-up will be made at those facilities to assure linkage to full service partnership programs as appropriate. AB2034 has collaborated with a local agency and designed a pilot program to improve police response and enhance services to all mentally ill persons that come in contact with an officer via phone or on site. By pairing law enforcement officers with a mental health specialist, the collective skill and knowledge in dealing with mentally ill persons could be applied when responding to a crisis. As part of the current

collaborative team, the mental health specialist provided training to all patrol officers about mental health services and their responsibilities. For a 6-month period, approximately 265 calls for services were identified for one department. It was determined that 80% of the contacts had successful outcomes: successful links to community services, and food/housing vouchers and other resources were provided. The police department conducted a survey regarding this program and it was discovered that since the implementation of the mental health police team there had been noteworthy improvements in the way police responded to mentally ill persons.

This program advances the MHSA goal of integrated services and timely access for clients and their families to the mental health system. Working out of emergency rooms, in the field and with law enforcement is an effective strategy for reaching traditionally underserved populations.

The ultimate goal is to divert individuals from hospitalization. All assessments will have follow-up visits by the team to link the individuals to the most appropriate outpatient treatment, which may include FSP, crisis residential, traditional outpatient mental health treatment; or treatment by primary care doctor. Staff will collaborate with law enforcement to divert clients from unnecessary incarceration or hospitalization. Staff will also provide outreach to local emergency rooms with the goal of diverting clients from hospitalization and linking them to appropriate out patient care.

Staffing this type of effort needs to be highly specialized. There will be an appropriate bilingual and bicultural mix. Staff will need to be trained in outreach, engagement and crisis intervention strategies. They will also need an intensive orientation to law enforcement culture and practice as well as ongoing training in cultural competency and co-occurring disorders.

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

Housing and Employment are not specifically part of this program; however, crisis teams will have a complete array of housing information and referral sources. Other programs that include housing and/or employment components will be available as a referral option. The goal is provide a safe environment for the clients that the team has diverted from hospitalization. The Crisis Residential Program, also a proposed program through MHSA, will be a critical resource for potential clients in attempts to divert them from psychiatric hospitalization.

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.

This is a system development program and not a Full Service Partnership program.

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.

CAT and PERT teams are recovery centered and designed to do "whatever it takes" to reduce incarceration and recidivism. They will be community based mobile response teams. A fundamental component of the teams is to acknowledge individuals' strength and challenges, personal relationships and hopes-essential elements of recovery and resilience. All staff will receive ongoing training in recovery principles. The teams will be a front line response to assisting clients and families remain in the community and engage involuntary mental health programming.

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

This program will expand the current Centralized Assessment Team. This will allow the current team to expand the service area and increase access to encompass all of Orange County. Currently this program serves only the northern part of the County. Teams will also increase their access by including emergency rooms as part of their response call and will provide for 24/7 coverage.

The PERT mental health/police partnership will be a new formalized program in Orange County. Currently there is a pilot program in conjunction with AB2034 involving several local law enforcement agencies in which staff collaborates with law enforcement to identify and engage homeless mentally ill adults. This new program will formalize the relationship between mental health and law enforcement. However, due to the limitation of MHSA funding, we will not be able to team with all thirty-four Orange County cities. The program will initially serve those cities with the highest unmet need.

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.

There will be no direct services provided by clients or family who are not licensed mental health professionals. Families may be referred to the County's Family Advocate for education and may be linked to local support groups. Clients will be linked to local peer run clubhouses and homeless drop in center as needed as well as Full Service Partnership programs.

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.

Orange County Behavioral Health Services has made significant strides in developing a strong collaboration with local law enforcement. Currently AB2034 collaborates with several police agencies in responding to mental health and homeless issues in their respective communities. AB2034 staff has routinely attended police roll calls to provide education and resource information regarding mental health. Orange County Adult Mental Health Services along with several local mental health stakeholders and law enforcement agencies, have co-sponsored a conference for mental health professionals and law enforcement personnel. AB2034 personnel have positive relationships with law enforcement officers that allow staff to jointly develop client-focused plans for interventions with adult individuals with serious mental illness. This has resulted in decreased incarcerations and psychiatric hospitalizations, as well as improved engagement in treatment for several high risk and high visibility individuals.

Because of the pressure emergency rooms face to find disposition for their patients, many of whom have a mental illness or co-occurring disorder, they are often frustrated with not being able to send these patients to the ETS for psychiatric admission. It is our hope that the CAT, because of their ability to provide services on site in hospital emergency rooms, will be seen as a valued collaborator by the hospitals and a valuable resource by consumers. Staff has begun to meet with local emergency rooms to provide education on the mental health system and to assist in hospital diversions for those clients who present themselves to the emergency department. The Health Care Agency has developed a toll free number to access the centralized team and this number is posted in several local health care providers' newsletters.

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

This program will be embedded in the overall Cultural Competence guidelines and expectations for all county services. In staffing the program, the goal will be to mirror the population served. We will ensure that the CAT and PERT services are culturally competent by targeting the recruitment of bilingual and bicultural staff to assist in the reduction of treatment disparities in Orange County. Additionally, cultural competency training will take place for all staff, including collaborating organizations, to address pertinent issues such as working with culturally/linguistically diverse consumers and their family systems.

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/or gender sensitivity are required expectations and are integrated in the service delivery system. System-wide training to county and contract staff will be provided and focused on services for lesbian/gay/bisexual/transgender

(LGBT) consumers. Services related to gender are especially critical when considering and understanding the role gender plays in relation to specific ethnic and culturally diverse populations. The need to be knowledgeable about and considerate of gender sensitive issues when working with culturally diverse populations will be a focus of the program's training curriculum.

All staff will be trained on appropriate assessment techniques to demonstrate inclusion for all orientations. For example, staff will ask the client if they are "married, single, have "a boyfriend or a girlfriend" no matter what their gender, not assuming heterosexual orientation. Subject matter experts from various ethnic communities, such as the Vietnamese Gay Alliance will be incorporated into LGBT trainings to focus on the specific needs of ethnic populations.

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

This service will be provided to Orange County residents only.

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

All strategies are listed in Section IV.

13. Please provide a timeline for this work plan including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the

DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – A2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: A2 | Date: 03/12/06
Program Workplan Name: Centralized Assessment Team & Psych. Emerg. Resp. Team | Page 1 of 1
Type of Funding: System Development | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 50 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 50 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$264,375			$264,375
c. Employee Benefits	$88,125			$88,125
d. Total Personnel Expenditures	$352,500	$0	$0	$352,500
3. Operating Expenditures				
a. Professional Services	$50,000			$50,000
b. Translation and Interpretation Services	$2,000			$2,000
c. Travel and Transportation	$3,750			$3,750
d. General Office Expenditures	$10,000			$10,000
e. Rent, Utilities and Equipment	$21,250			$21,250
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$87,000	$0	$0	$87,000
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)	$439,500		$0	$439,500
6. Total Proposed Program Budget	**$439,500**	**$0**	**$0**	**$439,500**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)	$30,375			$30,375
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General fund	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$30,375	$0	$0	$30,375
3. Total Revenues	$30,375	$0	$0	$30,375
C. One-Time CSS Funding Expenditures	**$127,000**			**$127,000**
D. Total Funding Requirements	**$536,125**	**$0**	**$0**	**$536,125**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: A2 | Date: 03/12/06
Program Workplan Name: Centralized Assessment Team & Psych. Emerg. Resp. Team | Page 1 of 1
Type of Funding: System Development | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 50 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 50 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Clinician*		2.50		$0
Mental Health Specialist	*Clinician*		1.00		$0
Service Chief	*Supervisor*		0.25		$0
Office Socialist	*Clerical*		0.25		$0
Behavioral Health Nurse	*Clinician*		0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	4.25		$264,375
C. Total Program Positions		0.00	4.25		$264,375

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

Centralized Assessment Team & Psychiatric Emergency Respond Team, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

There are no expenditures included in the proposed budget for Client, Family Member and Caregiver Support Expenditures due to the nature of the services provided in this program.

2. Personnel Expenditures

The Personnel Expenditures included in the revised CAT/PERT Budget were estimated based on the FY 2005-06 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.
The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard cost per FTE, operating expenditures unique to this program are also budgeted including additional costs for travel/mileage due to the mobile nature of this program.

4. Program Management

This will be a County operated program, so the costs for Program Management are included in the County Administration Budget.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

*Please note that the 50 clients estimated to be served in FY 05-06 reflects the impact of program start up and only 1-2 months of operating time before the end of the FY. In future years the program is expected to serve a capacity of 2000 clients, reflected in FY 06-07 and FY 07-08.

EXHIBIT 5a – A2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2006-2007
Program Workplan No:	A2	Date:	03/12/06
Program Workplan Name:	Centralized Assessment Team & Psych. Emerg. Resp. Team		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	2,000	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	2,000	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,068,075			$1,068,075
c. Employee Benefits	$356,025			$356,025
d. Total Personnel Expenditures	$1,424,100	$0	$0	$1,424,100
3. Operating Expenditures				
a. Professional Services	$202,000			$202,000
b. Translation and Interpretation Services	$8,080			$8,080
c. Travel and Transportation	$15,150			$15,150
d. General Office Expenditures	$40,400			$40,400
e. Rent, Utilities and Equipment	$85,850			$85,850
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$351,480	$0	$0	$351,480
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)	$1,775,580		$0	$1,775,580
6. Total Proposed Program Budget	**$1,775,580**	**$0**	**$0**	**$1,775,580**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)	$122,715			$122,715
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General fund	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$122,715	$0	$0	$122,715
3. Total Revenues	$122,715	$0	$0	$122,715
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$1,652,865**	**$0**	**$0**	**$1,652,865**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2006-2007
Program Workplan No: A2 | Date: 03/12/06
Program Workplan Name: Centralized Assessment Team & Psych. Emerg. Resp. Team | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 2,000 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 2,000 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Clinician*		10.00		$0
Mental Health Specialist	*Clinician*		4.00		$0
Service Chief	*Supervisor*		1.00		$0
Office Socialist	*Clerical*		1.00		$0
Behavioral Health Nurse	*Clinician*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	17.00		$1,068,075
C. Total Program Positions		0.00	17.00		$1,068,075

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

Centralized Assessment Team & Psychiatric Emergency Respond Team, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

There are no expenditures included in the proposed budget for Client, Family Member and Caregiver Support Expenditures due to the nature of the services provided in this program.

2. Personnel Expenditures

The Personnel Expenditures included in the revised CAT/PERT Budget were estimated based on the FY 2005-06 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard cost per FTE, operating expenditures unique to this program are also budgeted including additional costs for travel/mileage due to the mobile nature of this program.

4. Program Management

This will be a County operated program, so the costs for Program Management are included in the County Administration Budget.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – A2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: A2
Date: 03/12/06
Program Workplan Name: Centralized Assessment Team & Psych. Emerg. Resp. Team
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 2,000
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 2,000
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,089,437			$1,089,437
c. Employee Benefits	$363,146			$363,146
d. Total Personnel Expenditures	$1,452,583	$0	$0	$1,452,583
3. Operating Expenditures				
a. Professional Services	$206,040			$206,040
b. Translation and Interpretation Services	$8,242			$8,242
c. Travel and Transportation	$15,453			$15,453
d. General Office Expenditures	$41,208			$41,208
e. Rent, Utilities and Equipment	$87,567			$87,567
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$358,510	$0	$0	$358,510
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)	$1,811,093		$0	$1,811,093
6. Total Proposed Program Budget	**$1,811,093**	**$0**	**$0**	**$1,811,093**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)	$125,169			$125,169
b. Medicare/Patient Fees/Patient Insurance	$0			$0
c. State General fund	$0			$0
d. Other Revenue	$0			$0
e. Total New Revenue	$125,169	$0	$0	$125,169
3. Total Revenues	$125,169	$0	$0	$125,169
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$1,685,924**	**$0**	**$0**	**$1,685,924**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007-2008
Program Workplan No: A2 | Date: 03/12/06
Program Workplan Name: Centralized Assessment Team & Psych. Emerg. Resp. Team | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 2,000 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 2,000 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Clinician*		10.00		$0
Mental Health Specialist	*Clinician*		4.00		$0
Service Chief	*Supervisor*		1.00		$0
Office Socialist	*Clerical*		1.00		$0
Behavioral Health Nurse	*Clinician*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	17.00		$1,089,437
C. Total Program Positions		0.00	17.00		$1,089,437

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

Centralized Assessment Team & Psychiatric Emergency Respond Team, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

There are no expenditures included in the proposed budget for Client, Family Member and Caregiver Support Expenditures due to the nature of the services provided in this program.

2. Personnel Expenditures

The Personnel Expenditures included in the revised CAT/PERT Budget were estimated based on the FY 2005-06 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard cost per FTE, operating expenditures unique to this program are also budgeted including additional costs for travel/mileage due to the mobile nature of this program.

4. Program Management

This will be a County operated program, so the costs for Program Management are included in the County Administration Budget.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Adults – Program 3

Crisis Residential Services

(A3)

Program 10: Adult 3 (A3) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Crisis Residential Services
Program Work Plan: A3		Estimated Start Date: June 2006
1. a) Description of Program: Residential treatment alternative to hospitalization for seriously mentally ill persons in acute psychiatric crisis who cannot be safely and effectively managed on an outpatient basis. Services are offered 24/7 by a culturally competent multi-disciplinary staff dedicated to the values of the recovery model.		
1. b) Priority Population: Adults who have a serious mental illness &/or co-occurring disorder who are in acute psychiatric episode who otherwise would have been admitted to an ER, hospitalized or incarcerated.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Voluntary crisis residential treatment services offering a community-based environment that involves comprehensive mental health, medication support, substance abuse education and treatment, linkage to community resources. ✓ Family support. ✓ 24-hour peer run warm line. ✓ Client self-directed plans with a focus on strength based, culturally appropriate, discharge planning. ✓ Client-run services.	☐	☒	☐	☐	☐	☒	☐

Program 10: Adult 3 (A3) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Crisis Residential Services
Program Work Plan: A3		Estimated Start Date: June 2006
1. a) Description of Program: Residential treatment alternative to hospitalization for seriously mentally ill persons in acute psychiatric crisis who cannot be safely and effectively managed on an outpatient basis. Services are offered 24/7 by a culturally competent multi-disciplinary staff dedicated to the values of the recovery model.		
1. b) Priority Population: Adults who have a serious mental illness &/or co-occurring disorder who are in acute psychiatric episode who otherwise would have been admitted to an ER, hospitalized or incarcerated.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Voluntary crisis residential treatment services offering a community-based environment that involves comprehensive mental health, medication support, substance abuse education and treatment, linkage to community resources. ✓ Family support. ✓ 24-hour peer run warm line. ✓ Client self-directed plans with a focus on strength based, culturally appropriate, discharge planning. ✓ Client-run services.	☐	☒	☐	☐	☐	☒	☐

Program 10: Adult 3 (A3) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Crisis Residential Services
Program Work Plan: A3		Estimated Start Date: June 2006
1. a) Description of Program: Residential treatment alternative to hospitalization for seriously mentally ill persons in acute psychiatric crisis who cannot be safely and effectively managed on an outpatient basis. Services are offered 24/7 by a culturally competent multi-disciplinary staff dedicated to the values of the recovery model.		
1. b) Priority Population: Adults who have a serious mental illness &/or co-occurring disorder who are in acute psychiatric episode who otherwise would have been admitted to an ER, hospitalized or incarcerated.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Voluntary crisis residential treatment services offering a community-based environment that involves comprehensive mental health, medication support, substance abuse education and treatment, linkage to community resources. ✓ Family support. ✓ 24-hour peer run warm line. ✓ Client self-directed plans with a focus on strength based, culturally appropriate, discharge planning. ✓ Client-run services.	☐	☒	☐	☐	☐	☒	☐

Adult 3 (A3) – Continued

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

Crisis residential services will provide an alternative to hospitalization for acute and chronic mentally ill persons 24/7. Clients shall be voluntary and experiencing a mental health crisis of such significance that they are unable to function without this type of intensive non-hospital intervention.

The programs will be licensed by the State as Crisis Residential Treatment Facilities (CRTF). The CRTF will function as both a step-down and step-up level of care, depending on the referral source. As a step-up level of care, it is an appropriate alternative to acute psychiatric inpatient hospitalization. As a step-down level of care, it is an appropriate placement for individuals who are ready for discharge to an unlocked setting in the community from an acute psychiatric inpatient hospital, but require continued stay at a structured supportive mental health program that operates with a multi-disciplinary mental health team 24 hours a day, seven days per week. Staffing requirements concerning staff to client ratios and number of staff on duty are specified in the Standards for the Certification of a Social Rehabilitation Programs established by Title 9 of the California Code of Regulations.

The client's length of stay in the program will be in accordance with the client's assessed needs and the time required to ensure successful completion of the treatment plan and appropriate referral. However, because the program is designed for short-term crisis intervention, the average length of stay is expected to be approximately fourteen (14) days. Extensions can be granted up to 30 days if necessary. It is expected that this program will serve 608 consumers by the third year, who would have otherwise required hospitalization.

Individuals eligible for admission will be males and females between 18 and 60 years of age who are seriously mentally ill and who may have a co-occurring disorder. Priority will be given to referrals that have high acuity and high risk for acute hospitalization, with emphasis on providing services to those who are under-served and marginalized in the community. Referrals to this residential program will come through the Centralized Assessment team and crisis stabilization unit. Clients may also be self-referred.

The program advances the goals of the Mental Health Services Act by providing culturally competent services with the following components:

- A client-directed approach to treatment that empowers clients to become advocates on their own behalf
- Staff attitudes that foster consumer hope and an expectation of recovery from mental illness
- Emphasis on helping clients develop the skills necessary to successfully live independently in a culturally appropriate context

- Activities that develop the client's ability to initiate and sustain gainful employment

Clients are expected to participate in the development and evaluations of their own service plans, with the support and consultation of staff and peer mentors. Strategies to achieve the treatment plan goals include crisis intervention, individual and group therapy, family and significant other involvement, psychiatric medications, food and housing, linkage to medical care and other social supports in the community, and discharge planning. Active treatment discharge planning begins on the day of admission.

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

The Crisis Residential Treatment Facility will provide temporary housing opportunities for seriously mentally ill consumers in acute psychiatric crisis to avoid homelessness and hospitalization. During a stay at the CRTF, staff will ensure that individuals are connected to a variety of housing resources to meet their needs, such as continued temporary housing, permanent supported housing, or Interim Placement Funds from the County in order to secure a Board and Care placement, or other community housing options.

The program will also develop pre-vocational skills by maintaining a token economy program on-site. The program will develop one part-time paid position on-site performing duties such as meal preparation and general clean up. The part-time hours will be shared among residents. The program will also establish close collaboration with the Department of Rehabilitation and Cal Works to develop fast track linkage to vocational training and job development opportunities. Also, the program may provide transitional jobs for Full Service Partnership clients.

Individuals placed at this crisis residential program will be referred to other programs for further follow-up and linkage to housing and employment services if appropriate.

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.

This program is a system development program and not a full service partnership.

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

The program described will foster recovery because all staff will be trained in the values and techniques of recovery. Staff will also be trained in the AB2034 model, which fundamentally incorporates the concept of personal responsibility for illness management and independence. This recovery-centered team is designed to do

"whatever it takes" to reduce hospitalization, incarceration and recidivism. The focus is to acknowledge individuals' strength and challenges, personal relationships and hopes, all concepts that support recovery and resilience. In addition, the program will engage clients in pre-vocational activities while staying at the residential program. It is expected that this will enhance client's motivation to transition back into the community. All staff will be trained in recovery principles and culturally competent interventions.

The program is based upon a social rehabilitation model, focusing on the efforts of staff to build supportive relationships with clients. The goal is to utilize the interactions between individuals to stabilize the psychiatric crisis, to learn and test interpersonal skills and the skills of daily living and to begin the process of building healthy support systems in the community.

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

Not applicable, as this is a new program for Orange 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.

Peer educators and mentors will be employed in the program and will assist residents in preparing for a successful discharge. They will facilitate peer support groups and mentor clients. It is anticipated that clients will have a 24/7 warm line available to them following discharge. The program may also be a transitional job site for members of the full service partnership programs.

It is recognized that an individual's natural support system is essential to recovery. It is also recognized that the natural support system may need support and/or education to be able to provide the best care and support. Families will be encouraged to participate in family therapy, and in an advisory capacity to the facility. Program activities will be organized to include family participation. Family run support groups may be co-located at this program.

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.

Orange County has established on-going community input through multiple advisory committees. In addition, many hospitals/emergency departments and law enforcement agencies have collaborated with Orange County in developing systems to improve access for those suffering from a mental illness. This vehicle will be used to attract additional community members to help provide input. We will continue to build on the

engagement of clients and other stakeholders, as enhanced by our CSS planning efforts.

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

This program will be embedded in the overall Cultural Competence guidelines and expectations for all county services. Focus will be on the hiring of culturally competent, linguistically appropriate staff. In addition, training in cultural differences and issues to increase staff competency and sensitivity, promoting inclusion and welcoming behaviors, and whenever possible, hiring recovering mental health clients to work in the program will also occur. The program will survey consumers and the community for feedback on its cultural competence, and use those findings to strive for continuous quality improvement.

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.

System-wide training to county and contract staff will be provided and focused on services for lesbian/gay/bisexual/transgender consumers. Services related to gender are especially critical when considering and understanding the role gender plays in relation to specific ethnic and culturally diverse populations. The need to be knowledgeable about and considerate of gender sensitive issues when working with culturally diverse populations will be a focus of the programs training curriculum. Sexual orientation and gender sensitivity are required expectations and are integrated in the service delivery system.

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

This service will be provided to Orange County residents only.

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

All strategies are listed in Section IV.

13. Please provide a timeline for this work plan including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring dis

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – A3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: A3
Date: 03/12/06
Program Workplan Name: Crisis Residential Services
Page 1 of 1
Type of Funding: System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 122
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 122
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$203,906	$203,906
c. Employee Benefits			$67,969	$67,969
d. Total Personnel Expenditures	$0	$0	$271,875	$271,875
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$202,0625	$202,0625
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$474,500
6. Total Proposed Program Budget	**$0**	**$0**	**$474,500**	**$474,500**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$34,164	$34,164
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$34,164	$34,164
3. Total Revenues	$0	$0	$34,164	$34,164
C. One-Time CSS Funding Expenditures			**$127,000**	**$127,000**
D. Total Funding Requirements	**$0**	**$0**	**$567,336**	**$567,336**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A3 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: A3
Date: 03/12/06
Program Workplan Name: Crisis Residential Services
Page 1 of 1
Type of Funding: System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 122
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 122
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Licensed Vocational Nurse	*Clinician*		0.50		$0
Registered Nurse	*Intervention Specialist*		0.25		$0
PhD	*Clinician*		0.25		$0
CSW II	*Discharge Planner*		0.25		$0
Psychiatrist	*Medication Management*		0.13		$0
Service Chief I	*Supervisor*		0.25		$0
Mental Health Specialist	*Clinician*	1.50	1.50		$0
MFT/CSW	*Personal Services Coordinator*	0.50	0.50		$0
Office Specialist	*Clerical*		0.25		$0
Mental Health Worker	*Life Coach*	0.25	0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.25	4.13		$203,906
C. Total Program Positions		2.25	4.13		$203,906

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

Crisis Residential Services, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Adult Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

EXHIBIT 5a – A3 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2006-2007
Program Workplan No:	A3	Date:	03/12/06
Program Workplan Name:	Crisis Residential Services		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	487	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	487	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$823,781	$823,781
c. Employee Benefits			$274,594	$274,594
d. Total Personnel Expenditures	$0	$0	$1,098,375	$1,098,375
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$818,605	$818,605
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$1,916,980
6. Total Proposed Program Budget	**$0**	**$0**	**$1,916,980**	**$1,916,980**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$138,023	$138,023
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$138,023	$138,023
3. Total Revenues	$0	$0	$138,023	$138,023
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$1,778,957**	**$1,778,957**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A3 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: A3
Date: 03/12/06
Program Workplan Name: Crisis Residential Services
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 487
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 487
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Licensed Vocational Nurse	*Clinician*		2.00		$0
Registered Nurse	*Intervention Specialist*		1.00		$0
PhD	*Clinician*		1.00		$0
CSW II	*Discharge Planner*		1.00		$0
Psychiatrist	*Medication Management*		0.50		$0
Service Chief I	*Supervisor*		1.00		$0
Mental Health Specialist	*Clinician*	6.00	6.00		$0
MFT/CSW	*Personal Services Coordinator*	2.00	2.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Worker	*Life Coach*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	9.00	16.50		$823,781
C. Total Program Positions		9.00	16.50		$823,781

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

Crisis Residential Services, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Adult Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – A3 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: A3
Date: 03/12/06
Program Workplan Name: Crisis Residential Services
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 487
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 487
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$840,257	$840,257
c. Employee Benefits			$280,086	$280,086
d. Total Personnel Expenditures	$0	$0	$1,120,343	$1,120,343
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$834,977	$834,977
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$1,955,320
6. Total Proposed Program Budget	**$0**	**$0**	**$1,955,320**	**$1,955,320**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$140,783	$140,783
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$140,783	$140,783
3. Total Revenues	$0	$0	$140,783	$140,783
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$1,814,537**	**$1,814,537**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A3 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: A3
Program Workplan Name: Crisis Residential Services
Type of Funding: System Development
Proposed Total Client Capacity of Program/Service: 487
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 487

Fiscal Year: 2007-2008
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Licensed Vocational Nurse	*Clinician*		2.00		$0
Registered Nurse	*Intervention Specialist*		1.00		$0
PhD	*Clinician*		1.00		$0
CSW II	*Discharge Planner*		1.00		$0
Psychiatrist	*Medication Management*		0.50		$0
Service Chief I	*Supervisor*		1.00		$0
Mental Health Specialist	*Clinician*	6.00	6.00		$0
MFT/CSW	*Personal Services Coordinator*	2.00	2.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Worker	*Life Coach*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	9.00	16.50		$840,257
C. Total Program Positions		9.00	16.50		$840,257

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

Crisis Residential Services, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to a residential program, such as food, have also been estimated and included in the budget. The cost for this additional expenditure was based on the FY 2005-06 budgeted costs per patient day for existing Adult Crisis Residential facilities.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 14% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Adults – Program 4

Supported Employment Services for SMI clients

(A4)

Program 11: Adult 4 (A4) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Supported Employment services for SMI clients
Program Work Plan: A4		Estimated Start Date: June 2006

1. a) Description of Program: This program will provide education and support to people with mental illness and co-occurring disorders, who require long-term job supports, to obtain competitive employment. The program will provide job preparation training, which will include pre-employment classes aimed at identifying individual client skills and interests, workplace responsibilities and expectations, communication skills, managing symptoms and stress in the workplace, grooming and dressing for success, resume writing and successful job application techniques. Job developers will act, as liaisons in the community, assisting potential employers to better understand mental illness. The job developer will locate a variety of positions in the community. Job coaches will assist clients on-the-job with workplace skill development, business interactions and problem resolution. Job coaches will maintain contact with care coordinators and Personal Services Coordinators to assure seamless service delivery.

1. b) Priority Population: The target population for this program will be mentally ill and/or dually diagnosed adults and older adults who make the choice to seek competitive employment.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better-served and/or more responsive to services in specific culture based settings. ✓ Integrated services with ethnic – specific community based organizations. ✓ Classes and other instruction for clients regarding what clients need to know for successful living in the community. ✓ Supportive employment and other productive activities and personal growth opportunities including development of job options or clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities.	☐	☒	☐	☐	☐	☒	☐

Program 11: Adult 4 (A4) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Supported Employment services for SMI clients
Program Work Plan: A4		Estimated Start Date: June 2006

1. a) Description of Program: This program will provide education and support to people with mental illness and co-occurring disorders, who require long-term job supports, to obtain competitive employment. The program will provide job preparation training, which will include pre-employment classes aimed at identifying individual client skills and interests, workplace responsibilities and expectations, communication skills, managing symptoms and stress in the workplace, grooming and dressing for success, resume writing and successful job application techniques. Job developers will act, as liaisons in the community, assisting potential employers to better understand mental illness. The job developer will locate a variety of positions in the community. Job coaches will assist clients on-the-job with workplace skill development, business interactions and problem resolution. Job coaches will maintain contact with care coordinators and Personal Services Coordinators to assure seamless service delivery.

1. b) Priority Population: The target population for this program will be mentally ill and/or dually diagnosed adults and older adults who make the choice to seek competitive employment.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better-served and/or more responsive to services in specific culture based settings. ✓ Integrated services with ethnic – specific community based organizations. ✓ Classes and other instruction for clients regarding what clients need to know for successful living in the community. ✓ Supportive employment and other productive activities and personal growth opportunities including development of job options or clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities.	☐	☒	☐	☐	☐	☒	☐

Program 11: Adult 4 (A4) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Supported Employment services for SMI clients
Program Work Plan: A4		Estimated Start Date: June 2006

1. a) Description of Program: This program will provide education and support to people with mental illness and co-occurring disorders, who require long-term job supports, to obtain competitive employment. The program will provide job preparation training, which will include pre-employment classes aimed at identifying individual client skills and interests, workplace responsibilities and expectations, communication skills, managing symptoms and stress in the workplace, grooming and dressing for success, resume writing and successful job application techniques. Job developers will act, as liaisons in the community, assisting potential employers to better understand mental illness. The job developer will locate a variety of positions in the community. Job coaches will assist clients on-the-job with workplace skill development, business interactions and problem resolution. Job coaches will maintain contact with care coordinators and Personal Services Coordinators to assure seamless service delivery.

1. b) Priority Population: The target population for this program will be mentally ill and/or dually diagnosed adults and older adults who make the choice to seek competitive employment.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better-served and/or more responsive to services in specific culture based settings. ✓ Integrated services with ethnic – specific community based organizations. ✓ Classes and other instruction for clients regarding what clients need to know for successful living in the community. ✓ Supportive employment and other productive activities and personal growth opportunities including development of job options or clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities.	☐	☒	☐	☐	☐	☒	☐

Adult 4 (A4) – Continued

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

This program will provide education and support to people with mental illness who require long-term job supports to obtain competitive employment. The program will provide education and support for mentally ill and/or dually diagnosed clients referred by care coordinators or Personal Services Coordinators from any program within Orange County Behavioral Health. Clients will receive job preparation training, which will include pre-employment classes aimed at identifying individual client skills and interests, workplace responsibilities and expectations, communication skills, managing symptoms and stress in the workplace, grooming and dressing for success, resume writing and successful job application techniques. Classes will be small and focus on role playing and didactic exercises to facilitate ease with the process.

Job developers will serve as liaison to employers in the community to help them understand mental illness and assist in reducing stigma, encouraging them to employ the mentally ill. It will be the responsibility of the job developer to locate a variety of positions in the community and notify clients of their availability. The job developer shall seek these positions in all regions of the county to accommodate clients wherever they reside.

Job developers will provide functional assessments, identify natural support in a client's life, network with the community to meet employers, identify job opportunities, and assist clients in pursuing a position. In addition they will address any special needs that the client has and communicate these needs to a support person. Examples might include an alarm clock, transportation clothes, wake-up calls, hygiene products, etc

Job coaches will assist clients on-the-job with workplace skill development, business interactions and problem resolution. They will act as consultants and liaisons with employers. Job coaches will maintain contact with care coordinators and Personal Services Coordinators to assure seamless service delivery as the client launches into the new endeavor.

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

Housing is not specifically part of this program. Consumers will be referred from other County Behavioral Health programs that will be assisting the consumer with housing.

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.

This is a systems development program and not a Full Service Partnership program.

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.

Employment and other meaningful uses of time are paths to recovery for many with a mental illness. Employment in the lives of the severely mentally ill is critical to their recovery. Just as employment in the general population represents the ability to take control of our situations and be responsible for the course of our lives, so it is for the severely and persistently mentally ill individuals in the community. Employment represents empowerment and offers options. Therefore, any program targeted at assisting in the achievement of employment opportunities must necessarily take into consideration the individual needs of each client and be flexible in the delivery of service.

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

At this time, Orange County does not have any employment programs in place.

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.

Peers will be hired and peer volunteers recruited as peer mentors to assist members in their recovery.

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

This program will develop partnership with local business and Department of Rehabilitation. The County will engage with DMH/DOR cooperative program.

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

This program will be embedded in the overall cultural competency guidelines and expectations for all county services and specific outreach and engagement will occur with the unserved/underserved groups of consumers. In staffing the program, the goal will be to mirror the population served. The program will deliver services in a culturally competent manner by recruiting, hiring and maintaining staff reflective of the cultural

diversity of Orange County, including ethnicity, age, sexual orientation and gender. Interpreters will be utilized when necessary. Attention will be paid to emerging cultures.

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.

System-wide training to county and contract staff will be provided and focused on services for lesbian/gay/bisexual/transgender consumers. Services related to gender are especially critical when considering and understanding the role gender plays in relation to specific ethnic and culturally diverse populations. The need to be knowledgeable about and considerate of gender sensitive issues when working with culturally diverse populations will be a focus of the program's training curriculum.

Basic issues of assessment will be addressed with all staff to ensure that "orientation friendly" terms are used, such as asking males if they have a girlfriend or a boyfriend during assessment, not simply assuming heterosexual orientation.

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

This service will be provided to Orange County residents only.

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

All strategies are listed in Section IV.

13. Please provide a timeline for this work plan including all critical implementation dates.

Implementation will follow the timeline below.
- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – A4 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: A4 | Date: 03/12/06
Program Workplan Name: Supported Employment Services for SMI Clients | Page 1 of 1
Type of Funding: System Development | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 28 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 28 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$62,813	$62,813
c. Employee Benefits			$20,938	$20,938
d. Total Personnel Expenditures	$0	$0	$83,750	$83,750
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$46,250	$46,250
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$130,000
6. Total Proposed Program Budget	**$0**	**$0**	**$130,000**	**$130,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				
b. Medicare/Patient Fees/Patient Insurance				
c. State General fund				
d. Other Revenue				
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$37,500**	**$37,500**
D. Total Funding Requirements	**$0**	**$0**	**$167,500**	**$167,500**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A4 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: A4
Date: 03/12/06
Program Workplan Name: Supported Employment Services for SMI Clients
Page 1 of 1
Type of Funding: System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 28
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 28
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Specialist	*Vocational Rehab Counselor*	0.25	0.25		$0
Mental Health Specialist	*Job Developer*	0.25	0.25		$0
Office Specialist	*Clerical*	0.50	0.50		$0
Service Chief	*Supervisor*		0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	1.25		$46,875
C. Total Program Positions		1.00	1.25		$46,875

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

Supported Employment Services for SMI Clients, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program, such as training materials, and professional services such as seminar/training fees, have also been estimated and included in the budget.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

EXHIBIT 5a – A4 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2006-2007
Program Workplan No:	A4	Date:	03/12/06
Program Workplan Name:	Supported Employment Services for SMI Clients		Page 1 of 1
Type of Funding:	System Development	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	110	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	110	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$253,763	$253,763
c. Employee Benefits			$84,588	$84,588
d. Total Personnel Expenditures	$0	$0	$338,351	$338,351
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$186,850	$186,850
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$525,201
6. Total Proposed Program Budget	**$0**	**$0**	**$525,201**	**$525,201**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				
b. Medicare/Patient Fees/Patient Insurance				
c. State General fund				
d. Other Revenue				
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$525,201**	**$525,201**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A4 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2006-2007
Program Workplan No: A4
Date: 03/12/06
Program Workplan Name: Supported Employment Services for SMI Clients
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 110
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 110
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Specialist	*Vocational Rehab Counselor*	1.00	1.00		$0
Mental Health Specialist	*Job Developer*	1.00	1.00		$0
Office Specialist	*Clerical*	2.00	2.00		$0
Service Chief	*Supervisor*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	5.00		$253,763
C. Total Program Positions		4.00	5.00		$253,763

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

Supported Employment Services for SMI Clients, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program, such as training materials, and professional services such as seminar/training fees, have also been estimated and included in the budget.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – A4 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007-2008
Program Workplan No: A4 | Date: 03/12/06
Program Workplan Name: Supported Employment Services for SMI Clients | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 110 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 110 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$258,838	$258,838
c. Employee Benefits			$86,280	$86,280
d. Total Personnel Expenditures	$0	$0	$345,118	$345,118
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$190,587	$190,587
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$535,705
6. Total Proposed Program Budget	**$0**	**$0**	**$535,705**	**$535,705**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				
b. Medicare/Patient Fees/Patient Insurance				
c. State General fund				
d. Other Revenue				
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$535,705**	**$535,705**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A4 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: A4
Date: 03/12/06
Program Workplan Name: Supported Employment Services for SMI Clients
Page 1 of 1
Type of Funding: System Development
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 110
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 110
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Mental Health Specialist	*Vocational Rehab Counselor*	1.00	1.00		$0
Mental Health Specialist	*Job Developer*	1.00	1.00		$0
Office Specialist	*Clerical*	2.00	2.00		$0
Service Chief	*Supervisor*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	4.00	5.00		$258,838
C. Total Program Positions		4.00	5.00		$258,838

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

Supported Employment Services for SMI Clients, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program, such as training materials, and professional services such as seminar/training fees, have also been estimated and included in the budget.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Adults – Program 5

Outreach & Engagement Services

(A5)

Program 12: Adult 5 (A5) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Adult Outreach & Engagement Services
Program Work Plan: A5		Estimated Start Date: June 2006

1. a) Description of Program: Co-location of mental health services in existing primary care and community clinics providing access to services for the unserved population. Primary care and mental health integration is a best practice model to more effectively engage individuals who do not traditionally seek mental health services due to stigma associated with traditional mental health settings. Partnerships will be formed with faith based and local communities to make available locations and events for community outreach.

1. b) Priority Population: Adults with serious mental illness and/or co-occurring disorder to address the issue of health care disparities among linguistically and ethnically diverse individuals with mental health and physical health and/or substance abuse issues.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated physical and mental health services by co-locating with primary community clinics. ✓ Provide mental health assessment, information, referral and brief mental health services. ✓ Culturally appropriate services to reach persons of ethnic communities cultures who may be more responsive to services in specific culture-based settings. ✓ Integrated services with ethnic-specific community based organizations. ✓ Services will be dually diagnosed capable and will at a minimum include screening, assessment and referral. ✓ Training for PCP and primary care practitioners covering screening/assessment protocol on clinical practices for coordination and integration of mental health (including substance abuse) and cultural competence.	☐	☐	☒	☐	☐	☒	☐

Program 12: Adult 5 (A5) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Adult Outreach & Engagement Services
Program Work Plan: A5		Estimated Start Date: June 2006

1. a) Description of Program: Co-location of mental health services in existing primary care and community clinics providing access to services for the unserved population. Primary care and mental health integration is a best practice model to more effectively engage individuals who do not traditionally seek mental health services due to stigma associated with traditional mental health settings. Partnerships will be formed with faith based and local communities to make available locations and events for community outreach.

1. b) Priority Population: Adults with serious mental illness and/or co-occurring disorder to address the issue of health care disparities among linguistically and ethnically diverse individuals with mental health and physical health and/or substance abuse issues.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated physical and mental health services by co-locating with primary community clinics. ✓ Provide mental health assessment, information, referral and brief mental health services. ✓ Culturally appropriate services to reach persons of ethnic communities cultures who may be more responsive to services in specific culture-based settings. ✓ Integrated services with ethnic-specific community based organizations. ✓ Services will be dually diagnosed capable and will at a minimum include screening, assessment and referral. ✓ Training for PCP and primary care practitioners covering screening/assessment protocol on clinical practices for coordination and integration of mental health (including substance abuse) and cultural competence.	☐	☐	☒	☐	☐	☒	☐

Program 12: Adult 5 (A5) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Adult Outreach & Engagement Services
Program Work Plan: A5		Estimated Start Date: June 2006
1. a) Description of Program: Co-location of mental health services in existing primary care and community clinics providing access to services for the unserved population. Primary care and mental health integration is a best practice model to more effectively engage individuals who do not traditionally seek mental health services due to stigma associated with traditional mental health settings. Partnerships will be formed with faith based and local communities to make available locations and events for community outreach.		
1. b) Priority Population: Adults with serious mental illness and/or co-occurring disorder to address the issue of health care disparities among linguistically and ethnically diverse individuals with mental health and physical health and/or substance abuse issues.		

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated physical and mental health services by co-locating with primary community clinics. ✓ Provide mental health assessment, information, referral and brief mental health services. ✓ Culturally appropriate services to reach persons of ethnic communities cultures who may be more responsive to services in specific culture-based settings. ✓ Integrated services with ethnic-specific community based organizations. ✓ Services will be dually diagnosed capable and will at a minimum include screening, assessment and referral. ✓ Training for PCP and primary care practitioners covering screening/assessment protocol on clinical practices for coordination and integration of mental health (including substance abuse) and cultural competence.	☐	☐	☒	☐	☐	☒	☐

Adult 5 (A5) – Continued

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

Community Outreach and Engagement Services will reach out and engage individuals with serious mental illness in historically unserved and underserved populations. Partnerships with community-based health organizations including those serving the Vietnamese, Latino, Cambodian, Korean, and Iranian communities are being formed. Focusing on community health clinics and primary care physicians as partners will allow the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings.

Staff will be co-located in existing community health care settings and primary care facilities. Mental Health clinicians on-site will screen, assess, and conduct short-term outpatient mental health interventions with clients, and provide education and information to those waiting for health care. In addition, we will partner with local health organizations such as Latino Health Access, to develop a "promotore" outreach program in underserved communities. As accepted members of their community, promotores can provide brief screenings, information, referral and linkage services. Services will be culturally competent and client and family-focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals they serve.

Behavioral Health will also partner with the faith-based communities to identify locations and events for client/community outreach. Staff will meet with individuals or groups, to address mental health and co-occurring disorders issues and reduce the stigma of the illness. The outreach and engagement services will be culturally focused including access to bilingual, bicultural staff.

This program advances MHSA goals by providing access to services for traditionally unserved/underserved populations. Moreover, primary care and mental health integration is a best practice model to more effectively engage individuals who do not traditionally seek mental health services due to stigma associated with traditional mental health settings and services. Collaboration with the health care community takes the services to the adults with serious mental illness and may include co-occurring disorders. Clients are more responsive to services available in community-based settings located in specific ethnically diverse neighborhoods. This will also be accomplished through the partnerships with faith- based and community groups.

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

Housing and employment are not specifically part of this program; however, staff will have a complete array of housing information and referral sources. Similarly, employment services information and referrals will be made from community-based sites. Staff will be well-informed about available community resources and will assist

interested parties in making the appropriate linkages. Staff will follow-up with individuals on all referrals that they make.

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.

This is an outreach and engagement program and does not include Full Service Partnerships.

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.

We have learned through our AB2034 experience that outreach and engagement is essential in developing a relationship with a client and increases the opportunity for successful linkage to mental health services. Establishing outreach, engagement, and mental health services for ethnically and linguistically diverse adults with serious mental illness in neighborhoods where clients reside provides opportunities to build relationships and support systems with community members and organizations. Once these services are integrated into communities, individuals and family members will become aware of, and utilize them, and provide new opportunities to engage individuals in self-help or peer led groups to promote recovery will emerge.

Consumers and ethnically and linguistically diverse community members will be employed as both peer support and community linkage staff to assist with culturally competent, consumer driven mental health support services. Staff will participate in ongoing training in recovery and resiliency concepts and principles as well as co-occurring disorders.

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

This is a new program for Orange 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.

We will draw upon the strength and role that “families” play in the various ethnic and linguistic communities who will emerge as our new partners. We can no longer deliver services in our traditional paradigm. Clients and community members will be employed in outreach and peer support positions. We must also form new partnerships that will help us to improve both access to services, and retention in service until clients and their families achieve their goals. Through these partnerships, we will develop client

and family speakers bureaus to provide information and education to the local communities, and help reduce stigma.

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.

There will be collaboration with primary care clinics and community health organizations, with an emphasis on Latino and Asian/Pacific communities. Attention will be given to emerging languages, a key issue in a rapidly changing county. Increased collaboration with local organizations that currently provide services to ethnically and linguistically diverse groups will be prioritized in order to expand outreach and engagement as well as direct service delivery for individuals who are Latino, Vietnamese, Cambodian, Korean, and Iranian. We will work with religious, faith based and spiritual leaders in their communities. These new partners will allow us to reach a portion of the population that we have not touched to date. Additionally, we will continue to partner with the organizations and individuals that make up the current Multi-Ethnic Sub-Committee of our Mental Health Board.

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

Community outreach and engagement services will be culturally competent and linguistically appropriate. Staff will be co-located in community settings where health care is traditionally received, such as community health clinics and community centers. Culturally and linguistically competent staff, familiar with the diverse communities of Orange County will be located in such various settings in areas such as Little Saigon and the Garden Grove community, where large concentrations of the Vietnamese populations reside; Santa Ana and Anaheim, where large pockets of Latinos and Cambodian reside; Anaheim and Fullerton, where large populations of Koreans reside; and South County, where large populations of Iranians reside. These ethnic groups make up the majority of the unserved and underserved in Orange County.

Staff will work with established community leaders to solidify the community network that will assist in the education of ethnic populations on mental health and mental health services available in the County. This program will be embedded in the overall Cultural Competency guidelines and expectations for all county services. This includes the already established Cultural Competency Training Program, which trains all Behavioral Health staff from management to support staff to address cultural and linguistic disparities, and includes specific strategies to reduce these disparities.

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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.

Outreach and Engagement Services will be culturally competent and inclusive of gender and sexual orientation. Collaboration by staff will include working with community LGBT programs, such as The Gay, Lesbian, Bisexual, and Transgender Center. The Cultural Competency Program provides training to all staff, county and contract, on working with LGBT adults. Specifically, the Cultural Competency department will work with respected leaders and subject matter experts in the area of LGBT issues to provide trainings specific to working with adults who have mental illness and are LGBT. Additionally, trainings will focus on LGBT and the family, LGBT and ethnic communities, etc. Gender specific trainings are also conducted to ensure that there is a clinical understanding from all staff with regards to the importance of gender, particularly when working with a variety of cultures that have very different beliefs regarding gender roles and their impact on the client.

All outreach staff will be trained on how to assess clients in an orientation friendly manner, which does not assume sexual orientation by asking questions such as "Are you married or are you single?" Asking instead, "Are you married, single, have a partner?" Outreach workers will be outstationed in the various communities. For this reason, " mobile safe zones" will be developed, so that workers may take a folder or a binder of material with them, and place a sticker of a gay pride flag on the folder to signify orientation inclusion to the client, and have brochures available for support groups, such as Latino MSM (Men who have Sex with Men) Spanish-speaking group.

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

This service will be provided to Orange County residents only. Coordination of care will occur should a client elect to move out of county.

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

All strategies are listed in Section IV.

13. Please provide a timeline for this work plan including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – A5 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2005-2006
Program Workplan No:	A5	Date:	03/12/06
Program Workplan Name:	Adult Outreach & Engagement Services		Page 1 of 1
Type of Funding:	Outreach & Engagement	Months of Operation:	3
Proposed Total Client Capacity of Program/Service:	45	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	45	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$114,375	$114,375
c. Employee Benefits			$38,125	$38,125
d. Total Personnel Expenditures	$0	$0	$152,500	$152,500
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$33,000	$33,000
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$185,500
6. Total Proposed Program Budget	**$0**	**$0**	**$185,500**	**$185,500**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$12,264	$12,264
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$12,264	$12,264
3. Total Revenues	$0	$0	$12,264	$12,264
C. One-Time CSS Funding Expenditures			**$49,500**	**$49,500**
D. Total Funding Requirements	**$0**	**$0**	**$222,736**	**$222,736**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A5 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: A5
Program Workplan Name: Adult Outreach & Engagement Services
Type of Funding: Outreach & Engagement
Proposed Total Client Capacity of Program/Service: 45
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 45

Fiscal Year: 2005-2006
Date: 03/12/06
Page 1 of 1
Months of Operation: 3
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Clinician*		1.50		$0
Office Specialist	*Clerical*		0.25		$0
Mental Health Worker	*Peer Outreach*	0.25	0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.25	2.00		$114,375
C. Total Program Positions		0.25	2.00		$114,375

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

Adult Outreach & Engagement Services, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied. The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions including motel vouchers. It is anticipated that the housing solutions available to the clients served in this program will be made available, as appropriate, to the clients served by the Crisis Assessment Teams/Psychiatric Emergency Response Teams (CAT/PERT) as well.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

*Please note: The unduplicated amount of clients served has been revised to a total of 45 per 3 month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 work days per year and six clinicians, the estimated number of contacts per year would be 6,240.

EXHIBIT 5a – A5 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2006-2007
Program Workplan No:	A5	Date:	03/12/06
Program Workplan Name:	Adult Outreach & Engagement Services		Page 1 of 1
Type of Funding:	Outreach & Engagement	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	181	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	181	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$462,075	$462,075
c. Employee Benefits			$154,025	$154,025
d. Total Personnel Expenditures	$0	$0	$616,100	$616,100
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$133,320	$133,320
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$749,420
6. Total Proposed Program Budget	**$0**	**$0**	**$749,420**	**$749,420**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$49,547	$49,547
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$49,547	$49,547
3. Total Revenues	$0	$0	$49,547	$49,547
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$699,873**	**$699,873**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A5 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Program Workplan No: A5
Program Workplan Name: Adult Outreach & Engagement Services
Type of Funding: Outreach & Engagement
Proposed Total Client Capacity of Program/Service: 181
Existing Client Capacity of Program/Services: 0
Client Capacity of Program/Service Expanded through MHSA: 181

Fiscal Year: 2006-2007
Date: 03/12/06
Page 1 of 1
Months of Operation: 12
New or Expanded: New
Prepared by: Megan MacDonald
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Clinician*		6.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Worker	*Peer Outreach*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	8.00		$462,075
C. Total Program Positions		1.00	8.00		$462,075

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

Adult Outreach & Engagement Services, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions including motel vouchers. It is anticipated that the housing solutions available to the clients served in this program will be made available, as appropriate, to the clients served by the Crisis Assessment Teams/Psychiatric Emergency Response Teams (CAT/PERT) as well.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

*Please note: The unduplicated amount of clients served has been revised to a total of 181 per 12 month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 work days per year and six clinicians, the estimated number of contacts per year would be 6,240.

EXHIBIT 5a – A5 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County:	Orange	Fiscal Year:	2007-2008
Program Workplan No:	A5	Date:	03/12/06
Program Workplan Name:	Adult Outreach & Engagement Services		Page 1 of 1
Type of Funding:	Outreach & Engagement	Months of Operation:	12
Proposed Total Client Capacity of Program/Service:	181	New or Expanded:	New
Existing Client Capacity of Program/Services:	0	Prepared by:	Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA:	181	Tel. No.:	(714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$471,317	$471,317
c. Employee Benefits			$157,106	$157,106
d. Total Personnel Expenditures	$0	$0	$628,423	$628,423
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$135,986	$135,986
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$764,409
6. Total Proposed Program Budget	**$0**	**$0**	**$764,409**	**$764,409**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$50,538	$50,538
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$50,538	$50,538
3. Total Revenues	$0	$0	$50,538	$50,538
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$713,871**	**$713,871**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – A5 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: A5
Date: 03/12/06
Program Workplan Name: Adult Outreach & Engagement Services
Page 1 of 1
Type of Funding: Outreach & Engagement
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 181
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 181
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Clinician*		6.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Worker	*Peer Outreach*	1.00	1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	8.00		$471,317
C. Total Program Positions		1.00	8.00		$471,317

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

Adult Outreach & Engagement Services, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. In addition to the standard operating expenditures, additional funds were budgeted to fund the costs related to the development and production of education and outreach materials, professional services such as seminar/training fees, and the development and production of training materials. Additional funds were also included in this budget to provide temporary housing solutions including motel vouchers. It is anticipated that the housing solutions available to the clients served in this program will be made available, as appropriate, to the clients served by the Crisis Assessment Teams/Psychiatric Emergency Response Teams (CAT/PERT) as well.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA).

This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

*Please note: The unduplicated amount of clients served has been revised to a total of 181 per 12 month period. This represents the number of clients actually linked to an FSP, and is calculated by taking the total number of clinicians and multiplying them by the 33 clients each is expected to work with on a yearly basis. Orange County is also planning to collect data on the total number of contacts made in our Outreach and Engagement programs. It is anticipated that each clinician will make a minimum of four client contacts per day. With approximately 260 work days per year and six clinicians, the estimated number of contacts per year would be 6,240.

Older Adult Programs

MHSA funding is requested for the following two programs for older adults: Older Adult Mental Health Recovery Program and Older Adult Integrated Service System. Programs for older adults cover the age range of 60 and above. The following policy statements apply.

- Provision of services within the Integrated Services program will be focused on the needs of the individual older adult and his/her family.
- Services supporting employment and opportunities for training are important components of a full service partnership program for older adults.
- Within the limits of conflict of interest policy, the community will have the opportunity provide information regarding the specifics of implementation. This will occur by giving input into the Request for Proposals (RFP) process.

The older adult programs are explained in the sections that follow.

Older Adults – Program 1

Older Adult Mental Health Recovery Program

(O1)

Program 13: Older Adult 1 (O1) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Older Adult Mental Health Recovery Program
Program Work Plan: O1	Estimated Start Date: June 2006	

1. a) Description of Program: The Older Adult Mental Health Recovery Program (MHRP), will provide behavioral health services to seniors who are 60 and over and who have serious mental health concerns. This program will operate on a team model of Recovery and consist of a program supervisor, program support staff, mental health clinicians, a geropsychiatrist, a part-time pharmacist, peer support counselors, and Public Health nurses. Services will include assessment, mental health rehabilitative and recovery services, services for co-occurring disorders, physical health care screenings, education regarding proper use of medications, client and family member education about mental illness, and case management and linkage services, as necessary. All services will be provided to the seniors in their place of residence, or in a senior center, faith-based organization, community center, adult day care center or other site of their choice.

1. b) Priority Population: The priority population is individuals age 60 and over with severe and persistent mental illnesses and who are at risk of losing independent living in the community. As a consequence of their mental illness they will be placed into skilled nursing facilities, hospitals or jail, unless there is intervention from the behavioral health team.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services. ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments, which are strength-based and focused on engagement of older adults and which can provide gender and culture-specific assessments as in the DSM-IV-TR cultural formulation.	☐	☒	☐	☐	☐	☐	☒

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply) – Continued	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Self-directed care plan ✓ Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults. ✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings. ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults. ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors. ✓ Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects. ✓ Peer-supportive services and client-run services including peer-counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services. ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and that support housing and other client-selected goals. ✓ Crisis services. ✓ Joint service planning with special services for seniors.	☐	☒	☐	☐	☐	☐	☒

Program 13: Older Adult 1 (O1) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Older Adult Mental Health Recovery Program
Program Work Plan: O1	Estimated Start Date: June 2006	

1. a) Description of Program: The Older Adult Mental Health Recovery Program (MHRP), will provide behavioral health services to seniors who are 60 and over and who have serious mental health concerns. This program will operate on a team model of Recovery and consist of a program supervisor, program support staff, mental health clinicians, a geropsychiatrist, a part-time pharmacist, peer support counselors, and Public Health nurses. Services will include assessment, mental health rehabilitative and recovery services, services for co-occurring disorders, physical health care screenings, education regarding proper use of medications, client and family member education about mental illness, and case management and linkage services, as necessary. All services will be provided to the seniors in their place of residence, or in a senior center, faith-based organization, community center, adult day care center or other site of their choice.

1. b) Priority Population: The priority population is individuals age 60 and over with severe and persistent mental illnesses and who are at risk of losing independent living in the community. As a consequence of their mental illness they will be placed into skilled nursing facilities, hospitals or jail, unless there is intervention from the behavioral health team.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services. ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments, which are strength-based and focused on engagement of older adults and which can provide gender and culture-specific assessments as in the DSM-IV-TR cultural formulation.	☐	☒	☐	☐	☐	☐	☒

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply) – Continued	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Self-directed care plan ✓ Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults. ✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings. ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults. ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors. ✓ Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects. ✓ Peer-supportive services and client-run services including peer-counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services. ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and that support housing and other client-selected goals. ✓ Crisis services. ✓ Joint service planning with special services for seniors.	☐	☒	☐	☐	☐	☐	☒

Program 13: Older Adult 1 (O1) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Older Adult Mental Health Recovery Program
Program Work Plan: O1	Estimated Start Date: June 2006	

1. a) Description of Program: The Mental Health Recovery Program (MHRP), will provide behavioral health services to seniors who are 60 and over and who have serious mental health concerns. This program will operate on a team model of Recovery and consist of a program supervisor, program support staff, mental health clinicians, a geropsychiatrist, a part-time pharmacist, peer support counselors, and Public Health nurses. Services will include assessment, mental health rehabilitative and recovery services, services for co-occurring disorders, physical health care screenings, education regarding proper use of medications, client and family member education about mental illness, and case management and linkage services, as necessary. All services will be provided to the seniors in their place of residence, or in a senior center, faith-based organization, community center, adult day care center or other site of their choice.

1. b) Priority Population: The priority population is individuals age 60 and over with severe and persistent mental illnesses and who are at risk of losing independent living in the community. As a consequence of their mental illness they will be placed into skilled nursing facilities, hospitals or jail, unless there is intervention from the behavioral health team.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services. ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments, which are strength-based and focused on engagement of older adults and which can provide gender and culture-specific assessments as in the DSM-IV-TR cultural formulation.	☐	☒	☐	☐	☐	☐	☒

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply) – Continued	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Self-directed care plan ✓ Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults. ✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings. ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults. ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors. ✓ Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects. ✓ Peer-supportive services and client-run services including peer-counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services. ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and that support housing and other client-selected goals. ✓ Crisis services. ✓ Joint service planning with special services for seniors.	☐	☒	☐	☐	☐	☐	☒

Older Adult 1 (O1) – Continued

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 Older Adult Mental Health Recovery Program will allow Orange County to build a system of care for older adults. This does not exist at the present time, apart from a small crisis response team and an assessment team, which operates in tandem with Public Health. The existing Older Adult Services team is small and cannot provide seniors continuing mental health interventions, which they need to remain independent and contributing members of the community.

The program will perform comprehensive behavioral health assessments, including assessments for co-occurring disorders. Additionally, a biopsychosocial evaluation will be completed. Medication management services will be available from a geropsychiatrist. Public Health nurses will complete physical health screenings with linkage to appropriate physical health care providers. A pharmacist will meet with the clients and family members and/or caretakers to review all medications prescribed for the consumer, discuss medication interactions and side effects, as well as interaction with use of over the counter or herbal remedies. Peer support counselors, called "Life Coaches", will outreach to seniors at many sites where seniors congregate. They will assist clients and family members and/or caretakers in their understanding of mental illness and the stigma they may feel, and link them to other community resources that the older adults need to maintain stability and health and remain independent in the community.

Orange County has a diverse population. Community input during the planning process emphasized and re-emphasized the need for all services to be culturally and age appropriate. It is believed that the emerging populations should be considered, as well. The Health Care Agency recognizes the needs of this diverse population and is the only county in California to have established a dedicated Cultural Competency Department. The department is responsible to monitor the needs of diverse cultures and assure the needs are met. This is done through surveys of clients, families, staff and facilities, which result in further community and staff education and numerous quality improvement projects. MHRP will join in the effort to meet the cultural needs of the clients by requiring that staffing meet the threshold language requirements of English, Spanish and Vietnamese. Further, competency in the languages such as Farsi and Korean and other emerging cultures of the community will be a focus. Translation services for unmet language requirements will be available.

The staff hired to perform these services will be reflective of the diversity in Orange County and be sensitive to the emerging cultures. It is also understood that services provided for older adults must be done so by staff specifically educated and experienced in working with older adults to completely assure adequate assessment, identification of client strengths and plan treatment. All treatment planning will be performed in tandem with the client, and whenever possible and appropriate include the

family and/or caregiver. Families will be linked to family support services and be given the opportunity to interact with other families in the NAMIOC Family to Family program.

Wellness is an emphasis for MHRP, both in the case of the older adult's physical, as well as mental health. Education regarding their physical illnesses and/ or disabilities will occur through meetings with the Public Health nurse, who will also facilitate communication between the physical health care providers and the behavioral health team.

Suicide prevention is also an important focus. Older adults are the highest risk group for suicide, particularly Caucasian older males. Strategies to address this issue include: assessments to identify risks early; education for clients, family members, and community partners on the risk of suicide and the types of resources available; and implementation of a permanent "officer of the day" system for clinicians who are specifically trained to handle crisis in seniors.

Community collaboration has long been established within the senior service delivery providers in Orange County. This has been true in large part due to the paucity of funding available for this population. Collaboration has provided the seniors with richer services and prevents costly duplications. It also allows for resolution of systems issues through diverse input. Such collaboration will continue in this program, allowing the older adults access to a wide variety of services, including in-home services, home delivered or congregate meals, social activities, health insurance counseling, elder law attorneys, friendly visitors to reduce isolation, linkage to senior transportation services and respite care for caregivers, to name a few. Linkage to these ancillary services will be seamless to the client.

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

Funding does not permit housing to be provided for the clients. However linkage to housing for emergency situations and placements will occur. Linkage to other housing resources will also be accomplished.

Linkage to employment services for volunteer or gainful employment will be part of this program. Clients will be assisted in their efforts to gain skills for seeking employment, job preparation skills and troubleshooting on the job issues. Linkage to more formal employment skill development through community colleges, etc., will be also available.

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.

This is a System Development program. It does not include Full Service Partnerships.

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

MHRP will instill hope in the seniors by demonstrating to them their ability to identify and utilize strengths to maintain independence in the community and to become fully functioning members of society. Seniors will be empowered through taking steps toward creating a vision for themselves and making their own choices toward it. This will determine the plan for their treatment. With choice comes responsibility. The older adults will be given responsibility for the consequences of their choices, but encouraged to move forward after failures and/or celebrate successes. Seniors will regain a meaningful role in their own lives and in the community as they join in actively in their treatment.

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

Not Applicable.

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.

The Life Coach positions will be filled by seniors, preferably seniors who have recovered from mental illness and/or co-occurring disorders. They will perform the services of outreach and engagement and provide education to clients and family members to reduce the effects of stigma and facilitate linkage to other community resources. There will also be an opportunity for the seniors to do voluntary senior visiting for other seniors isolated in their homes and disconnected from supports.

Family members will be linked to the NAMIOC Family to Family program and encouraged to be supportive of other families who find themselves in similar circumstances. They will have the opportunity to lead groups for these families as they continue to recover.

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.

The senior service providers in Orange County have for many years realized the need and the benefit of joining together collaboratively in the provision of services for older adults. Meetings occur regularly throughout the county to bring the providers together to discuss systemic issues and advocate for improved client care. The Senior Citizen's Advisory Council is one such forum. This committee is composed of administrators,

elected officials, leaders from senior and disabled programs, hospital administrators, university personnel, researchers, clients and family members. There are several subcommittees of this group meeting regularly also. The committee is coordinated by the Office on Aging.

Additionally, there is a multidisciplinary team meeting held bi-monthly. Senior providers throughout the County join together to discuss challenging cases and reach consensus in creating plans of care to include all agencies involved. Participants include the Office on Aging, senior in-home service providers, case managers, Adult Protective Services, law enforcement, Public Health and other community physical health care providers, Behavioral Health Services, elder law attorneys, representatives of senior centers and faith based groups, culturally based organizations, the local universities and other special interest organizations.

The University of California Irvine Geriatric Department has organized an Elder Abuse Prevention Coalition (EAPC). This very large body meets quarterly and is composed of elected officials, law enforcement, the District Attorney, elder law attorneys, Adult Protective Services and other Social Services administration, the Ombudsman, Public Health, Behavioral Health Services, Public Administrator and Public Guardian, senior services providers in the community, senior housing developers, in addition to university staff. This body discusses the phenomenon of elder abuse and seeks solutions from the community. A Forensic Center also has meetings twice a week to discuss specific cases and suggest resolutions to encourage positive outcomes. This subgroup consists of university staff and clinicians working directly with the older adult, family members and caregivers. As a subcommittee to the EAPC, an Elder Abuse Death Review Team meets quarterly to discuss postmortem cases and resolve systems issues. In attendance are: university staff, the District Attorney, law enforcement, code enforcement, geropsychiatrists, the Coroner, physicians, Adult Protective Services, the Ombudsman, the housing authority and Behavioral Health Services.

Behavioral Health Services has been instrumental in educating the community, older adults and family members about the recently recognized phenomenon of hoarding. In partnership with the California State University at Fullerton, Ruby Gerontology Center, several seminars were conducted. This led to the formation of a Hoarding Task Force coordinated by Behavioral Health Services' Older Adult Services. This Task Force is dedicated to educating the public, professionals, clients and family members about this issue with the anticipation that more positive outcomes can be realized for the individual involved, as well as protection for the community. Members of the Task Force include Behavioral Health staff, university staff, fire and code enforcement, police departments, elder law attorneys, the ombudsman, landlords, senior service providers, Adult Protective Services and other Social Services staff, family members and community educators. As a result of this Task Force, a team has been formulated to work specifically with seniors struggling with hoarding issues. The effort has been to keep the seniors living independently within the community, rather than facing incarceration or institutionalization.

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

Understanding the culture of the older adult population is complex and becomes compounded with the addition of generational, ethnic and linguistic concerns. As mentioned previously, the Health Care Agency has created a Cultural Competency Department. This department works closely with administrators and managers to assure culturally competent programs are developed and supported by staff well trained in this area. All behavioral health staff is required to attend cultural competency trainings, including education on ethnic cultures, client culture, interpreter training, etc. Additionally, the issues of the Lesbian, Gay, Bisexual and Transgender (LGBT) communities have been a focus of training in recent years, as well as how LGBT issues impact older adults across cultures. As previously mentioned, OASIS staff will be reflective of the population in Orange County. Particular emphasis will be placed on staff who are not only culturally competent, but linguistically competent, reflective of the targeted older adult population.

Orange County is a community of wide diversity with Caucasians no longer the majority in the general population. MHRP will reach out to seniors through the various ethnic sites in which seniors congregate, such as St. Anselm's, the Asian American Senior Center, Latino Health Access, Community Clinics and other primary care venues, faith-based communities, senior centers and health fairs.

MHRP will provide services according to the ethnic diversity of the County of Orange and, specifically, the demographics of the older adult population, which are constantly being monitored by the Cultural Competency Department. The current Older Adult Services team has English, Spanish and Vietnamese capability, and every effort will be made to locate staff who are equally as proficient in the emerging cultures. When this is not possible, interpreters will be utilized.

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.

Behavioral Health staff has been well trained in cultural competency. Cultural Competency training are offered quarterly to all county and contract staffs well. The issues of LGBT have been a focus in recent years due to the increase of LGBTs in the older adult population. Additionally, cultural competency trainings also address issues of gender role, particularly as it relates to various ethnic cultures to allow our clinicians to better understand and better serve our communities. This included specific seminars on Lesbian, Gay, Bisexual and Transgender issues.

Older Adult Mental Health Recovery staff will be educated and/or experienced in older adult issues. The staff will recognize the various generational concerns within the senior population, as well as gender specific values and behaviors. They will be able to address and respond to them appropriately. These principles will be reinforced continually and be taken into consideration when a biopsychosocial evaluation is completed and services are developed and delivered.

Additionally, staff will be trained on the proper language to use with OA LGBT, as generational differences are important. OA LGBT may be more comfortable calling a same sex partner a "roommate" or a "friend". Assessment techniques will be utilized to elicit information in a supportive manner, such as asking the OA if she is married, widowed, single, has a life partner, and not assume that all OA are heterosexual.

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

MHRP is primarily targeted at serving the seniors residing inside Orange County.

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

All strategies are included.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5**.

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – O1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: O1
Date: 03/12/06
Program Workplan Name: Older Adult Mental Health Recovery Program
Page 1 of 1
Type of Funding: System Development
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 41
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 41
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$142,500	$142,500
c. Employee Benefits			$47,500	$47,500
d. Total Personnel Expenditures	$0	$0	$190,000	$190,000
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$35,000	$35,000
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$225,000
6. Total Proposed Program Budget	**$0**	**$0**	**$225,000**	**$225,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$15,122	$15,122
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$15,122	$15,122
3. Total Revenues	$0	$0	$15,122	$15,122
C. One-Time CSS Funding Expenditures			**$76,000**	**$76,000**
D. Total Funding Requirements	**$0**	**$0**	**$285,878**	**$285,878**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – O1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: O1 | Date: 03/12/06
Program Workplan Name: Older Adult Mental Health Recovery Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 41 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 41 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Mental Health Services*		0.75		$0
Service Chief	*Supervisor*		0.25		$0
Community Psychiatrist	*Geropsychiatrist*		0.25		$0
Public Health Nurse	*Linkage to Primary Care*		0.25		$0
Mental Health Specialist	*Assessments*		0.50		$0
Office Specialist	*Clerical*		0.25		$0
Mental Health Worker	*Life Skills Coach*	0.50	0.50		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	2.75		$142,500
C. Total Program Positions		0.50	2.75		$142,500

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

Older Adult Mental Health Recovery Program, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

The FY 2005-06 budget is based on the expectation that the program will be implemented by April 2006 and the expenditures in the current fiscal year are for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

EXHIBIT 5a – O1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2006-2007
Program Workplan No: O1 | Date: 03/12/06
Program Workplan Name: Older Adult Mental Health Recovery Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 164 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 164 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$575,700	$575,700
c. Employee Benefits			$191,900	$191,900
d. Total Personnel Expenditures	$0	$0	$767,600	$767,600
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$141,400	$141,400
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$909,000
6. Total Proposed Program Budget	**$0**	**$0**	**$909,000**	**$909,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$61,093	$61,093
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$61,093	$61,093
3. Total Revenues	$0	$0	$61,093	$61,093
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$847,907**	**$847,907**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – O1 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2006-2007
Program Workplan No: O1 | Date: 03/12/06
Program Workplan Name: Older Adult Mental Health Recovery Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 164 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 164 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Mental Health Services*		3.00		$0
Service Chief	*Supervisor*		1.00		$0
Community Psychiatrist	*Geropsychiatrist*		1.00		$0
Public Health Nurse	*Linkage to Primary Care*		1.00		$0
Mental Health Specialist	*Assessments*		2.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Worker	*Life Skills Coach*	2.00	2.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	11.00		$575,700
C. Total Program Positions		2.00	11.00		$575,700

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

Older Adult Mental Health Recovery Program, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – O1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007-2008
Program Workplan No: O1 | Date: 03/12/06
Program Workplan Name: Older Adult Mental Health Recovery Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 164 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 164 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail 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)			$587,214	$587,214
c. Employee Benefits			$195,738	$195,738
d. Total Personnel Expenditures	$0	$0	$782,952	$782,952
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$144,228	$144,228
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$927,180
6. Total Proposed Program Budget	**$0**	**$0**	**$927,180**	**$927,180**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$62,315	$62,315
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$62,315	$62,315
3. Total Revenues	$0	$0	$62,315	$62,315
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$864,865**	**$864,865**
E. Percent of total funding requirements for FSPs				**10.0%**

EXHIBIT 5b – O1 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007-2008
Program Workplan No: O1 | Date: 03/12/06
Program Workplan Name: Older Adult Mental Health Recovery Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 164 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 164 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
CSW II	*Mental Health Services*		3.00		$0
Service Chief	*Supervisor*		1.00		$0
Community Psychiatrist	*Geropsychiatrist*		1.00		$0
Public Health Nurse	*Linkage to Primary Care*		1.00		$0
Mental Health Specialist	*Assessments*		2.00		$0
Office Specialist	*Clerical*		1.00		$0
Mental Health Worker	*Life Skills Coach*	2.00	2.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	11.00		$587,214
C. Total Program Positions		2.00	11.00		$587,214

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

Older Adult Mental Health Recovery Program, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated, including revenue from Medi-Cal Administrative Activities (MAA). This budget assumes that 13% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Older Adults – Program 2

Older Adult Support and Intervention System

(O2)

Program 14: Older Adult 2 (O2) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Older Adult Support and Intervention System
Program Work Plan: O2		Estimated Start Date: June 2006

1. a) Description of Program: This is a new full service partnership program targeted at mentally ill seniors who are unserved or underserved and homeless or at risk of homelessness. The program will focus on attaining and maintaining maximum independence in the community for each of the participants. The FSP will provide "whatever it takes" to achieve the goals of the seniors. The Older Adult Support and Intervention System (OASIS) will focus on inclusion of all ethnicities and cultures to reduce disparities in the population and emphasize client/family/caregiver-driven mental health services and supports.

Wellness for seniors will be stressed and clients will be linked to coordinated primary physical health care and mental health treatment. Mental health and co-occurring substance abuse services will be delivered according to individualized treatment plans by personal services coordinators. Public Health nurses will perform physical health screening. A geropsychiatrist will assess the need for medication management to reduce symptoms. Medication education will be completed by a pharmacist.

Peer counselors, known as Life Coaches, will be trained to assist the seniors, their families and/or caregivers in many ways, including access to entitlements and community resources and stigma elimination. A recovery philosophy will guide all treatment planning. Seniors will be assisted by trained peer counselors to be linked to benefits acquisition and health coverage advocacy, housing, transportation, meal services, other social services, and legal services, as needed and desired. Family members and caregivers will be linked to respite care services.

A Geriatric Educator who will reach into the community to seniors, their family members and caregivers to assist in combating stigma. It is well known that mental illness can begin at any age. When symptoms appear in seniors, they are often misunderstood as being a normal part of aging. The educator will teach the seniors and families/caregivers the signs to watch for, so appropriate treatment can be accessed in a timely manner. The Educator will also train professionals on older adult issues and early identification of mental illness in the senior population, promoting early interventions which may preclude cognitive decline. Since this population is especially at risk for suicide, this topic will be targeted by the Geriatric Educator. Seniors, family members and care givers, as well as community based providers and emergency responders will be trained regarding prevention and early intervention.

Collaboration is critical as older adults tend to utilize multiple services provided by several agencies in the community. Therefore, the educator will establish relationships with these organizations and departments to provide information to them, as well. Examples include: the police and fire/paramedics, emergency room staff, community clinic staff, primary care physicians, in-home service providers, landlords, board and care operators, assisted living center staff, senior center staff, adult day care staff, faith based organizations, professionals and paraprofessionals working with the seniors. Additionally, this program will distribute materials about mental illness and co-occurring disorders with resources available to them.

1. b) Priority Population: Unserved or under-served older adults with an SMI who are, or are at risk of being homeless who may also have a co-occurring disorder and who are unwilling or unable to access traditional services.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply) – Continued	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; specialized housing to accompany these services. ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments which are strength-based and focused on engagement of older adults and which can provide gender- and culture-specific assessments as in the DSM-IV-TR cultural formulation. ✓ Self-directed care plan ✓ Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults. ✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings. ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults. ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors. ✓ Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects. ✓ Services supporting employment and training opportunities. ✓ Peer-supportive services and client-run services including peer counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services. ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and which support housing and other client-selected goals. ✓ Crisis services. ✓ Joint service planning with special services for seniors.	☒	☐	☐	☐	☐	☐	☒

Program 14: Older Adult 2 (O2) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Older Adult Support and Intervention System
Program Work Plan: O2		Estimated Start Date: June 2006

1. a) Description of Program: This is a new full service partnership program targeted at mentally ill seniors who are unserved or underserved and homeless or at risk of homelessness. The program will focus on attaining and maintaining maximum independence in the community for each of the participants. The FSP will provide "whatever it takes" to achieve the goals of the seniors. The Older Adult Support and Intervention System (OASIS) will focus on inclusion of all ethnicities and cultures to reduce disparities in the population and emphasize client/family/caregiver-driven mental health services and supports.

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Collaboration is critical as older adults tend to utilize multiple services provided by several agencies in the community. Therefore, the educator will establish relationships with these organizations and departments to provide information to them, as well. Examples include: the police and fire/paramedics, emergency room staff, community clinic staff, primary care physicians, in-home service providers, landlords, board and care operators, assisted living center staff, senior center staff, adult day care staff, faith based organizations, professionals and paraprofessionals working with the seniors. Additionally, this program will distribute materials about mental illness and co-occurring disorders with resources available to them.

1. b) Priority Population: Unserved or under-served older adults with an SMI who are, or are at risk of being homeless who may also have a co-occurring disorder and who are unwilling or unable to access traditional services.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply) – Continued	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; specialized housing to accompany these services. ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments which are strength-based and focused on engagement of older adults and which can provide gender- and culture-specific assessments as in the DSM-IV-TR cultural formulation. ✓ Self-directed care plan ✓ Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults. ✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings. ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults. ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors. ✓ Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects. ✓ Services supporting employment and training opportunities. ✓ Peer-supportive services and client-run services including peer counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services. ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and which support housing and other client-selected goals. ✓ Crisis services. ✓ Joint service planning with special services for seniors.	☒	☐	☐	☐	☐	☐	☒

Program 14: Older Adult 2 (O2) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Older Adult Support and Intervention System
Program Work Plan: O2		Estimated Start Date: June 2006

1. a) Description of Program: This is a new full service partnership program targeted at mentally ill seniors who are unserved or underserved and homeless or at risk of homelessness. The program will focus on attaining and maintaining maximum independence in the community for each of the participants. The FSP will provide "whatever it takes" to achieve the goals of the seniors. The Older Adult Support and Intervention System (OASIS) will focus on inclusion of all ethnicities and cultures to reduce disparities in the population and emphasize client/family/caregiver-driven mental health services and supports.

Wellness for seniors will be stressed and clients will be linked to coordinated primary physical health care and mental health treatment. Mental health and co-occurring substance abuse services will be delivered according to individualized treatment plans by personal services coordinators. Public Health nurses will perform physical health screening. A geropsychiatrist will assess the need for medication management to reduce symptoms. Medication education will be completed by a pharmacist.

Peer counselors, known as Life Coaches, will be trained to assist the seniors, their families and/or caregivers in many ways, including access to entitlements and community resources and stigma elimination. A recovery philosophy will guide all treatment planning. Seniors will be assisted by trained peer counselors to be linked to benefits acquisition and health coverage advocacy, housing, transportation, meal services, other social services, and legal services, as needed and desired. Family members and caregivers will be linked to respite care services.

A Geriatric Educator who will reach into the community to seniors, their family members and caregivers to assist in combating stigma. It is well known that mental illness can begin at any age. When symptoms appear in seniors, they are often misunderstood as being a normal part of aging. The educator will teach the seniors and families/caregivers the signs to watch for, so appropriate treatment can be accessed in a timely manner. The Educator will also train professionals on older adult issues and early identification of mental illness in the senior population, promoting early interventions which may preclude cognitive decline. Since this population is especially at risk for suicide, this topic will be targeted by the Geriatric Educator. Seniors, family members and care givers, as well as community based providers and emergency responders will be trained regarding prevention and early intervention.

Collaboration is critical as older adults tend to utilize multiple services provided by several agencies in the community. Therefore, the educator will establish relationships with these organizations and departments to provide information to them, as well. Examples include: the police and fire/paramedics, emergency room staff, community clinic staff, primary care physicians, in-home service providers, landlords, board and care operators, assisted living center staff, senior center staff, adult day care staff, faith based organizations, professionals and paraprofessionals working with the seniors. Additionally, this program will distribute materials about mental illness and co-occurring disorders with resources available to them.

1. b) Priority Population: Unserved or under-served older adults with an SMI who are, or are at risk of being homeless who may also have a co-occurring disorder and who are unwilling or unable to access traditional services.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply) – Continued	1. d) Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; specialized housing to accompany these services. ✓ Integrated assessment teams that provide comprehensive mental health, social, substance abuse, trauma and thorough physical health assessments which are strength-based and focused on engagement of older adults and which can provide gender- and culture-specific assessments as in the DSM-IV-TR cultural formulation. ✓ Self-directed care plan ✓ Integrated service teams and planning with social service agencies and other community providers to meet the complex needs of older adults. ✓ Culturally appropriate services to reach persons of racial ethnic cultures who may be better served and/or more responsive to services in specific culture-based settings. ✓ Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults. ✓ Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors. ✓ Education for the client and family or other caregivers as appropriate regarding the nature of medications, the expected benefits and the potential side effects. ✓ Services supporting employment and training opportunities. ✓ Peer-supportive services and client-run services including peer counseling programs to provide support and to increase client/member knowledge and ability to use needed mental health services. ✓ Values-driven evidence-based and promising clinical services that are integrated with overall service planning and which support housing and other client-selected goals. ✓ Crisis services. ✓ Joint service planning with special services for seniors.	☒	☐	☐	☐	☐	☐	☒

Older Adults (O2) – Continued

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.

OASIS is a Full Service Partnership designed to serve seniors age 60 and over in an environment of recovery. The targeted recipients of service are older adults who are unserved or underserved and homeless or at risk of homelessness. These seniors require intensive services to maintain stability and independence in the community. Services will be provided in a culturally competent manner, considering ethnicity, age, gender and gender identity issues. The services will be provided by staff specially trained and experienced in gerontology and will include a comprehensive assessment, biopsychosocial evaluation, substance abuse assessment, mental health services, including services for co-occurring disorders, medication management, and case management and linkage services. Service delivery sites may include the client's home, a senior center, a Primary Care physician's office, a faith based organization or other site selected by the client.

OASIS will operate within a multidisciplinary team model, with the senior and family or caregiver's participation. Each member of the team will offer expertise to the client, being cognizant of the client's cultural, family, age and gender specific issues. This will assure the senior receives whatever assistance is required to meet his/her goals and promote wellness. The expected outcome is to prevent incarcerations, unnecessary hospitalizations or emergency room visits. The program will provide 24/7 crisis intervention and intensive services to the client, family members or caregivers, landlords and law enforcement to accomplish this goal.

The overarching goal of the program is wellness and recovery. This will be achieved by attaining and maintaining maximum independence for the senior within the community. OASIS will provide individualized focus through the use of Personal Service Coordinators (PSC) who will work with the client, family members or caregiver to plan and deliver services appropriate to reaching goals set forth by the client and the support system. Unfortunately, incidences of elder abuse are rising. Orange County has established an Elder Abuse Prevention Coalition, composed of elected officials and other leaders in the community, to begin to combat this phenomenon. For cases in which elder abuse is suspected, OASIS will work closely with Adult Protective Services to assure the safety of the senior.

The PSCs will do a comprehensive substance abuse assessment and link clients to the SubsTance Abuse Recovery Team (START) when necessary. START is a widely acclaimed model for treating seniors with substance abuse issues. The START team uses evidence based practices and employs a harm reduction model to engage the client in treatment.

Additional staffing will include Life Coaches (trained peer counselors) who will work with older adults and their families regarding outreach and engagement, behavioral health

education, stigma reduction, benefits acquisition, and accessing community resources. The Life Coaches will reach out to clients at senior centers and other community centers where seniors congregate, as well as local public health Community Clinics.

A pharmacist will offer education to clients, families and caregivers through "brown bag" sessions in which all of a client's medications will be reviewed. Issues of misuse and side effects will be discussed, along with medication interaction with over the counter preparations and herbal remedies.

A Public Health Nurse will perform health screenings. The nurse will assist seniors, family members and caregivers with physical health care issues and linkage to primary health care providers and facilitate communication between these providers and the behavioral health team. A Geropsychiatrist will assess the senior's behavioral health needs and provide medication management services. These services will be provided in the senior's place of choice. Additional staffing will include a Program Supervisor and two administrative support staff.

A Geriatric Educator will work with clients, family members, professionals and the community to assist in decreasing stigma, providing information about the normal aging process versus mental illness, the importance of early identification of mental illness in the elderly and appropriate assessment of older adult issues.

Assistance with housing will be available, including assessment for type of housing, rental subsidies, linkage to low-income housing and housing certificates, and when necessary placement into emergency housing. Should the senior desire to obtain volunteer or compensated employment, assistance will be provided. Pre-employment preparation, job seeking skills and interviewing skills will be addressed. On site supportive services will be available to assure the client's success in this area.

Resources will be available to the older adult through community collaboration for other services which may include, but not be limited to other housing assistance, in-home or congregate meals, legal consultations, health insurance information and training, social interactions, friendly visitors and linkage to existing senior transportation within the community, as well as respite for caregivers. Orange County's senior service providers have joined together for many years to coordinate care, assuring no costly duplications and to work collaboratively to resolve systemic issues.

Orange County is a county of wide diversity in races, cultures and languages. The Health Care Agency recognizes the needs of this diverse population and to that end is the only county in California to have established a dedicated Cultural Competency Department. The department is responsible to monitor population trends and assure that cultural and linguistic needs are met. This is done through surveys of clients, families, staff and facilities which result in further community and staff education and numerous quality improvement projects. OASIS will join in the effort to meet the cultural needs of the clients by requiring staffing meet the threshold language requirements of English, Spanish and Vietnamese. Further, competency in languages such as Farsi

and Korean and the emerging cultures of the community will be a focus. Translation services for unmet language requirements will be available.

Wellness and recovery are goals of OASIS. Clients will be encouraged to proceed at their own pace in achieving their goals, as established in individualized treatment plans they, and when appropriate their family/caregiver, draft with the PSC. The client plan will be developed on the principle of self-determination and be amended as required. Clients will be encouraged to become fully functional in the community in spite of their mental or physical health disabilities. Hope for the future will be the foundational principle.

The ability to recover from mental illness is largely dependent on the support structure the client develops. Recognizing this, OASIS will include not only the client, but whenever possible the family and/or caregiver in the planning of services. All clients will receive a comprehensive assessment and biopsychosocial evaluation to identify strengths that can be maximized in treatment interventions. Because Orange County recognizes the value of the family system, a family advocate was hired. The advocate's job is to work with families to assure healthy interactions and sound problem solving. Families are linked to NAMIOC and encouraged to participate in treatment planning and execution and to join committees to further voice concerns and share in system problem resolution. This model will continue in OASIS.

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

Housing in Orange County is very expensive. This has lead to the increase in the risk of homelessness for mentally ill seniors. Housing services for seniors who are homeless or at risk of becoming homeless will include intensive in-home services with the client and family members or caregiver to assure stability in the living arrangement, referrals to appropriate senior housing available within the community, linkage to housing assistance and HUD vouchers, rental subsidies on a limited basis and emergency housing for crisis situations. Additionally, outreach and education will be provided to senior housing landlords and to assisted living facility staff. Orange County's Residential Care Department continually monitors the housing market and availability in the County and reaches out to current and prospective housing providers to encourage their participation in the housing programs. Grant funding is sought in an effort to ease the housing burden of all clients. One time CSS funds will be used to help acquire, renovate or "buy down" mortgage/financing of housing so that clients will be able to afford their housing with SSI and/or other benefits, Section 8, Shelter Plus Care, and other funding sources.

Should the senior desire to obtain volunteer or compensated employment, assistance will be provided. Pre-employment preparation, job seeking skills and interviewing skills will be addressed. On site supportive services will be available to assure the client's success in this area.

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

$17,500 per client per year is the estimated cost of providing the services to seniors through the OASIS program. MHSA is the sole funding source for this program.

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

Principles of Recovery will be foundational to OASIS. Prior to working with clients, all staff will be trained in these principles. It is understood that all individuals must have hope to move toward recovery. Therefore, hope will be instilled in all participants – client, family, caregiver and all team members by educating them about mental illness, recovery, its components and possibilities. Understanding concepts such as motivation are pivotal to engagement of seniors into service. Little benefit can be derived from any delivery of service without engagement of the client. Success occurs with tiny steps and persistence. Clients will be given tasks to empower them in their own situation, taking these small steps forward toward recovery. Seniors will be assisted to become responsible for their own future and success, rather than to remain dependent. In large part, this will be accomplished by leading them to meaningful activities for their lives, whether this includes employment, volunteer work, peer support, etc.

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

Not Applicable

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.

It is anticipated that peer counselors will be developed from program participants. The peer counselors, called Life Coaches in OASIS, will work in the areas of outreach and engagement, education, assistance with benefits acquisition and linking seniors and families to resources within the community. The Life Coaches will be available to seniors where seniors congregate and at local community health clinics. Additionally, senior friendly visitors, volunteers from the community, will be engaged and trained to visit clients in their residences, reducing isolation and offering hope to the seniors.

An effective support system is necessary for recovery. Family members and caregivers will be trained regarding mental illness, its manifestation in seniors and anticipated outcomes and ways they will contribute to the older adult's wellness and recovery. NAMIOC has an active family-to-family support network. Family members will be linked

to this program, and if they choose to do so can work with other families of the mentally ill, reducing stigma and offering encouragement and support to other families in need.

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.

The senior service providers in Orange County have for many years realized the need for and the benefit of joining together collaboratively in the provision of services for older adults. Meetings occur regularly throughout the county to bring the providers together to discuss systemic issues and advocate for improved client care. The Senior Citizen's Advisory Council is one such forum. This committee is composed of administrators, elected officials, leaders from senior and disabled programs, hospital administrators, university personnel, researchers, clients and family members. There are several subcommittees of this group meeting regularly also. Coordination of the committee is through the Office on Aging the Office on Aging.

Additionally, there is a multidisciplinary team meeting held bi-monthly. Senior providers throughout the County join together to discuss challenging cases and reach consensus in creating plans of care to include all agencies involved. Participants include the Office on Aging, senior in-home service providers, case managers, Adult Protective Services, law enforcement, Public Health and other community physical health care providers, Behavioral Health Services, elder law attorneys, representatives of senior centers and faith based groups, culturally based organizations, the local universities and other special interest organizations.

The University of California Irvine Geriatric Department has organized an Elder Abuse Prevention Coalition (EAPC). This very large body meets quarterly and is composed of elected officials, law enforcement, the District Attorney, elder law attorneys, the Public Defender, Adult Protective Services and other Social Services administration, the Ombudsman, Public Health, Behavioral Health Services, Public Administrator and Public Guardian, senior services providers in the community, senior housing developers, in addition to university staff. This body discusses the phenomenon of elder abuse and seeks solutions from the community. A Forensic Center also holds meetings twice a week to discuss specific cases and suggest resolutions to encourage positive outcomes. This subgroup consists of university staff and clinicians working directly with the older adult, family members and caregivers. As a subcommittee to the EAPC, an Elder Abuse Death Review Team meets quarterly to discuss postmortem cases and resolve systems issues. In attendance are university staff, the District Attorney, law enforcement, code enforcement, geropsychiatrists, the Coroner, physicians, Adult Protective Services, the Ombudsman, the housing authority and Behavioral Health Services.

Behavioral Health Services has been instrumental in educating the community, older adults and family members about the recently recognized phenomenon of hoarding. In

partnership with the California State University at Fullerton, Ruby Gerontology Center, several seminars were conducted. This led to the formation of a Hoarding Task Force coordinated by Behavioral Health Services' Older Adult Services. This Task Force is dedicated to educating the public, professionals, clients and family members about this issue with the anticipation that more positive outcomes can be realized for the individual involved, as well as protection for the community. Members of the Task Force include Behavioral Health staff, university staff, fire and code enforcement, police departments, elder law attorneys, the ombudsman, landlords, senior service providers, Adult Protective Services and other Social Services staff, family members and community educators. As a result of this Task Force, a team has been formulated to work specifically with seniors struggling with hoarding issues. The effort has been to keep the seniors living independently within the community, rather than facing incarceration or institutionalization.

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

Understanding the culture of the older adult population is complex and becomes compounded with the addition of generational, ethnic and linguistic concerns. As mentioned previously, the Health Care Agency has created a Cultural Competency Department. This department works closely with administrators and managers to assure culturally competent programs are developed and supported by staff well trained in this area. All behavioral health staff is required to attend cultural competency trainings, including education on ethnic cultures, client culture, interpreter training, etc. Additionally, the issues of the Lesbian, Gay, Bisexual and Transgender (LGBT) communities have been a focus of training in recent years, as well as how LGBT issues impact older adults across cultures. As previously mentioned, OASIS staff will be reflective of the population in Orange County. Particular emphasis will be placed on staff that are not only culturally competent, but linguistically competent, reflective of the targeted older adult population.

According to Office on Aging Projections based on the 2000 census: the number of OC residents 60 years of age and older in 2005 was 431,173. Of these, 70% are Caucasian; 15% are A/PI, 135, Latino; and 2% other. Orange County is a community of wide diversity with Caucasians no longer the majority in the general population. OASIS will reach out to seniors through the various ethnic sites in which seniors congregate, such as St. Anselm's, the Asian American Senior Center, Latino Health Access, Community Clinics and other primary care venues, faith based communities, senior centers and health fairs.

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.

Behavioral Health staff has been well trained in cultural competency. Cultural Competency training is offered quarterly to all county and contract staff well. The issues of LGBT have been a focus in recent years due to the increase of LGBTs in the older adult population. Additionally, cultural competency trainings also address issues of gender role, particularly as it relates to various ethnic cultures to allow our clinicians to better understand and better serve our communities. OASIS will hire staff educated and/or experienced in older adult issues. The staff will recognize the various generational concerns within the senior population, as well as gender specific values and behaviors. They will be able to address and respond to them appropriately. These principles will be reinforced continually and be taken into consideration when a biopsychosocial evaluation is completed and services are developed and delivered.

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

OASIS is primarily targeted at serving the seniors residing inside Orange County. However, a few seniors reside in out-of-county placements in Institutes for Mental Disorders, which are locked psychiatric residential facilities. Whenever feasible, those seniors who would benefit from the services of OASIS and regain the ability to live independently in the community will be given equal consideration for enrollment in this program.

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. All strategies are consistent with Section IV.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5.**

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that services are provided.)

EXHIBIT 5a – O2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: O2 | Date: 03/12/06
Program Workplan Name: Older Adult Support and Intervention System | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 31 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 31 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$191,719	$191,719
c. Employee Benefits			$63,906	$63,906
d. Total Personnel Expenditures	$0	$0	$255,625	$255,625
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$293,188	$293,188
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$548,813
6. Total Proposed Program Budget	**$0**	**$0**	**$548,813**	**$548,813**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$10,976	$10,976
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$10,976	$10,976
3. Total Revenues	$0	$0	$10,976	$10,976
C. One-Time CSS Funding Expenditures			**$112,000**	**$112,000**
D. Total Funding Requirements	**$0**	**$0**	**$649,837**	**$649,837**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – O2 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: O2
Date: 03/12/06
Program Workplan Name: Older Adult Support and Intervention System
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 3
Proposed Total Client Capacity of Program/Service: 31
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 31
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Community Psychiatrist	*Geropsychiatrist*		.1.25		$0
Nurse Practitioner	*Nurse Practitioner*		.125		$0
Service Chief	*Supervisor*		0.25		$0
Pharmacist	*Education/Medical*		0.15		$0
CSW II	*Personal Services Coordinator*		1.25		$0
Office Speciali	*Clerical*		050		$0
Public Health Nurse	*Linkage to Primary Care*		0.50		$0
Mental Health Worker	*Life Skills Coach*	0.50	0.50		$0
CSW II	*Geriatric Educator*		0.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.50	3.15		$191,719
C. Total Program Positions		0.50	3.15		$191,719

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

Older Adult Support and Intervention System, Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

The program is expected to be in operation for one quarter of the current fiscal year, so the budget assumes costs for only 3 months.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. Additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $17,703.

62% of the total County of Orange MHSA allocation, including Administration allocated to the FSP, is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

The services rendered to seniors in this program are field-based or extensions of case management and are not reimbursable by Medicare. In addition, the local organizations capable of providing these services, as well as their physicians providing field services, are not Medicare providers. However, it is anticipated that Medi-Cal, as the payor of last resort, will provide a small amount of revenue (2%), which has been included the OA-2 budgets in all three years.

C) One-Time CSS Funding Expenditures

Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05 with a COLA applied.

EXHIBIT 5a – O2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2006-2007
Program Workplan No: O2 | Date: 03/12/06
Program Workplan Name: Older Adult Support and Intervention System | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$774,544	$774,544
c. Employee Benefits			$258,181	$258,181
d. Total Personnel Expenditures	$0	$0	$1,032,725	$1,032,725
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$1,184,480	$1,184,480
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$2,217,205
6. Total Proposed Program Budget	**$0**	**$0**	**$2,217,205**	**$2,217,205**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$44,344	$44,344
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$44,344	$44,344
3. Total Revenues	$0	$0	$44,344	$44,344
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,172,861**	**$2,172,861**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – O2 Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2006-2007
Program Workplan No: O2 | Date: 03/12/06
Program Workplan Name: Older Adult Support and Intervention System | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Community Psychiatrist	*Geropsychiatrist*		.50		$0
Nurse Practitioner	*Nurse Practitioner*		.50		$0
Service Chief	*Supervisor*		1.00		$0
Pharmacist	*Education/Medical*		0.50		$0
CSW II	*Personal Services Coordinator*		5.25		$0
Office Specialist	*Clerical*		1.00		$0
Public Health Nurse	*Linkage to Primary Care*		2.00		$0
Mental Health Worker	*Life Skills Coach*	2.00	2.00		$0
CSW II	*Geriatric Educator*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	13.75		$774,544
C. Total Program Positions		2.00	13.75		$774,544

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

Older Adult Support and Intervention System, Fiscal Year 2006-2007

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. Additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $17,737.

64% of the total County of Orange MHSA allocation is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

The services rendered to seniors in this program are field-based or extensions of case management and are not reimbursable by Medicare. In addition, the local organizations capable of providing these services, as well as their physicians providing field services, are not Medicare providers. However, it is anticipated that Medi-Cal, as the payor of last resort, will provide a small amount of revenue (2%), which has been included the OA-2 budgets in all three years.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

EXHIBIT 5a – O2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: O2
Date: 03/12/06
Program Workplan Name: Older Adult Support and Intervention System
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125
Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$790,035	$790,035
c. Employee Benefits			$263,345	$263,345
d. Total Personnel Expenditures	$0	$0	$1,053,380	$1,053,380
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$1,208,170	$1,208,170
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$2,261,550
6. Total Proposed Program Budget	**$0**	**$0**	**$2,261,550**	**$2,261,550**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$45,231	$45,231
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$45,231	$45,231
3. Total Revenues	$0	$0	$45,231	$45,231
C. One-Time CSS Funding Expenditures				**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,216,319**	**$2,216,319**
E. Percent of total funding requirements for FSPs				

EXHIBIT 5b – O2 Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2007-2008
Program Workplan No: O2
Date: 03/12/06
Program Workplan Name: Older Adult Support and Intervention System
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 125
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 125
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Community Psychiatrist	*Geropsychiatrist*		.50		$0
Nurse Practitioner	*Nurse Practitioner*		.50		$0
Service Chief	*Supervisor*		1.00		$0
Pharmacist	*Education/Medical*		0.50		$0
CSW II	*Personal Services Coordinator*		5.25		$0
Office Specialist	*Clerical*		1.00		$0
Public Health Nurse	*Linkage to Primary Care*		2.00		$0
Mental Health Worker	*Life Skills Coach*	2.00	2.00		$0
CSW II	*Geriatric Educator*		1.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	13.75		$790,035
C. Total Program Positions		2.00	13.75		$790,035

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

Older Adult Support and Intervention System, Fiscal Year 2007-2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

As the service provider is not yet known, no detailed data is available at this time.

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the FY05/06 average salary and benefits for comparable County classifications and functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied.

In addition to the standard estimated Operating Expenditure per FTE, additional costs unique to this program have also been included. Additional funds were budgeted to provide wraparound services, non-traditional mental health services, and housing expenditures such as motel vouchers and rental subsidies. The costs for these additional services were based on the costs for other existing wraparound service models in other Counties within California.

4. Program Management

As the service provider is not yet known, no detailed data is available at this time.

5. Estimated Total Expenditures when service provider is not known

The estimated cost per client of this full service partnership program is $18,092.

65% of the total County of Orange MHSA allocation is budgeted for Full Service Partnership Programs.

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

2. New Revenues

The services rendered to seniors in this program are field-based or extensions of case management and are not reimbursable by Medicare. In addition, the local organizations capable of providing these services, as well as their physicians providing field services, are not Medicare providers. However, it is anticipated that Medi-Cal, as the payor of last resort, will provide a small amount of revenue (2%), which has been included the OA-2 budgets in all three years.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2006-07 or FY 2007-08 budgets.

Intergenerational Programs

MHSA funding is requested for the following two intergenerational programs: Education and Training and Housing. This funding will be received in Year 1, but will be spent over the three-year grant period. The following policy statements apply.

- There will be no discrimination in delivering services based on voluntary vs. involuntary legal status.
- Within the limits of conflict of interest policy, the community will have the opportunity to provide information regarding the specifics of implementation. This will occur by giving input into the Request for Proposals (RFP) process.

The intergenerational programs are explained in the sections that follow.

Training & Education 1

Training & Education Program

(E1)

Program 15: Training & Education 1 (E1) 2005/2006

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2005-2006	Program Work Plan Name: Training & Education
Program Work Plan: E1		Estimated Start Date: June 2006

1. a) Description of Program: The Training Program designed to support system development as a one-time funded activity will address training of clients and family members, community partners, and mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:

1. Early identification of mental illness
2. Cultural competency, including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages
3. Training of clients and family members to work within the mental health services system
4. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)
5. Training of behavioral health staff, including consumer and family member staff, to improve working with families, including outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.
6. Training of staff on co-occurring disorders and integrated treatment
7. Training of staff and consumers in methods of benefits acquisition
8. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period

1. b) Priority Population: Because this program addresses training for staff, consumers, family members, the community and community partners, the population to be served by the program includes SED children who are unable to be mainstreamed at school, are in danger of out-of-home placement, are involved with the juvenile justice system or are members of underserved ethnic groups. It also includes SED TAY who are unable to be mainstreamed or failing in school, homeless, in danger of out-of-home placement, or experiencing a first episode of psychosis, suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups. Adults with SMI who are homeless, in danger of being homeless, involved with the criminal justice system, frequently hospitalized, or who suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups will also be served. Older adults who suffer from co-occurring SMI and substance abuse disorders, who are frequently hospitalized or users of emergency rooms, who are in restrictive living accommodations, such as SNFFS for IMDs and need supportive housing, or who are members of underserved ethnic groups will be served.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Culture and gender-sensitive outreach will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups	☐	☒	☐	☒	☒	☒	☒
✓ Development of services for gay, lesbian, bisexual and transgender youth will be a strategy promoted through the cultural competence training to serve TAY	☐	☐	☒	☐	☒	☐	☐
✓ Education of the children/youth and family regarding mental health services will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY	☐	☐	☒	☒	☒	☒	☒
✓ Integrated services for clients with co-occurring mental health and substance abuse disorders will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups	☐	☒	☐	☒	☒	☒	☒
✓ Parent mental health education with language access and culturally appropriate approaches will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY	☐	☒	☒	☒	☒	☒	☒
✓ Infrastructure and attitudinal changes to assist in the development of youth/family-run programs will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages	☐	☒	☒	☒	☒	☒	☒
✓ Values-driven, evidence-based practices will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages	☐	☒	☒	☒	☒	☒	☒
✓ Education for youth and family will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY	☐	☐	☒	☒	☒	☒	☒
✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings will be a strategy promoted through training in cultural competence and will serve clients of all ages	☐	☐	☒	☒	☒	☒	☒
✓ Housing services, child care, transportation, vocational training and supported employment services, educational benefits are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery	☐	☒	☒	☒	☒	☒	☒

Program 15: Training & Education 1 (E1) 2006/2007

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2006-2007	Program Work Plan Name: Training & Education
Program Work Plan: E1		Estimated Start Date: June 2006

1. a) Description of Program: The Training Program designed to support system development as a one-time funded activity will address training of clients and family members, community partners, and mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:

1. Early identification of mental illness
2. Cultural competency, including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages
3. Training of clients and family members to work within the mental health services system
4. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)
5. Training of behavioral health staff, including consumer and family member staff, to improve working with families, including outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.
6. Training of staff on co-occurring disorders and integrated treatment
7. Training of staff and consumers in methods of benefits acquisition
8. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period

1. b) Priority Population: Because this program addresses training for staff, consumers, family members, the community and community partners, the population to be served by the program includes SED children who are unable to be mainstreamed at school, are in danger of out-of-home placement, are involved with the juvenile justice system or are members of underserved ethnic groups. It also includes SED TAY who are unable to be mainstreamed or failing in school, homeless, in danger of out-of-home placement, or experiencing a first episode of psychosis, suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups. Adults with SMI who are homeless, in danger of being homeless, involved with the criminal justice system, frequently hospitalized, or who suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups will also be served. Older adults who suffer from co-occurring SMI and substance abuse disorders, who are frequently hospitalized or users of emergency rooms, who are in restrictive living accommodations, such as SNFFS for IMDs and need supportive housing, or who are members of underserved ethnic groups will be served.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of Family Partnership Programs, which will serve clients of all ages	☐	☐	☒	☒	☒	☒	☒
✓ Culture and gender-sensitive outreach will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups	☐	☒	☐	☒	☒	☒	☒
✓ Development of services for gay, lesbian, bisexual and transgender youth will be a strategy promoted through the cultural competence training to serve TAY	☐	☐	☒	☐	☒	☐	☐
✓ Education of the children/youth and family regarding mental health services will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY	☐	☐	☒	☒	☒	☒	☒
✓ Integrated services for clients with co-occurring mental health and substance abuse disorders will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups	☐	☒	☐	☒	☒	☒	☒
✓ Parent mental health education with language access and culturally appropriate approaches will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY	☐	☒	☒	☒	☒	☒	☒
✓ Infrastructure and attitudinal changes to assist in the development of youth/family-run programs will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages	☐	☒	☒	☒	☒	☒	☒
✓ Cross-agency and cross-discipline training will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages	☐	☒	☒	☒	☒	☒	☒
✓ Integrated county/community level service planning will be a strategy promoted through training of community partners and will serve all ages	☐	☒	☐	☒	☒	☒	☒
✓ Values-driven, evidence-based practices will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages	☐	☒	☒	☒	☒	☒	☒

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Education for youth and family will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY	☐	☐	☒	☒	☒	☒	☒
✓ On-site services in primary care clinics or other health-related sites will be a strategy promoted through training of our community partners and will serve clients of all ages	☐	☒	☐	☒	☒	☒	☒
✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings will be a strategy promoted through training in cultural competence and will serve clients of all ages	☐	☐	☒	☒	☒	☒	☒
✓ Self-help and client-run programs will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients	☐	☒	☒	☐	☒	☒	☒
✓ On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients	☐	☒	☒	☒	☒	☒	☒
✓ Housing services, child care, transportation, vocational training and supported employment services, educational benefits are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery	☐	☒	☒	☒	☒	☒	☒

Program 15: Training & Education 1 (E1) 2007/2008

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007-2008	Program Work Plan Name: Training & Education
Program Work Plan: E1		Estimated Start Date: June 2006

1. a) Description of Program: The Training Program designed to support system development as a one-time funded activity will address training of clients and family members, community partners, and mental health administrators and behavioral health staff who work with clients of all ages. The topics to be addressed by training are as follows:

1. Early identification of mental illness
2. Cultural competency, including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages
3. Training of clients and family members to work within the mental health services system
4. Training of community partners (education, criminal justice, social services, housing community, medical community, etc.)
5. Training of behavioral health staff, including consumer and family member staff, to improve working with families, including outreach and support to families of clients and potential clients who may be involved with child welfare, juvenile justice, corrections, primary health care, the educational system, or elder services.
6. Training of staff on co-occurring disorders and integrated treatment
7. Training of staff and consumers in methods of benefits acquisition
8. Development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period

1. b) Priority Population: Because this program addresses training for staff, consumers, family members, the community and community partners, the population to be served by the program includes SED children who are unable to be mainstreamed at school, are in danger of out-of-home placement, are involved with the juvenile justice system or are members of underserved ethnic groups. It also includes SED TAY who are unable to be mainstreamed or failing in school, homeless, in danger of out-of-home placement, or experiencing a first episode of psychosis, suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups. Adults with SMI who are homeless, in danger of being homeless, involved with the criminal justice system, frequently hospitalized, or who suffer from co-occurring SMI and substance abuse disorders, or are members of underserved ethnic groups will also be served. Older adults who suffer from co-occurring SMI and substance abuse disorders, who are frequently hospitalized or users of emergency rooms, who are in restrictive living accommodations, such as SNFFS for IMDs and need supportive housing, or who are members of underserved ethnic groups will be served.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Training of family members to work in the mental health system and training of consumers and family members as well as staff to work with families will encompass the strategy of Family Partnership Programs, which will serve clients of all ages	☐	☐	☒	☒	☒	☒	☒
✓ Culture and gender-sensitive outreach will be a strategy utilized in the cultural competence training and the training of community partners and will serve all age groups	☐	☒	☐	☒	☒	☒	☒
✓ Development of services for gay, lesbian, bisexual and transgender youth will be a strategy promoted through the cultural competence training to serve TAY	☐	☐	☒	☐	☒	☐	☐
✓ Education of the children/youth and family regarding mental health services will be a strategy promoted through training of consumers and family members and training of staff to work with families to serve children and youth and TAY	☐	☐	☒	☒	☒	☒	☒
✓ Integrated services for clients with co-occurring mental health and substance abuse disorders will be a strategy promoted through training on integrated treatment of co-occurring disorders to serve all age groups	☐	☒	☐	☒	☒	☒	☒
✓ Parent mental health education with language access and culturally appropriate approaches will be a strategy promoted through training on early identification of mental illness and cultural competence to serve children and youth and TAY	☐	☒	☒	☒	☒	☒	☒
✓ Infrastructure and attitudinal changes to assist in the development of youth/family-run programs will be a strategy promoted through training of consumers and family members to work in the mental health system and training of staff to work with families and will serve all ages	☐	☒	☒	☒	☒	☒	☒
✓ Cross-agency and cross-discipline training will be a strategy promoted through training of community partners, and will also involve training of behavioral health staff by the community partners during mutual training experiences and will serve all ages	☐	☒	☒	☒	☒	☒	☒
✓ Integrated county/community level service planning will be a strategy promoted through training of community partners and will serve all ages	☐	☒	☐	☒	☒	☒	☒
✓ Values-driven, evidence-based practices will be a strategy promoted through training in early identification of mental illness, integrated treatment of co-occurring disorders and through the development of a training institute and will serve all ages	☐	☒	☒	☒	☒	☒	☒

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	1. d)						
	Fund. Type			Age Group			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Education for youth and family will be a strategy promoted through training of staff to work with families and will serve children and youth and TAY	☐	☐	☒	☒	☒	☒	☒
✓ On-site services in primary care clinics or other health-related sites will be a strategy promoted through training of our community partners and will serve clients of all ages	☐	☒	☐	☒	☒	☒	☒
✓ Culturally appropriate services to reach persons of racial/ethnic cultures who may be better served or more responsive to services in culture-based settings will be a strategy promoted through training in cultural competence and will serve clients of all ages	☐	☐	☒	☒	☒	☒	☒
✓ Self-help and client-run programs will be a strategy promoted through training of consumers and family members to work within the mental health system and will serve TAY, adults and older adult clients	☐	☒	☒	☐	☒	☒	☒
✓ On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services will be a strategy promoted through training in early identification of mental illness and training of community partners and will serve clients of all ages, but particularly children and older adult clients	☐	☒	☒	☒	☒	☒	☒
✓ Housing services, child care, transportation, vocational training and supported employment services, educational benefits are strategies promoted by benefits acquisition training in which both staff and consumers will learn how to access benefits to support client recovery	☐	☒	☒	☒	☒	☒	☒

Education & Training (E1) – Continued

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.

Training will encompass a variety of training methods, directed toward several different audiences and addressing a number of different topics relevant to transformation of the mental health system. The numbers served are not unduplicated, in that an individual may receive more than one type of training.

The eight areas of training identified in the Orange County CSS Plan under one-time education and training money are summarized below.

A. Early Identification of Mental Illness

Goal: To reduce the duration of untreated illness for persons with newly developing mental illness, particularly in underserved ethnic and linguistic populations in which such illnesses often go unrecognized or untreated. Also, by reducing community stigma related to mental illness, to improve the quality of life for people with mental illnesses and their families.

Training activities:

- Develop public service announcements and other media presentations in which persons of all ethnicities convincingly portray the effectiveness of treatment for mental illnesses and substance use and are depicted as exhibiting responsible and appropriate health care behavior when they seek services. Provide these presentations in all the threshold languages of Orange County.
- Educate the public about warning signs and symptoms of the development of severe mental illness through an aggressive promotional campaign in local media outlets, and through local interactive workshops and presentations offered in all the threshold languages of Orange County.
- Train a referral network of primary medical care providers, community agencies (including law enforcement), and educators and counselors in local high schools and colleges who will recognize signs of mental illness.
- Provide in-service training to mental health professionals on identification of prodromal signs of the development of severe mental illness and methods of early intervention.

B. Cultural Competency Training (including training of staff and outreach to underserved cultural groups to reduce stigma with materials in threshold and emerging languages)

Goal: To develop a system wide training program to address the cultural and linguistic training needs of the County, including county and contract staff, consumers and family members and community partners

Training Activities:

- 1600 county and contract staff will be trained in concepts and information related to the general principles of cultural competence. This will include trainings for all levels of staff (clinical and support staff). Additionally, there will be training specifically for physicians, nurses, and other medical practitioners. Specific cultural competence trainings focused on the Orange County underserved/unserved populations will be developed for all staff on LGBT/Q, Latinos, Vietnamese, Koreans and Iranians with multiple training tiers broken out by specific age group, including children & youth, TAY, adults and older adults. Training will include working with diversity and physical disabilities, as well as training on working with linguistic populations, and the effective use of interpreters.
- Provide language acquisition classes to enable 1600 county/contract staff the opportunity to increase their ability to speak languages other than English. Threshold and emerging languages will be the focus. Language Immersion classes will also be offered to increase the timeline for linguistically competent providers of service. Develop a Behavioral Health Interpreter certification Program to enable interpreters in the County to be certified in behavioral health interpreters, with a specialty in the language used and needed in the field.
- Translation of resources to educate the orange County community on the transformed mental health system, recovery, resiliency and evidence-based strategies. Development of media in the threshold and emerging languages will also include: posters, brochures, flyers, DVD to be distributed throughout the community as well as via community partners.

C. Training Consumers and Family Members to Work in the Mental Health System

Goal: To support, over a two year period, the training of approximately 100 current consumers, former consumers and family members to work in the mental health system as service providers, support staff, or as operators of consumer-run services.

Training activities:

- Classroom training of consumers and family members in basic human services and mental health concepts and knowledge at a local community college using an expanded version of the California Association of Social Rehabilitation Agencies (CASRA) curriculum.
- Pre-employment, paid fieldwork training of consumers and family members in job skills related to working within the mental health system through placement as a trainee in the county or community-based organization mental health system.
- Training of current mental health system staff and administrators in philosophy, concepts, and skills necessary to work alongside of and incorporate consumers and family members as full partners in providing mental health services.

D. Training of Community Partners

Goal: To train members of other community agencies and organizations. Staff in the fields of mental health, education, criminal justice, social services, housing, and medicine, will be trained in the recovery model, in consumer empowerment, and cultural competence.

Training activities:

- Using seminars, workshops and focus groups, teach a total of 700 primary and secondary school and local community and four-year college staff about mental illness and how to integrate the recovery/wellness model into their work with SED and SMI students.
- Provide training workshops to 300 primary medical care providers to facilitate identification and referral of persons with SED and SMI .
- Using seminars, workshops and focus groups, provide training and consultation to 360 Social Services staff and housing providers to assist them in integrating the recovery/wellness model and cultural competence into their services.
- Develop a Crisis Intervention Training (CIT) Academy with added cultural competence training for 250 local law enforcement officers to respond to crisis situations involving SMI persons.
- Develop workshop and cross agency immersion training for staff of mental health and other agencies.
- Provide consultation and training to develop ongoing collaboration between agencies

E. Training of Behavioral Health Staff to Work with Families

Goal: Families need information about serious mental illness its treatment, available community services, resources, care giving and management issues. Families also need coping skills, including effective communication, problem solving, conflict resolution, assertiveness, stress management, illness management, and relapse prevention. Finally, families need support for themselves. Training of behavioral health staff, in working with families as collaborators, using empirically supported interventions will create an effective collaboration between consumer, staff and family.

Training activities:

- Provide community based training for families. A minimum of 10-15 series of classes should be provided to 200-300 families annually for two years. Approximately 120-180 individual classes will be delivered to meet the annual objective. The classes will be delivered by volunteer family members. The classes will be provided in all the Orange County Medi-Cal threshold languages.
- Provide training to 800 county and contract agency mental health staff using a model which consists of 5 individual classes, in 2.5 hour sessions. The curriculum will total 12.5 hours of training for each provider. Providers will be trained in 5 basic areas, (1) The family experience of a family member with a psychiatric disability, (2) Changing family roles, (3) Family and provider needs for information skills and support, (4) family/provider/consumer collaboration, (5) and the role of family members in recovery. The classes will also include a family member instructor in each session.
- All training materials and activities will be translated into all of the threshold languages of Orange County.

F. Integrated Treatment for Co-Occurring Disorders

Goal: To support, over a two year period, the training of approximately 1200 staff working in the behavioral health system as service providers, support staff, or as operators of consumer-run services.

Training activities:

- A comprehensive assessment/analysis of the current behavioral health system followed by consultation and training at all levels of the system using recognized expert consultants in this field who will implement and monitor system changes based on this assessment.
- Trainings on research based clinical best practice principles of treatment for individuals with COD, embedded in an integrated disease and recovery philosophy. Training will be determined by the needs revealed in the system-wide assessment, particularly at the program and clinical level, and will use the services of recognized expert trainers in the field.

G. Training of Staff and Consumers on Benefits Acquisition

Goals: All consumers and, if their families are involved in their treatment, their families as well, will have accurate and complete knowledge of the benefits for which they are eligible and the methods of securing eligibility and receipt of benefits. All clinical and case management staff working with consumers will be aware of the array of benefits available to their clients and the eligibility criteria for them. A core group of staff will have expert skills, which will allow them to solve benefits acquisition problems with clients.

Training activities:

- Using an outside expert consultant, conduct a study of our current benefits acquisition system and provide consultation to modify our system
- Train all 800 clinical staff in basics of benefits eligibility, acquisition, retention, etc.
- Train a core group of 30 expert benefits acquisition staff
- Develop resource tools and training materials for teaching staff, clients and families
- Translate all of the benefits acquisition materials and trainings into all of the threshold languages of Orange County

H. Development of a Non-Profit Training Institute

Goal: To develop a training institute that is representative of Orange County stakeholders, with special emphasis upon consumers and family members, so that further recovery-based training may be implemented and continued beyond the period of one-time funding in the CSS portion of the MHSA.

Activities:

- Develop an institute infrastructure that (1) has an independent advisory board consisting of at least 51% mental health consumers and family members; (2) has the ability to support grant writers, educators, and evaluation specialists;(3) is closely connected to the various public and private organizations that address

issues of mental health within the county; and (4) is able to develop a business plan by the conclusion of the first year of funding.

- Develop a network of collaborating community partners who can work with the institute to shape its goals, activities and approaches. Collaborating community partners should include groups that represent diversity in disciplines, ages, genders, sexual orientation, cultural backgrounds, abilities, disabilities, primary spoken language, areas of the county, socioeconomic level educational levels, levels of power within the community, and services related to mental health.
- Secure funding to sustain and expand selected areas of training related to the MHSA. In addition, develop methods of evaluating the impact of training activities in the recovery-oriented mental health sphere and to provide training and consultation activities that will assist Orange County in planning for future MHSA Education and Training and Prevention and Early Intervention components.

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

The training program will not provide any direct housing. However, training in benefits acquisition will assist consumers access existing housing programs.

Employment services will be provided in two ways:

a) Training of consumers and family members to be mental health service providers or to develop consumer-operated services will require training stipends provided to trainees as pre-employment salaries.

b) In all aspects of the training program consumers and family members will be sought as trainers and as consultants to assist in the development of training. Many of these positions will be paid positions.

Persons who work within the housing and employment fields providing services and support for consumers with SMI will be the recipients of training in cultural competence and training of community partners.

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 training program does not involve full-service partnerships.

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

The training program directly addresses cultural competence, consumer and family-operated services, consumer driven services and system planning, family empowerment, integrated services, values-driven, evidence based practices, and stigma reduction. The goal of all of these training activities is to promote a recovery and resilience philosophy to

both mental health professionals, consumers and family members, as well as the community at large. Transformation of the mental health system will not be achieved without training and education for all members of the community in the values and practices that support a recovery and resilience model.

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

The primary source of training in mental health related practices in the Orange County community is through professional continuing education training to licensed mental health service providers. Such training rarely addresses issues related to recovery or resilience, though it does include training in evidence-based practice, cultural competence, and integrated treatment of co-occurring disorders. Virtually all of the training provided by the County of Orange Behavioral Health Services is brief, one-time workshop style training with little or no follow-up of transfer into day-to-day practices. Under this proposal, each training activity would be preceded by a system assessment of the training needs, best training practices, implementation strategies, and follow-up evaluation of the training's effectiveness. Train-the-trainer models will be incorporated whenever appropriate and a training system that includes video conferencing, and on-line training capability will be put into place. The expectation is that these changes to our existing training practices will result in customized Orange County trainings, and will benefit the County beyond the actual training event. By implementing the system assessment, recommendations for system change and the necessary training of staff and administration, transformation can occur.

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.

Consumers and family members will have an opportunity to work within all of the training programs. The training of consumers and family members to work within the mental health system and to develop consumer-operated services will provide stipends or other remuneration for trainees while in training. The Training Institute will have a Board of Directors that is at least 51% consumers and family members so the direction and activities of the Institute will be consumer driven.

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.

The Training priorities within this program as well as the overall percentage of one-time funding to be devoted to training activities was proposed, discussed, and approved through the Steering Committee, which was composed of representatives of the justice system, education, colleges and universities, social services, the local Mental Health Board, the Alcohol and Drug Board, the county Board of Supervisors, consumer and family groups, ethnic and cultural groups, etc, as detailed in Table 1 of this document. A significant portion of the training is devoted to training of community partners and the

Training Institute portion of the training proposal includes many of these same stakeholder groups as Board Members. Integration of community services is a focus of several of the training areas, both in early identification activities, partner training, and integrated treatment. *Cross-agency and cross-discipline training* and *Integrated county/community level service planning* will be strategies promoted through training of community partners. *On-site or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health and mental health services* will be a strategy promoted through training in early identification of mental illness and training of community partners.

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

In order for a program to be competent, it must be culturally appropriate. With this in mind, cultural competency training will be an essential component of all of the above-mentioned trainings, in addition to being an advanced stand-alone training program. The cultural competency training program will provide training, education and support to the programs funded through the MHSA with the intent of increasing knowledge of various cultural systems to ensure meaningful service delivery and thus reduce treatment disparities.

A training program to address service delivery in a transformed system will be essential in the proposed programs success. To this end, the cultural competency training program will work with experts/leaders in the local cultural communities to develop training appropriate to our target populations. There will be a focus on training the consumer/family members' work force on how to effectively work with other consumers and family members in a culturally and linguistically competent manner

The Cultural Competency training program will ensure that all written materials are available in the threshold and emerging languages of the County to further reduce disparities in treatment. This is an area that is monitored within the Cultural Competency department, which tracks demographics changes annually in the county.

The Cultural Competency training program will also work with local colleges/universities to develop a Spanish language training course for staff entitled Spanish for Healthcare Providers, specifically behavioral healthcare. This will provide an additional layer of linguistic competency, as many Spanish speaking staff are proficient in the general language, but lacking in the language of mental health.

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.

Cultural Competency training will encompass all appropriate cultures beyond ethnic and linguistic cultures. The culture of sexual orientation will be an integral part of the cultural competency training for all staff. This is of particular importance as sexual orientation is

viewed very differently in many cultures and the understanding of that is paramount in the way staff will work with consumers who may also be LGBT. Additionally, training will focus on the culture of gender and how various cultures (ethnic, age, etc) come into play with each consumer. Males and females are socialized differently in almost all cultures, and this will impact the way services will be received.

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

Individuals residing out of county who would profit from the training program are primarily those who are children and youth or TAY with SED who may be in residential placement out of county either through the special education system or through social services, children with SED who are in the foster care system in out-of-county placement, adults with SMI who are hospitalized in IMDs and state hospitals out of county, or TAY or adults with SMI who are in the correctional system out of county. None of the training programs address direct services to these individuals while they are out-of-county, but training of community partners (education, criminal justice, social services) and training of behavioral health staff, including consumer and family member staff, to improve working with families, as well as training of staff on co-occurring disorders and integrated treatment will, serve to make it more likely that these individuals can be provided services within the Orange County in their homes or in community settings.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA as described in (2) above.

13. Please provide a timeline for this work plan, including all critical implementation dates.

Implementation will follow the timeline below.

- Board of Supervisors approval is expected to be in December 2005
- Requests for proposals will be issued beginning in January 2006
- DMH approval is expected in March 2006
- It is anticipated that services may commence as early as April 2006

14. Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budget and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

See **Exhibit 5**.

15. A Quarterly Progress Report (Exhibit 6) is required to provide estimated population to be served. This form will be required to be updated quarterly

specifying actual population served. Additionally, a Cash Balance Quarterly Report (Exhibit 7) is required to provide information about the cash flow activity and remaining cash on hand. All progress reports are to be submitted to the DMH County Operations analyst assigned to the County within 30 days after the close of the quarter.

See **Exhibits 6 & 7** (Data for Exhibit 7 will be provided at the end of the first quarter that service

EXHIBIT 5a – E1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: E1 | Date: 03/12/06
Program Workplan Name: Training & Education Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 28
Proposed Total Client Capacity of Program/Service: 29,920** | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 29,920** | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)	$817,600			$817,600
f. Total Support Expenditures	$817,600	$0	$0	$817,600
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$378,071			$378,071
c. Employee Benefits	$126,024			$126,024
d. Total Personnel Expenditures	$504,095	$0	$0	$504,095
3. Operating Expenditures				
a. Professional Services	$3,608,568			$3,608,568
b. Translation and Interpretation Services	$0			$0
c. Travel and Transportation	$0			$0
d. General Office Expenditures	$51,714			$51,714
e. Rent, Utilities and Equipment	$118,023			$118,023
f. Medication and Medical Supports	$0			$0
g. Other Operating Expenses (provide description in budget narrative)	$0			$0
h. Total Operating Expenditures	$3,778,305	$0	$0	$3,778,305
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	
6. Total Proposed Program Budget	**$5,100,000**	**$0**	**$0**	**$5,100,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$5,100,000**	**$5,100,000**
D. Total Funding Requirements	**$5,100,000**	**$0**	**$5,100,000**	**$5,100,000**
E. Percent of total funding requirements for FSPs				

**The number served reflects the number of people provided training/education in a particular subject matter. Individuals will likely receive more than one type of training, thus the total number served is not an unduplicated count of individuals trained.

EXHIBIT 5b – E1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: E1 | Date: 03/12/06
Program Workplan Name: Training & Education Program | Page 1 of 1
Type of Funding: System Development | Months of Operation: 28
Proposed Total Client Capacity of Program/Service: 29,920** | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 29,920** | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Psychologist	*Training Management/Review*		2.25		$0
Mental Health Worker	*Contract Monitor*		2.25		$0
Office Specialist	*Clerical*		2.25		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	6.75		$378,071
C. Total Program Positions		0.00	6.75		$378,071

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

**The number served reflects the number of people provided training/education in a particular subject matter. Individuals will likely receive more than one type of training, thus the total number served is not an unduplicated count of individuals trained.

FY 05-06 Training Budget to be included in Orange County MHSA Plan Approval

04/27/06

Staff Costs:			
	Psychologist		
		Salary	$ 15,937.50
		Benefits	$ 5,312.50
	Office Specialist		
		Salary	$ 9,375.00
		Benefits	$ 3,125.00
	Mental Health Specialist		
		Salary	$ 9,375.00
		Benefits	$ 3,125.00
		TOTAL	**$ 46,250.00**
Equipment and Technology Costs:			
	Learning Management System		$ 27,578.00
	Video conferencing, room use, projection equipment		$ 65,445.00
	Supplies and staff equipment		$ 51,574.00
	Software for producing online trainings		$ 25,000.00
		TOTAL	**$ 169,597.00**
Program Costs:			
	Behavior Problem and Violence Prevention Toolkit Development		$ 50,000.00
	Training on Essential Elements of Cultural Competency for Transformed behavioral Health Systems		$ 128,000.00
	Embracing and Understanding Cultural Competence: Skill Building for Managers		$ 36,000.00
	All staff training on Lesbian, Gay, Bisexual, Transgender/Questioning (LBGT/Q)		$ 32,000.00
		TOTAL	**$ 246,000.00**

Total 3 month funding request: $ 461,847.00

Training & Education, Budget Narrative for Fiscal Year 2005-2006

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

Training stipends have been included in the budget in the total amount of $817,600 to pay consumer and family members up to $2044 monthly for participation in training programs. The monthly amount is based on a County Mental Health Worker I starting salary, and would be paid for up to a 4-month period, for a total of $8,176 per trainee. This amount could vary from consumer to consumer based on their consultation with an employment and eligibility specialist who will assist them with deciding how to balance questions of employment income versus benefits. Amount paid will also depend on the length of course. It is expected that 100 consumers/family members will be compensated for participation in training programs.

2. Personnel Expenditures

Three temporary Training positions are anticipated to support the initial development and implementation of the training program. Expenses are based on the FY 2005-06 average salary and benefits for comparable County classifications and functions. The budgeted positions and functions are:

- 1 FTE Office Specialist: Consolidate information on training attendance, issue training bulletins and coordinate training space for contracted trainings, prepare continuing education materials (course certificates, evaluations, etc.), and maintain records on training attendees.
- 1 FTE Mental Health Worker III (preferably with consumer/family member background): Monitor contractors contract compliance, e.g. addressing correct training needs, incorporating feedback from staff and clients, maintaining a recovery and wellness focus to trainings, and incorporating consumers and family members as trainers.
- 1 FTE Psychologist: Consolidate training data with regard to numbers of people trained, topics covered, evaluations and feedback across providers and trainings. Assess impact of training on system variables, e.g. reduction in ethnic disparities in services, consumers hired by the system and their long-term outcome with regard to relapse, employment and quality of life, changes in practice patterns as a result of training, fewer re-referrals of clients to another service, etc. Assess community level outcomes of training, e.g. increased collaboration between BHS and community partners, widening of referral base to primary care and ethnic community organizations, increased number of bilingual, bicultural applicants for staff positions, etc.

The Training budget reflects these three staff positions for a total of 2.25 years, thus indicating a total of 6.75 staff total on Exhibit 5b.

Training & Education, Budget Narrative for Fiscal Year 2005-2006 (Continued)

3. Operating Expenditures

The operating expenditures in this budget include Professional Services expenditures, facilities rental, equipment and technology.

The majority of the expenditures is in the Professional Services category and will be used to fund personal service contracts for consulting and training services. There are also anticipated costs for the development and production of training materials that may be used to provide future training. The Equipment and technology necessary to achieve the identified training goals include:

- Learning Management System (for registering attendees)
- Video conferencing, room use, projection equip
- Supplies and staff equipment
- Software for producing online trainings

The budget amounts were estimated using a variety of data sources. Information from existing or historical training/consultant agreements; The Village; A Seattle based consultant experienced in training in the identified areas; and rate information for local radio/television and newspaper advertisements were all utilized in determining the funding request.

4. Program Management

The costs for the Program Management are included in the training budget. The training program will work in coordination with all administrative programs and staff as a core component of the Orange County MHSA team.

5. Estimated Total Expenditures when service provider is not known

The training budget is comprised of eight specific training modules for which funding is requested. The modules are:

- Early identification of mental illness
- Cultural Competency
- Training consumers and family members to work in the mental health system
- Training of Community Partners
- Training of Behavioral Health Staff to work with families
- Integrated Treatment for Co-Occurring Disorders
- Training Staff and Consumers on benefits acquisition
- Training Institute

B) Revenues

1. Existing Revenues

This is a new program, so there are no existing revenues.

Training & Education, Budget Narrative for Fiscal Year 2005-2006 (Continued)

2. New Revenues

The training program will not receive any new revenues.

C) One-Time CSS Funding Expenditures

One-time system development funding in the amount of $5,100,000 will fund the complete Training program described above. Training will additionally focus on the early identification of mental illness, and an advanced program will be developed to address cultural competency, which will also be incorporated throughout individual training programs. Focus on training clients and family members to work within the mental health services system will encompass a variety of methods of training and employment practices, and will include preparing consumers and family members for positions as case-managers and peer mentors. Community partners from all service areas (education, criminal justice, social services, housing community, medical community etc.) will join behavioral health and community partner administrators and staff in training on collaboration, the recovery model and consumer empowerment. Training will be provided on empirically supported interventions to further create an effective collaboration between consumer, staff and family. Staff training will additionally cover co-occurring disorders, the development of core competencies in screening, assessing, applying for and attaining entitled benefits. Finally, training funding will support the development of a nonprofit Training Institute with consumer and family member direction, to pursue continued funding of recovery-based training and evaluation activities after the end of the one-time funding period. The Institute will work to seek and secure ongoing funding for training purposes in future years.

The one time funding request will support planned training stipends provided to trainees as pre-employment salaries. Additionally, consumers and family members serving in training and planning roles will receive compensation as paid consultants.

One Time Funding for Housing

Housing Program

(H1)

One Time Funding for Housing

Safe affordable housing is one of the basic requirements needed to promote recovery/wellness for adults, older adults, transitional age youth and children and their families with severe mental illness or serious emotional disturbance. Appropriate housing is crucial to maintaining stability in the community. We plan to use $9.4 million of one-time money to help fund a Housing Trust Fund. This Housing Trust Fund will support the members of Full Service Partnerships (FSP), and will be used to develop a full range of supportive housing including transitional and permanent supportive housing for persons with severe mental illness or serious emotional disturbances who are homeless, at risk of homelessness or are residing in unsuitable or unnecessarily restrictive settings. Housing will be developed for each age group based on their needs and provided in a culturally sensitive manner, with special attention paid to language, ethnicity, gender, client culture, co-occurring substance abuse disorders, and physical/sensory disability.

Orange County Health Care Agency (HCA) will use the one-time money to leverage other federal, state, local, and private funding to develop housing. The one-time funds will be used to help acquire, renovate or "buy down" mortgage/financing of housing so clients can afford their housing with SSI and/or other benefits, Section 8, Shelter Plus Care, other funding sources, and on-going FSP rental subsidies.

HCA is partnering with County of Orange Housing and Community Development Agency (HCS) to provide assistance in developing affordable, safe housing opportunities. HCA and HCS are in the process of developing an MOU that outlines our roles, responsibilities, and commitment to creating housing for the seriously mentally ill. With MHSA Administrative funds, HCA will support housing specialists at HCS to work in collaboration with housing developers and other community partners and the and Auditor-Controller department to develop housing for FSPs and other MHSA programs.

HCA will develop guidelines on the purpose of the Housing Trust Fund, the funding process, and the mechanism for overseeing the Trust Fund operations.

The Health Care Agency's experience with the housing projects and with other agency and community partners gives us the expertise to develop new housing.

Some of the current housing that is available for individuals with serious mental illness is listed below:

- Since 1996, HCA has successfully partnered with Orange County Housing Authority in developing and administering the Tenant-based Shelter Plus Care Program. Currently over 325 vouchers are being used by homeless mentally ill and their families, including those with co-occurring substance abuse and/or medical problems.

- HCA has also successfully partnered with housing developers/providers;

H.O.M.E.S., Inc., A Community of Friends, and the Orange County Housing Authority in implemented a Project-based Shelter Plus Care Program, Jackson Aisle Apartments, a 29 unit facility for homeless mentally adults. Please see Appendix 6 for a copy of the budget for Jackson Aisle. It is expected that a large, multiple unit project developed with MHSA funding would require similar levels of funding.

- Cypress House is a six bed transitional living program for homeless AB2034 enrollees. Cypress House is located in a residential community and is actually two homes on one lot. See Appendix 7 for a list of steps taken in the development of Cypress House. This list represents the types of steps HCA would have to follow in developing a similar type of project.

The CSS one time housing fund will be used to create an array of housing options for Children, Transitional Age Youth, Adults, and Older Adults. Keeping the housing fund flexible, makes funding available to use a "whatever it takes" approach to meeting the needs of the Children, TAY, Adult and Older Adult and be able to seize opportunities as we work with our community partners. Outlined below are the allocations that HCA proposes to use to support housing for the clients of the full service partnerships serving each age group.

Housing to be developed:

- Children's Full Service/Wraparound program - transitional supportive family housing to address the short-term needs of families with seriously emotionally disturbed children who are homeless or at risk of homelessness.

- Transitional Age Youth Full Service/Wraparound Program – transitional and permanent supportive housing to address the needs of mentally ill transitional age youth who are homeless, at risk of homelessness, aging out of the foster care system, or coming from juvenile institution.

- Adult Integrated Services Program – transitional and permanent supportive housing – to address the needs of mentally ill adults who are homeless, at risk of homelessness, who may be coming from IMD's, or jails.

- Older Adult Integrated Services Program – permanent supportive housing to address the needs of mentally ill older adults who are homeless or at risk of homelessness, requiring support services specific to aging adults.

As mentioned previously, the above housing will be developed for each age group based on their needs and provided in a culturally sensitive manner, with special attention paid to language, ethnicity, gender, client culture, co-occurring disorders, and physical/sensory disability.

Priority has been given to Adult housing development as a result of that same MHSA local planning process. Adult specialized supportive permanent housing for ages 18 years old and above was identified as the housing most needed in Orange County.

Outlined below are the allocations we propose to use to support housing for the clients of the listed full service partnerships:

Children's Full Service/Wraparound Program	$1,170,000
Transitional Age Youth Full Service/Wraparound Program	$1,890,000
Adult Integrated Services Program	$4,860,000
Older Adult Support and Intervention System	$1,512,000
Total	**$9,432,000**

EXHIBIT 5a – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: H1 – Children & Youth | Date: 11/11/05
Program Workplan Name: Housing\Start up | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 28
Proposed Total Client Capacity of Program/Service: * | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: * | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
e. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services provides are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$1,170,000**	**$1,170,000**
D. Total Funding Requirements	**$0**	**$0**	**$1,170,000**	**$1,170,000**
E. Percent of total funding requirements for FSPs				

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

EXHIBIT 5b – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: H1 – Children & Youth
Date: 11/11/05
Program Workplan Name: Housing\Start up
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 28
Proposed Total Client Capacity of Program/Service: *
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: *
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

Children & Youth One-Time Housing Funding Request, Fiscal Year 2005-06

A) Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   N/A
2. **Personnel Expenditures**
   N/A
3. **Operating Expenditures**
   N/A
4. **Program Management**
   N/A
5. **Estimated Total Expenditures when service provider is not known**
   N/A

B) Revenues

1. **Existing Revenues**
   N/A
2. **New Revenues**
   N/A

C) One-Time CSS Funding Expenditures

Funding is requested to develop transitional housing for clients and their families enrolled in the Full Service Partnership Program. The one-time housing allocation amounts were developed in our MHSA planning process. Funding for each age group was determined based on steering committee input as well as various housing needs specific to each age group.

While Orange County is still working with our housing department, local housing providers and non-profits to best leverage our housing options, it is estimated that with the total funding allocation of $9.4 million, a combination of 100-200 transitional and permanent housing units will be developed for all age groups combined. More detailed costs and the number of clients to be served will be provided as housing options continue to be explored.

EXHIBIT 5a – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: H1 – Transitional Age Youth | Date: 11/11/05
Program Workplan Name: Housing\Start up | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 28
Proposed Total Client Capacity of Program/Service: * | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: * | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
e. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services provides are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$1,890,000**	**$1,890,000**
D. Total Funding Requirements	**$0**	**$0**	**$1,890,000**	**$1,890,000**
E. Percent of total funding requirements for FSPs				

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

EXHIBIT 5b – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: H1 – Transitional Age Youth
Date: 11/11/05
Program Workplan Name: Housing\Start up
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 28
Proposed Total Client Capacity of Program/Service: *
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: *
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE [b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

Transitional Age Youth One-Time Housing Funding Request, Fiscal Year 2005-06

A) Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   N/A
2. **Personnel Expenditures**
   N/A
3. **Operating Expenditures**
   N/A
4. **Program Management**
   N/A
5. **Estimated Total Expenditures when service provider is not known**
   N/A

B) Revenues

1. **Existing Revenues**
   N/A
2. **New Revenues**
   N/A

C) One-Time CSS Funding Expenditures

Funding is requested to develop transitional and permanent housing for clients and their families enrolled in the Full Service Partnership Program. The one-time housing allocation amounts were developed in our MHSA planning process. Funding for each age group was determined based on steering committee input as well as various housing needs specific to each age group.

While Orange County is still working with our housing department, local housing providers and non-profits to best leverage our housing options, it is estimated that with the total funding allocation of $9.4 million, a combination of 100-200 transitional and and permanent housing units will be developed for all age groups combined. More detailed costs and the number of clients to be served will be provided as housing options continue to be explored.

EXHIBIT 5a – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: H1 – Adult | Date: 11/11/05
Program Workplan Name: Housing\Start up | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 28
Proposed Total Client Capacity of Program/Service: * | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: * | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
e. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services provides are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$4,860,000**	**$4,860,000**
D. Total Funding Requirements	**$0**	**$0**	**$4,860,000**	**$4,860,000**
E. Percent of total funding requirements for FSPs				

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

EXHIBIT 5b – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: H1 – Adult
Date: 11/11/05
Program Workplan Name: Housing\Start up
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 28
Proposed Total Client Capacity of Program/Service: *
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: *
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

Adult One-Time Housing Funding Request, Fiscal Year 2005-06

A) Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   N/A
2. **Personnel Expenditures**
   N/A
3. **Operating Expenditures**
   N/A
4. **Program Management**
   N/A
5. **Estimated Total Expenditures when service provider is not known**
   Insert Text

B) Revenues

1. **Existing Revenues**
   N/A
2. **New Revenues**
   N/A

C) One-Time CSS Funding Expenditures

Funding is requested to develop transitional and permanent housing for clients and their families enrolled in the Full Service Partnership Program. The one-time housing allocation amounts were developed in our MHSA planning process. Funding for each age group was determined based on steering committee input as well as various housing needs specific to each age group.

While Orange County is still working with our housing department, local housing providers and non-profits to best leverage our housing options, it is estimated that with the total funding allocation of $9.4 million, a combination of 100-200 transitional beds and permanent housing units will be developed for all age groups combined. More detailed costs and the number of clients to be served will be provided as housing options continue to be explored.

EXHIBIT 5a – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2005-2006
Program Workplan No: H1 – Older Adult | Date: 11/11/05
Program Workplan Name: Housing\Start up | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 28
Proposed Total Client Capacity of Program/Service: * | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: * | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits				$0
e. Total Personnel Expenditures	$0	$0	$0	$0
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$0	$0
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services provides are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$0**	**$0**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. State General fund				$0
d. Other Revenue				$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$1,512,000**	**$1,512,000**
D. Total Funding Requirements	**$0**	**$0**	**$1,512,000**	**$1,512,000**
E. Percent of total funding requirements for FSPs				

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

EXHIBIT 5b – H1 Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange
Fiscal Year: 2005-2006
Program Workplan No: H1 – Older Adult
Date: 11/11/05
Program Workplan Name: Housing\Start up
Page 1 of 1
Type of Funding: Full Service Partnership
Months of Operation: 28
Proposed Total Client Capacity of Program/Service: *
New or Expanded: New
Existing Client Capacity of Program/Services: 0
Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: *
Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	0.00	0.00		$0
C. Total Program Positions		0.00	0.00		$0

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

*The one-time funding for housing will be used to support individuals enrolled in Full Service Partnerships. Clients will be placed in housing based on assessment of their individual circumstances and the availability of housing options.

Older Adult One-Time Housing Funding Request, Fiscal Year 2005-06

A) Expenditures

1. **Client, Family Member and Caregiver Support Expenditures**
   N/A
2. **Personnel Expenditures**
   N/A
3. **Operating Expenditures**
   N/A
4. **Program Management**
   N/A
5. **Estimated Total Expenditures when service provider is not known**
   N/A

B) Revenues

1. **Existing Revenues**
   N/A
2. **New Revenues**
   N/A

C) One-Time CSS Funding Expenditures

Funding is requested to develop permanent housing for clients and their families enrolled in the Full Service Partnership Program. The one-time housing allocation amounts were developed in our MHSA planning process. Funding for each age group was determined based on steering committee input as well as various housing needs specific to each age group.

While Orange County is still working with our housing department, local housing providers and non-profits to best leverage our housing options, it is estimated that with the total funding allocation of $9.4 million, a combination of 100-200 transitional beds and permanent housing units will be developed for all age groups combined. More detailed costs and the number of clients to be served will be provided as housing options continue to be explored.

MHSA Administrative Budget

FY 05/06, 06/07 & 07/08

EXHIBIT 5c – Admin. Budget Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange Fiscal Year: 2005-2006

Date: 03/08/06

	Client, FM & CG FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator		0.25	$28,315
b. MHSA Support Staff			
i. Administrative Manager I – Assistant Coordinator		0.25	$28,315
ii Information Processing Technician (IPT)		0.25	$10,648
iii Staff Specialist		0.25	$14,761
iv Community Health Assistant II	0.75	0.75	$30,924
v HCA Program Supervisor II		0.25	$18,054
c. Other Personnel (list below)			
i Administrative Manager I – Fiscal & Administrative Support		0.25	$28,315
ii Administrative Manager I – Contract Development/Management		0.50	$56,629
iii Systems Programmer Analyst I		0.25	$18,552
iv Accounting Technician		0.13	$6,844
v Program Evaluation Specialist		2.00	$177,008
vi Office Specialist		1.25	$55,473
vii Administrative Manager – Housing		0.25	$28,315
viii Clinical Psychologist		0.25	$12,500
d. Total FTEs/Salaries	0.75	6.63	$385,988
e. Employee Benefits			$128,663
f. Total Personnel Expenditures			$514,650
2. Operating Expenditures			
a. Professional Services			$21,728
b. Travel and Transportation			$9,070
c. General Office Expenditures			$7,938
d. Rent, Utilities and Equipment			$32,438
e. Other Operating Expenditures (provide desc. in budget narrative)			$0
f. Total Operating Expenditures			$71,173
3. County Allocated Administration			
a. Countywide Administration (A-87)			$370,510
b. Other Administration			
c. Total County Administration			$370,510
4. Total Proposed County Administration			**$956,333**
B. Expenditures			
1. New Revenue			
a. Medi-Cal (FFP only)			$14,489
b. Other Revenue			
2. Total Revenue			**$14,489**
C. Start-UP and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$941,844**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 12/15/05 Signature _____

Executed at Santa Ana, California

Administration Budget, Fiscal Year 2005-06

A) Expenditures

1. **Personnel Expenditures**
   The Personnel Expenditures included in the revised Administration Budget are materially different than those reflected in the original budget submitted with the CSS Plan, although the total funding requested did not change. The variance from the original budget is due to an increase in the total number of FTEs included in the revised funding request. Through continued program planning and development activities, it became apparent that the original budgets did not include a sufficient number of staff to manage the anticipated workload associated with monitoring the performance of the MHSA contractor operated programs. In addition, the original budget did not include costs for any support staff (i.e. Office Specialists). Expenditures for 4 additional Program Evaluation Specialists and 5 Office Specialists are now included in the revised funding requests for FY 2006-07 and FY 2007-08. The FY 2005-06 budget shows a prorated increase of only 2.50 FTEs since the program is expected to be implemented by April 2006 and the expenditures are for only 3 months. Additional staffing adjustments were made to include a position to work on housing and training program management, while the primary training positions previously included in the Administration budget have now been included in the one-time Training budget itself. Salaries and employee benefits were estimated based on the FY 2005-06 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.

2. **Operating Expenditures**
   Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. Travel expenditures were based on the estimated number of trips rather than a cost per FTE. The budget also includes expenses under the Professional Services line item that are anticipated to be used to fund personal service contracts. These contracts will include those with clients, family members and caregivers to provide temporary assistance on specific projects such as validating the data that will be posted on the Network of Care website.

3. **County Allocated Administration**
   The Allocated Administration costs included in the budget are also materially different than the amount included in the original CSS Plan Administration Budgets. The original budget amounts were based on the approved FY 2005-06 A87 Indirect Cost Application Schedule. The FY 2006-07 draft Indirect Cost Application Schedule has since been completed, and is the data source for the estimated County Allocated Administration costs in the revised FY 2005-06 budget as it includes adjustments that will apply to the current year allocated administration costs and is therefore a more accurate data source.

Administration Budget, Fiscal Year 2005-06 (Continued)

Due to a number of factors, the revised estimated costs allocated to the MHSA programs is approximately $1m less annually than originally projected.

The savings from the reduction in the allocated administrative costs is now being requested to fund the additional staffing discussed in this narrative under the Personnel Expenditures heading.

4. **Total Proposed County Administration Budget**
   The total proposed County Administration budget supports all of the MHSA programs. In FY2005-06, 56% of the total MHSA funding is for Full Service Partnership Programs in accordance with DMH direction, this percentage has been applied to the total Administrative Costs for FY 2005-06 and included in the FSP percentage calculation.

B) Revenues

1. **New Revenues**
   The Medi-Cal Federal Financial Participation was calculated by estimating that 15% of the total administrative costs would be eligible for Medi-Cal reimbursement, and that the Medi-Cal population percentage would be 20%. The result of this calculation was then multiplied by the current FFP percentage of 50%.

2. **Total Revenues**

C) Start-up and One-Time Implementation Expenditures

No one-time CSS funding requests are included in the Administration budgets.

D) Total County Administration Funding Requirements

EXHIBIT 5c – Admin. Budget Year 2

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange Fiscal Year: 2006-2007

Date: 03/08/06

	Client, FM & CG FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator		1.00	$114,391
b. MHSA Support Staff			
i. Administrative Manager I – Assistant Coordinator		1.00	$114,391
ii Information Processing Technician (IPT)		1.00	$43,018
iii Staff Specialist		1.00	$59,634
iv Community Health Assistant II	3.00	3.00	$124,933
v HCA Program Supervisor II		1.00	$72,9364
c. Other Personnel (list below)			
i Administrative Manager I – Fiscal & Administrative Support		1.00	$114,391
ii Administrative Manager I – Contract Development/Management		2.00	$228,781
iii Systems Programmer Analyst I		1.00	$74,950
iv Accounting Technician		0.50	$24,650
v Program Evaluation Specialist		8.00	$715,112
vi Office Specialist		5.00	$224,109
vii Administrative Manager – Housing		1.00	$114,391
viii Clinical Psychologist		1.00	$50,500
d. Total FTEs/Salaries	3.00	25.50	$1,559,390
e. Employee Benefits			$519,797
f. Total Personnel Expenditures			$2,079,186
2. Operating Expenditures			
a. Professional Services			$87,779
b. Travel and Transportation			$36,643
c. General Office Expenditures			$32,066
d. Rent, Utilities and Equipment			$131,048
e. Other Operating Expenditures (provide desc. in budget narrative)			$0
f. Total Operating Expenditures			$287,537
3. County Allocated Administration			
a. Countywide Administration (A-87)			$1,496,860
b. Other Administration			
c. Total County Administration			$1,496,860
4. Total Proposed County Administration			**$3,863,583**
B. Expenditures			
1. New Revenue			
a. Medi-Cal (FFP only)			$58,534
b. Other Revenue			
2. Total Revenue			**$58,534**
C. Start-UP and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$3,805,050**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 12/15/05 Signature _____

Executed at Santa Ana, California

Administration Budget, Fiscal Year 2006-07

A) Expenditures

1. **Personnel Expenditures**
   The Personnel Expenditures included in the revised Administration Budget are materially different than those reflected in the original budget submitted with the CSS Plan, although the total funding requested did not change. The variance from the original budget is due to an increase in the total number of FTEs included in the revised funding request. Through continued program planning and development activities, it became apparent that the original budgets did not include a sufficient number of staff to manage the anticipated workload associated with monitoring the performance of the MHSA contractor operated programs. In addition, the original budget did not include costs for any support staff (i.e. Office Specialists). Expenditures for 4 additional Program Evaluation Specialists and 5 Office Specialists are now included in the revised funding request for FY 2006-07. Additional staffing adjustments were made to include a position to work on housing and training program management, while the primary training positions previously included in the Administration budget have now been included in the one-time Training budget itself. Salaries and employee benefits were estimated based on the FY 2005-06 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.

2. **Operating Expenditures**
   Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. Travel expenditures were based on the estimated number of trips rather than a cost per FTE. The budget also includes expenses under the Professional Services line item that are anticipated to be used to fund personal service contracts. These contracts will include those with clients, family members and caregivers to provide temporary assistance on specific projects such as validating the data that will be posted on the Network of Care website.

3. **County Allocated Administration**
   The Allocated Administration costs included in the budget are also materially different than the amount included in the original CSS Plan Administration Budgets. The original budget amounts were based on the approved FY 2005-06 A87 Indirect Cost Application Schedule. The FY 2006-07 draft Indirect Cost Application Schedule has since been completed, and is the data source for the estimated County Allocated Administration costs in the revised FY 2006-07 budget. Due to a number of factors, the revised estimated costs allocated to the MHSA programs is approximately $1m less annually than originally projected.

Administration Budget, Fiscal Year 2006-07 (Continued)

The savings from the reduction in the allocated administrative costs is now being requested to fund the additional staffing discussed in this narrative under the Personnel Expenditures heading.

4. **Total Proposed County Administration Budget**
   The total proposed County Administration budget supports all of the MHSA programs. In FY2006-07, 55% of the total MHSA funding is for Full Service Partnership Programs in accordance with DMH direction, this percentage has been applied to the total Administrative Costs for FY 2006-07 and included in the FSP percentage calculation.

B) Revenues

1. **New Revenues**
   The Medi-Cal Federal Financial Participation was calculated by estimating that 15% of the total administrative costs would be eligible for Medi-Cal reimbursement, and that the Medi-Cal population percentage would be 20%. The result of this calculation was then multiplied by the current FFP percentage of 50%.

2. **Total Revenues**

C) Start-up and One-Time Implementation Expenditures

No one-time CSS funding requests are included in the Administration budgets.

D) Total County Administration Funding Requirements

EXHIBIT 5c – Admin. Budget Year 3

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange Fiscal Year: 2007-2008

Date: 03/08/06

	Client, FM & CG FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSA Coordinator		1.00	$116,678
b. MHSA Support Staff			
i. Administrative Manager I – Assistant Coordinator		1.00	$116,678
ii Information Processing Technician (IPT)		1.00	$43,878
iii Staff Specialist		1.00	$60,827
iv Community Health Assistant II	3.00	3.00	$127,432
v HCA Program Supervisor II		1.00	$74,395
c. Other Personnel (list below)			
i Administrative Manager I – Fiscal & Administrative Support		1.00	$116,678
ii Administrative Manager I – Contract Development/Management		2.00	$233,357
iii Systems Programmer Analyst I		1.00	$76,449
iv Accounting Technician		0.50	$28,203
v Program Evaluation Specialist		8.00	$729,415
vi Office Specialist		5.00	$228,591
vii Administrative Manager – Housing		1.00	$116,678
viii Clinical Psychologist		1.00	$51,510
d. Total FTEs/Salaries	3.00	25.50	$1,590,577
e. Employee Benefits			$530,192
f. Total Personnel Expenditures			$2,120,770
2. Operating Expenditures			
a. Professional Services			$89,535
b. Travel and Transportation			$37,376
c. General Office Expenditures			$32,709
d. Rent, Utilities and Equipment			$133,668
e. Other Operating Expenditures (provide desc. in budget narrative)			$0
f. Total Operating Expenditures			$293,288
3. County Allocated Administration			
a. Countywide Administration (A-87)			$1,526,798
b. Other Administration			
c. Total County Administration			$1,526,798
4. Total Proposed County Administration			**$3,940,855**
B. Expenditures			
1. New Revenue			
a. Medi-Cal (FFP only)			$59,704
b. Other Revenue			
2. Total Revenue			**$59,704**
C. Start-UP and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$3,881,151**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 12/15/05 Signature _____

Executed at Santa Ana, California

Administration Budget, Fiscal Year 2007-08

A) Expenditures

1. **Personnel Expenditures**
   The Personnel Expenditures included in the revised Administration Budget are materially different than those reflected in the original budget submitted with the CSS Plan, although the total funding requested did not change. The variance from the original budget is due to an increase in the total number of FTEs included in the revised funding request. Through continued program planning and development activities, it became apparent that the original budgets did not include a sufficient number of staff to manage the anticipated workload associated with monitoring the performance of the MHSA contractor operated programs. In addition, the original budget did not include costs for any support staff (i.e. Office Specialists). Expenditures for 4 additional Program Evaluation Specialists and 5 Office Specialists are now included in the revised funding request for FY 2007-08. Additional staffing adjustments were made to include a position to work on housing and training program management, while the primary training positions previously included in the Administration budget have now been included in the one-time Training budget itself. Salaries and employee benefits were estimated based on the FY 2005-06 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.

2. **Operating Expenditures**
   Services and supplies expenses, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2004-05 with a COLA applied. Travel expenditures were based on the estimated number of trips rather than a cost per FTE. The budget also includes expenses under the Professional Services line item that are anticipated to be used to fund personal service contracts. These contracts will include those with clients, family members and caregivers to provide temporary assistance on specific projects such as validating the data that will be posted on the Network of Care website.

3. **County Allocated Administration**
   The Allocated Administration costs included in the budget are also materially different than the amount included in the original CSS Plan Administration Budgets. The original budget amounts were based on the approved FY 2005-06 A87 Indirect Cost Application Schedule. The FY 2006-07 draft Indirect Cost Application Schedule has since been completed, and is the data source for the estimated County Allocated Administration costs in the revised FY 2007-08 budget. Due to a number of factors, the revised estimated costs allocated to the MHSA programs is approximately $1m less annually than originally projected.

Administration Budget, Fiscal Year 2007-08 (Continued)

The savings from the reduction in the allocated administrative costs is now being requested to fund the additional staffing discussed in this narrative under the Personnel Expenditures heading.

4. **Total Proposed County Administration Budget**
   The total proposed County Administration budget supports all of the MHSA programs. In FY2007-08, 57% of the total MHSA funding is for Full Service Partnership Programs in accordance with DMH direction, this percentage has been applied to the total Administrative Costs for FY 2007-08 and included in the FSP percentage calculation.

B) Revenues

1. **New Revenues**
   The Medi-Cal Federal Financial Participation was calculated by estimating that 15% of the total administrative costs would be eligible for Medi-Cal reimbursement, and that the Medi-Cal population percentage would be 20%. The result of this calculation was then multiplied by the current FFP percentage of 50%.

2. **Total Revenues**

C) Start-up and One-Time Implementation Expenditures

No one-time CSS funding requests are included in the Administration budgets.

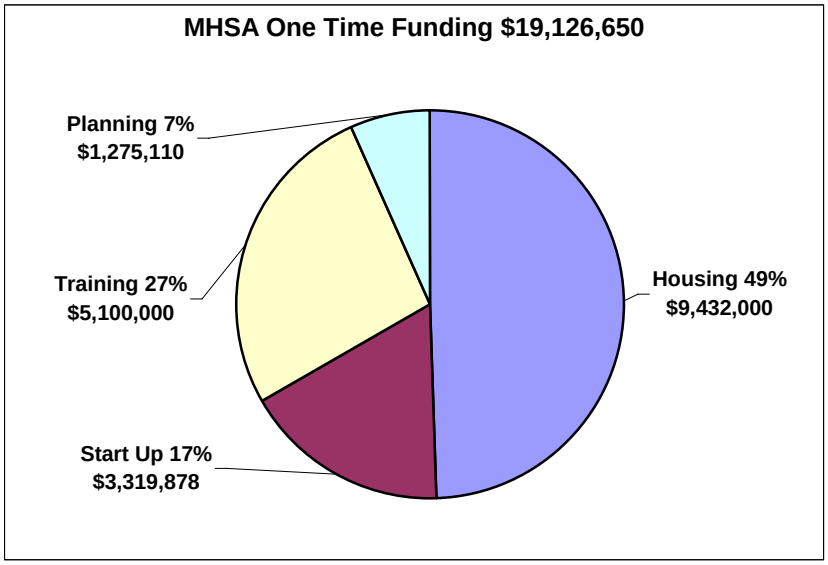
D) Total County Administration Funding Requirements

One Time Funding Summary

Fiscal Year 05/06

MHSA One Time Funding Request Summary

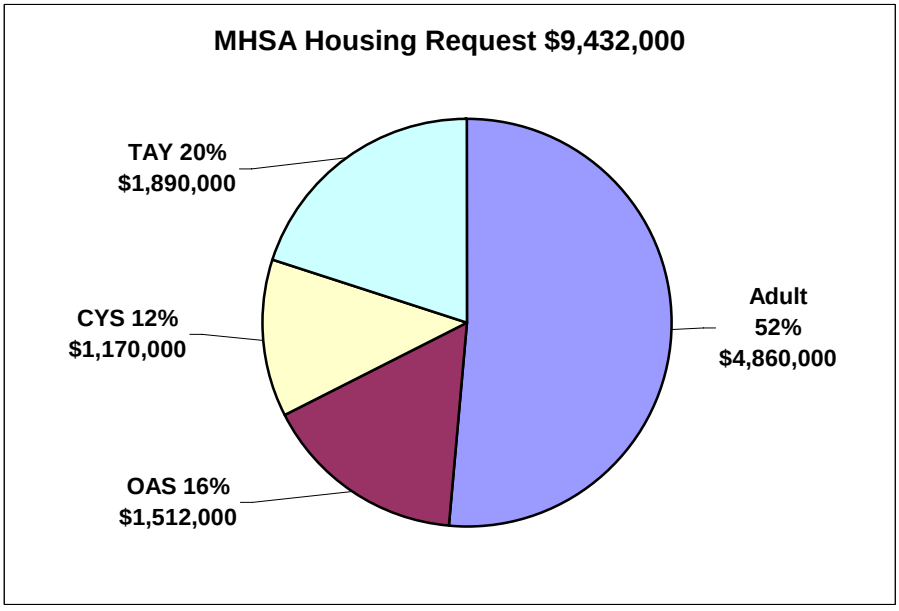
One-time funding for fiscal year 2005-06 is available to support services funded by the MHSA. An array of housing solutions, start up costs, training and additional planning activities are included in the request for the one-time funding.



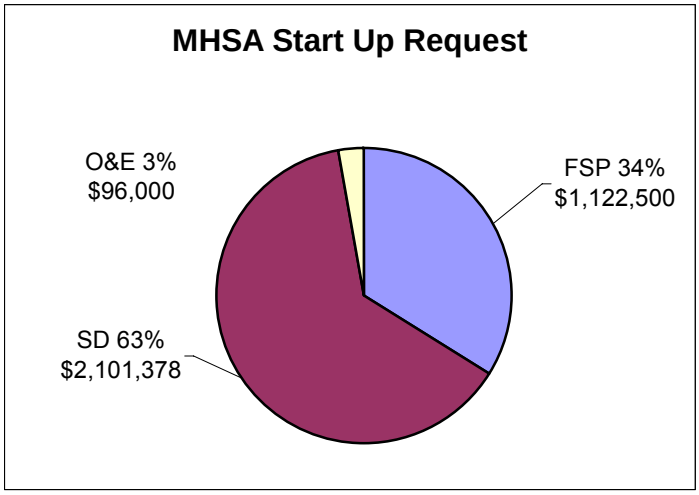
Housing

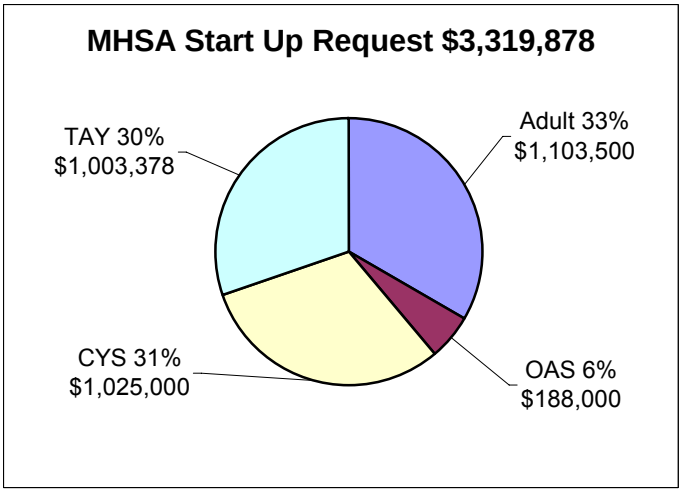
Funding is requested to purchase hotel vouchers, pay rent subsidies, security deposits and other housing solutions for clients enrolled in the Full Service Partnership Program.

The data source for the funding request is the average monthly rental for a 1-2 bedroom apartment within the County of Orange, according to advertised rentals in the Orange County Register, which as of October 2005 is $1,500 per month.



Start Up Costs
Estimated start up costs for the purchase of office furniture, computers, printers, telephones, cellular telephones, and other one-time costs have been included in the budget and are based on the average actual one-time costs per FTE in FY 2004-05.





Training
Training estimates were based on the variety of training to be provided and the amount of individuals likely to participate. Estimated clients served reflects the participation of County and Contract provider staff, community members and community partners in many specialized and crossover training programs. Total expenditures for a planned amount of 6700 participants will total the requested $5,100,000 in one-time training funding.

Additional Planning Activities
5% of the fiscal year 2005-06 MHSA allocation, $1,275,110, is available to support additional MHSA planning activities. These funds will be requested outside of this plan. The types of activities for which funding will be requested include consultant services to assist with the development of Requests for Proposals (RFPs) for the new MHSA programs; Client/Family member stipends to support continued involvement in the planning and implementation processes; and travel and related expenses for staff and consumers/family members to participate in statewide MHSA meetings and trainings.

PART III: APPENDICES

APPENDICES TABLE OF CONTENTS

Appendix 1

Workgroup Report Forms and Agendas

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, June 22, 2005
1:00 PM – 4:00 PM

Abrazar Community Service & Education Center
7101 Wyoming St., Westminster, CA 92683

AGENDA

Welcome Consumers and Family Members

I.

- **Introductions**

II.
III. Agenda Review
IV.
V. Special Welcome from Consumer Representative
VI.
VII. Message from Mark Refowitz
VIII. Deputy Agency Director, Behavioral Health Services
IX.
X. MHSA Overview
XI.
XII. Workgroup Responsibilities
XIII.
XIV. Transitional Age Youth Group Discussion
XV. Next Steps

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) & Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 06/22/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson (714) 834-3697

Consultant: Ilia Rolon

Recorder: Tom Eldridge and Elizabeth O'Toole

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Jessica Amezcua (Bilingual Spanish)

6. Jose Ramirez (Bilingual Spanish)

7. Elizabeth O'Toole

Meeting Location:
Abrazar, Inc.
7101 Wyoming Street
Westminster, CA 92683

Total number of Attendees per meeting:

110 head count (79 documented)

Breakdown by Ethnicity:

45 Caucasian, Non-Hispanic
9 Latino
5 Asian/Pacific Islander
20 Other

Breakdown by role in the MH System:

8 Client/Consumer
8 Family Member
26 Service Provider
___ Other
___ No Info Available

Breakdown by Primary Language:

60 English
1 Spanish
2 Vietnamese
17 Other _____
_____ No Info Available

Breakdown by:

14 Total # of Ralph's Vouchers Distributed
2 Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
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PROP. 63 ADMINISTRATOR

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405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, July 13, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members

I. General Welcome

II. New Member Introductions

III. Consumer Leader Comments

IV. Highlights of Previous Meeting

V. Work Group Ground Rules

VI. Vision, Mission & Values

VII. Present State DMH Planning (Logic) Model: the questions we must answer

VIII. Discuss DMH Recommended Community Issues

IX. Establish Sub-Work Groups and Methods for Identifying and Prioritizing the Answers to the Following:

A. Question One: *In Orange County*, w*hat are the community issues resulting from untreated mental illness/lack of community services& support?*

X. Based on Personal Experience explain why each issue is important.

XI. Which issues should OC focus on in our first three year plan?

B. Report Back

XII. Next Steps & Meeting Date (July 27, 2005)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 07/13/05

Consultant: Ilia Rolon

Time: 1PM-5PM

Recorder: Elizabeth O'Toole

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

100 head count (78 documented)

Breakdown by Ethnicity:

37 Caucasian, Non-Hispanic
11 Latino
1 Asian/Pacific Islander
30 Other

Breakdown by role in the MH System:

9 Client/Consumer
6 Family Member
26 Service Provider
12 Other
23 No Info Available

Breakdown by Primary Language:

53 English
1 Spanish
2 Vietnamese
0 Other _____
25 No Info Available

Breakdown by:

15 Total # of Ralph's Vouchers Distributed
10 Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

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SANTA ANA, CA 92701

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FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Wednesday, July 27, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members (1:00 –1:30)

I. **General Welcome**

II. **Ice Breaker**

III. **Consumer Leader Comments**

IV. **Review Sub-Group Input and Discuss Priority Issues**

V. **Presentation on Orange County Data (Casey Dorman, PhD)**

VI. **Presentation on Best Practices (Alan Albright, Division Manager and Theri Todd, PhD, Program Manager, Children and Youth Services)**

VII. **Next Steps & Meeting Date (August 10, 2005)**

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 07/27/05

Consultant: Ilia Rolon

Time: 1PM-5PM

Recorder: Elizabeth O'Toole

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

115 head count (101 documented)

Breakdown by Ethnicity:

46 Caucasian, Non-Hispanic
10 Latino
4 Asian/Pacific Islander
4 African American
4 American Indian
1 Other
33 No Info Available

Breakdown by role in the MH System:

25 Client/Consumer
10 Family Member
30 Service Provider
13 Other
28 No Info Available

Breakdown by Primary Language:

68 English
2 Spanish
2 Vietnamese
0 Other _____
31 No Info Available

Breakdown by:

30 Total # of Ralph's Vouchers Distributed
29 Total # of OCTA Bus Passes Distributed
2 Total # of consumers transported
0 Total # of family members transported
0 Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

2 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Wednesday, August 10, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

8:30-9:00am **Pre-Meeting for Consumers and Family Members**

9:00-12:30am **General Meeting**

I. Welcome

II. Consumer/Family Member Comments (Patricia Humphreys)

III. Orange County MHSA Planning Process (Mark Refowitz)

IV. Workgroup Final Recommendations (Alan Albright)

V. Evaluation Sheets (Ilia Rolon)

Future Plans/Next Steps (Dorothy Hendrickson)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) & Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 08/10/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Ilia Rolon

MHSA Staff/Volunteer Interns:
1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

107 Documented

Breakdown by role in the MH System:

_39_ Client/Consumer
_6_ Family Member
_7_ Service Provider
_55_ Other

Breakdown by Primary Language:
_104_ English
_1_ Spanish
_2_ Vietnamese
_____ Other _____
_____ No Info Available

Breakdown by:
_39_ Total # of Ralph's Vouchers Distributed
_33_ Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:
_1_ Total # of people requesting a Spanish Translator

_2_ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

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FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Thursday, August 25, 2005
8:30 AM – 12:30 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

8:30-9:00am **Pre-Meeting for Consumers and Family Members**

9:00-12:30am **General Meeting**

VI. Welcome

VII. Consumer/Family Member Comments (Patricia Humphreys)

VIII. Orange County MHSA Planning Process (Mark Refowitz)

IX. Workgroup Final Recommendations (Alan Albright)

X. Evaluation Sheets (Ilia Rolon)

XI. Future Plans/Next Steps (Dorothy Hendrickson)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 8/25/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Ilia Rolon

MHSA Staff/Volunteer Interns:
1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

Est. 130 documented

Breakdown by role in the MH System:

_85_ Client/Consumer
_13_ Family Member
_9_ Service Provider
_23_ Other

Breakdown by Primary Language:

__126__ English
__2__ Spanish
__2__ Vietnamese
_____ Other _____
_____ No Info Available

Breakdown by:

__85__ Total # of Ralph's Vouchers Distributed
__5__ Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

__2__ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, June 22, 2005
1:00 PM – 4:00 PM

Abrazar Community Service & Education Center
7101 Wyoming St., Westminster, CA 92683

AGENDA

I. **Welcome Consumers and Family Members**

II. **Introductions**

III. **Agenda Review**

IV. **Special Welcome from Consumer Representative**

V. **Message from Mark Refowitz**
Deputy Agency Director, Behavioral Health Services

VI. **MHSA Overview**

VII. **Workgroup Responsibilities**

VIII. **Transitional Age Youth Group Discussion**

IX. **Next Steps**

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 06/22/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Tom Eldridge and Elizabeth O'Toole

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Jessica Amezcua (Bilingual Spanish)

6. Jose Ramirez (Bilingual Spanish)

7. Elizabeth O'Toole

Meeting Location:
Abrazar, Inc.
7101 Wyoming Street
Westminster, CA 92683

Total number of Attendees per meeting:

110 head count (79 documented)

Breakdown by Ethnicity:

45 Caucasian, Non-Hispanic
9 Latino
5 Asian/Pacific Islander
20 Other

Breakdown by role in the MH System:

8 Client/Consumer
8 Family Member
26 Service Provider
___ Other
___ No Info Available

Breakdown by Primary Language:

60 English
1 Spanish
2 Vietnamese
17 Other _____
_____ No Info Available

Breakdown by:

14 Total # of Ralph's Vouchers Distributed
2 Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, July 13, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members

XIII. General Welcome

XIV. New Member Introductions

XV. Consumer Leader Comments

XVI. Highlights of Previous Meeting

XVII. Work Group Ground Rules

XVIII. Vision, Mission & Values

XIX. Present State DMH Planning (Logic) Model: the questions we must answer

XX. Discuss DMH Recommended Community Issues

XXI. Establish Sub-Work Groups and Methods for Identifying and Prioritizing the Answers to the Following:

A. Question One: *In Orange County*, w*hat are the community issues resulting from untreated mental illness/lack of community services& support?*

XXII. Based on Personal Experience explain why each issue is important.

XXIII. Which issues should OC focus on in our first three year plan?

C. Report Back

XXIV. Next Steps & Meeting Date (July 27, 2005)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 07/13/05

Consultant: Ilia Rolon

Time: 1PM-5PM

Recorder: Elizabeth O'Toole

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

100 head count (78 documented)

Breakdown by Ethnicity:

37 Caucasian, Non-Hispanic
11 Latino
1 Asian/Pacific Islander
30 Other

Breakdown by role in the MH System:

9 Client/Consumer
6 Family Member
26 Service Provider
12 Other
23 No Info Available

Breakdown by Primary Language:

53 English
1 Spanish
2 Vietnamese
0 Other _____
25 No Info Available

Breakdown by:

15 Total # of Ralph's Vouchers Distributed
10 Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
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DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
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SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, July 27, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members (1:00 –1:30)

VIII. General Welcome

IX. Ice Breaker

X. Consumer Leader Comments

XI. Review Sub-Group Input and Discuss Priority Issues

XII. Presentation on Orange County Data (Casey Dorman, PhD)

XIII. Presentation on Best Practices (Alan Albright, Division Manager and Theri Todd, PhD, Program Manager, Children and Youth Services)

XIV. Next Steps & Meeting Date (August 10, 2005)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 07/27/05

Consultant: Ilia Rolon

Time: 1PM-5PM

Recorder: Elizabeth O'Toole

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

115 head count (101 documented)

Breakdown by Ethnicity:

46 Caucasian, Non-Hispanic
10 Latino
4 Asian/Pacific Islander
4 African American
4 American Indian
1 Other
33 No Info Available

Breakdown by role in the MH System:

25 Client/Consumer
10 Family Member
30 Service Provider
13 Other
28 No Info Available

Breakdown by Primary Language:

68 English
2 Spanish
2 Vietnamese
0 Other _____
31 No Info Available

Breakdown by:

30 Total # of Ralph's Vouchers Distributed
29 Total # of OCTA Bus Passes Distributed
2 Total # of consumers transported
0 Total # of family members transported
0 Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

2 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Wednesday, August 10, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

8:30-9:00am **Pre-Meeting for Consumers and Family Members**

9:00-12:30am **General Meeting**

XII. Welcome

XIII. Consumer/Family Member Comments (Patricia Humphreys)

XIV. Orange County MHSA Planning Process (Mark Refowitz)

XV. Workgroup Final Recommendations (Alan Albright)

XVI. Evaluation Sheets (Ilia Rolon)

Future Plans/Next Steps (Dorothy Hendrickson)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 08/10/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Ilia Rolon

MHSA Staff/Volunteer Interns:
1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

107 Documented

Breakdown by role in the MH System:

_39_ Client/Consumer
_6_ Family Member
_7_ Service Provider
_55_ Other

Breakdown by Primary Language:
__104_ English
__1__ Spanish
__2___ Vietnamese
_____ Other _____
_____ No Info Available

Breakdown by:
__39__Total # of Ralph's Vouchers Distributed
__33__Total # of OCTA Bus Passes Distributed
_____Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:
__1__ Total # of people requesting a Spanish Translator

__2___ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Thursday, August 25, 2005
8:30 AM – 12:30 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

8:30-9:00am **Pre-Meeting for Consumers and Family Members**

9:00-12:30am **General Meeting**

XVII. Welcome

XVIII. Consumer/Family Member Comments (Patricia Humphreys)

XIX. Orange County MHSA Planning Process (Mark Refowitz)

XX. Workgroup Final Recommendations (Alan Albright)

XXI. Evaluation Sheets (Ilia Rolon)

XXII. Future Plans/Next Steps (Dorothy Hendrickson)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 8/25/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Ilia Rolon

MHSA Staff/Volunteer Interns:
1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

Est. 130 documented

Breakdown by role in the MH System:

_85_ Client/Consumer
_13_ Family Member
_9_ Service Provider
_23_ Other

Breakdown by Primary Language:

__126__ English
__2__ Spanish
__2__ Vietnamese
_____ Other _____
_____ No Info Available

Breakdown by:

__85__ Total # of Ralph's Vouchers Distributed
__5__ Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

__2__ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Wednesday, June 22, 2005
1:00 PM – 4:00 PM

Abrazar Community Service & Education Center
7101 Wyoming St., Westminster, CA 92683

AGENDA

X. **Welcome Consumers and Family Members**

XI. **Introductions**

XII. **Agenda Review**

XIII. **Special Welcome from Consumer Representative**

XIV. **Message from Mark Refowitz**
Deputy Agency Director, Behavioral Health Services

XV. **MHSA Overview**

XVI. **Workgroup Responsibilities**

XVII. **Transitional Age Youth Group Discussion**

XVIII. **Next Steps**

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 06/22/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Tom Eldridge and Elizabeth O'Toole

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Jessica Amezcua (Bilingual Spanish)

6. Jose Ramirez (Bilingual Spanish)

7. Elizabeth O'Toole

Meeting Location:
Abrazar, Inc.
7101 Wyoming Street
Westminster, CA 92683

Total number of Attendees per meeting:

110 head count (79 documented)

Breakdown by Ethnicity:

45 Caucasian, Non-Hispanic
9 Latino
5 Asian/Pacific Islander
20 Other

Breakdown by role in the MH System:

8 Client/Consumer
8 Family Member
26 Service Provider
___ Other
___ No Info Available

Breakdown by Primary Language:

60 English
1 Spanish
2 Vietnamese
17 Other _____
_____ No Info Available

Breakdown by:

14 Total # of Ralph's Vouchers Distributed
2 Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, July 13, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members

XXV. General Welcome

XXVI. New Member Introductions

XXVII. Consumer Leader Comments

XXVIII. Highlights of Previous Meeting

XXIX. Work Group Ground Rules

XXX. Vision, Mission & Values

XXXI. Present State DMH Planning (Logic) Model: the questions we must answer

XXXII. Discuss DMH Recommended Community Issues

XXXIII. Establish Sub-Work Groups and Methods for Identifying and Prioritizing the Answers to the Following:

A. Question One: *In Orange County*, w*hat are the community issues resulting from untreated mental illness/lack of community services& support?*

XXXIV. Based on Personal Experience explain why each issue is important.

XXXV. Which issues should OC focus on in our first three year plan?

D. Report Back

XXXVI. Next Steps & Meeting Date (July 27, 2005)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 07/13/05

Consultant: Ilia Rolon

Time: 1PM-5PM

Recorder: Elizabeth O'Toole

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

MHSA Staff/Volunteer Interns:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

100 head count (78 documented)

Breakdown by Ethnicity:

37 Caucasian, Non-Hispanic
11 Latino
1 Asian/Pacific Islander
30 Other

Breakdown by role in the MH System:

9 Client/Consumer
6 Family Member
26 Service Provider
12 Other
23 No Info Available

Breakdown by Primary Language:

53 English
1 Spanish
2 Vietnamese
0 Other _____
25 No Info Available

Breakdown by:

15 Total # of Ralph's Vouchers Distributed
10 Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
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MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

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SANTA ANA, CA 92701

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E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)

Regular meeting of the

Children and Youth & Transitional Age Youth Workgroup

Wednesday, July 27, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members (1:00 –1:30)

XV. General Welcome

XVI. Ice Breaker

XVII. Consumer Leader Comments

XVIII. Review Sub-Group Input and Discuss Priority Issues

XIX. Presentation on Orange County Data (Casey Dorman, PhD)

XX. Presentation on Best Practices (Alan Albright, Division Manager and Theri Todd, PhD, Program Manager, Children and Youth Services)

XXI. Next Steps & Meeting Date (August 10, 2005)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 07/27/05

Consultant: Ilia Rolon

Time: 1PM-5PM

Recorder: Elizabeth O'Toole

MHSA Admin.: Dorothy Hendrickson
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5. Pierre Tran (Bilingual Vietnamese)

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7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

115 head count (101 documented)

Breakdown by Ethnicity:

46 Caucasian, Non-Hispanic
10 Latino
4 Asian/Pacific Islander
4 African American
4 American Indian
1 Other
33 No Info Available

Breakdown by role in the MH System:

25 Client/Consumer
10 Family Member
30 Service Provider
13 Other
28 No Info Available

Breakdown by Primary Language:

68 English
2 Spanish
2 Vietnamese
0 Other _____
31 No Info Available

Breakdown by:

30 Total # of Ralph's Vouchers Distributed
29 Total # of OCTA Bus Passes Distributed
2 Total # of consumers transported
0 Total # of family members transported
0 Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

2 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

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Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Wednesday, August 10, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

8:30-9:00am **Pre-Meeting for Consumers and Family Members**

9:00-12:30am **General Meeting**

XXIII. Welcome

XXIV. Consumer/Family Member Comments (Patricia Humphreys)

XXV. Orange County MHSA Planning Process (Mark Refowitz)

XXVI. Workgroup Final Recommendations (Alan Albright)

XXVII. Evaluation Sheets (Ilia Rolon)

Future Plans/Next Steps (Dorothy Hendrickson)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 08/10/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Ilia Rolon

MHSA Staff/Volunteer Interns:
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3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

107 Documented

Breakdown by role in the MH System:

_39_ Client/Consumer
_6_ Family Member
_7_ Service Provider
_55_ Other

Breakdown by Primary Language:

_104_ English
_1_ Spanish
_2_ Vietnamese
_____ Other _____
_____ No Info Available

Breakdown by:

_39_ Total # of Ralph's Vouchers Distributed
_33_ Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_1_ Total # of people requesting a Spanish Translator

_2_ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

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FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Regular meeting of the
Children and Youth & Transitional Age Youth Workgroup

Thursday, August 25, 2005
8:30 AM – 12:30 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

8:30-9:00am **Pre-Meeting for Consumers and Family Members**

9:00-12:30am **General Meeting**

XXVIII. Welcome

XXIX. Consumer/Family Member Comments (Patricia Humphreys)

XXX. Orange County MHSA Planning Process (Mark Refowitz)

XXXI. Workgroup Final Recommendations (Alan Albright)

XXXII. Evaluation Sheets (Ilia Rolon)

XXXIII. Future Plans/Next Steps (Dorothy Hendrickson)

Mental Health Services Act (MHSA)

Meeting Report
Children and Youth (Ages 0-21) &
Transitional Age Youth Workgroup (Ages 16-21) 1st Meeting

Date: 8/25/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Ilia Rolon

Recorder: Ilia Rolon

MHSA Staff/Volunteer Interns:
1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

Est. 130 documented

Breakdown by role in the MH System:

_85_ Client/Consumer
_13_ Family Member
_9_ Service Provider
_23_ Other

Breakdown by Primary Language:

__126__ English
__2__ Spanish
__2__ Vietnamese
_____ Other _____
_____ No Info Available

Breakdown by:

__85__ Total # of Ralph's Vouchers Distributed
__5__ Total # of OCTA Bus Passes Distributed
_____ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

__2__ Total # of people requesting a Vietnamese Translator

Appendix 2

Steering Committee Report Forms and Agendas

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
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405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Steering Committee Meeting

Wednesday, July 06, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Consumer/Family Member Pre-Meeting 1:00-2:00pm

I. Call to Order and Welcome — Sandra Fair, Chief of Operations, BHS

II. Client Perspective — Don Haylock

III. Review Agenda — Sharon Browning, Facilitator
- Definition of "Success"

IV. Steering Committee Member Self-introductions

V. Steering Committee Group Process — Steering Committee
- Discussion guidelines
- Roles and responsibilities
- Decision-making
- Planning process
  - Review organization chart
  - Review SC meeting schedule and planning process
  - Q & A/discussion

VI. Steering Committee "Need to Knows" — Steering Committee
- Review OC planning process document
  - Established Vision, Mission and Values
  - Established planning process and structure
  - Established public input process and role of Steering Committee and Workgroups
- Review State Strategic Planning document
- Review elements identified by State as appropriate responses to the MHSA
- Discussion: What does this mean for our planning process?
- Q and A

VII. Public Comment and Adjournment — Sharon Browning
- Public Comment
- Review contact information

Mental Health Services Act (MHSA)

Meeting Report
Steering Committee 1st Meeting

Date: 07/06/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Sharon Browning

Recorder: Elizabeth O'Toole and Jessica Amezcua

MHSA Staff/Volunteers:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

64 Head Count (54 Documented)

Breakdown by Ethnicity:

13 Caucasian, Non-Hispanic
5 Latino
2 Asian/Pacific Islander
34 Other

Breakdown by role in the MH System:

3 Client/Consumer
1 Family Member
8 Service Provider
11 Other
34 No Info Available

Breakdown by Primary Language:

17 English
3 Spanish
1 Vietnamese
0 Other
33 No Info Available

Breakdown by:

9 Total # of Ralph's Vouchers Distributed
4 Total # of OCTA Bus Passes Distributed
___ Total # of consumers transported
_____ Total # of family members transported
_____ Total # of childcare recipients
_____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

_____ Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Steering Committee Meeting

Wednesday, August 03, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Consumer/Family Member Pre-Meeting 1:00-2:00pm

I.	**Consumer/Family Member Pre-Meeting1:00-2:00pm**	
II.	**Call to Order and Welcome**	Mark Refowitz , Deputy Agency Director Behavioral Health Services
III.	**Review Agenda** ▪ **July 6 meeting highlights**	Sharon Browning, Facilitator
IV.	**Client Perspective**	Shebuah Burke
V.	**MHSA – Overview and Status** ▪ **Q and A**	Dr. Steve Mayberg, Director California Department of Mental Health
VI.	**Mental Health Services Model** ▪ **Q and A**	Dr. Donald Sharps
VII.	**Orange County Health Services Agency Budget – Review** ▪ **Q and A**	Mark Refowitz
VIII.	**Workgroup Reports** ▪ **Mission, Vision and Values** ➢ **Action item** ▪ **Priority issues and needs** ▪ **AB 2034 & Children's Wraparound Presentations** ▪ **Workgroups Next Steps** ▪ **Q and A/Discussion**	Mary Paul, Consultant Ilia Rolon, Consultant
IX.	**Public Comment and Adjournment** ▪ **Public Comment** ▪ **Announcements** ➢ **August 24 Presentation on the Village** ▪ **Next meeting: August 17, 2005**	Browning

Mental Health Services Act (MHSA)

Meeting Report
Steering Committee 2nd Meeting

Date: 08/03/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Sharon Browning

Recorder: Elizabeth O'Toole and Jessica Amezcua

MHSA Staff/Volunteers:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

134 Documented

Breakdown by role in the MH System:

10 Client/Consumer
7 Family Member
65 Service Provider
52 Other

Breakdown by Primary Language:

132 English & No Info
____ Spanish
2 Vietnamese
____ Other

Breakdown by:

10 Total # of Ralph's Vouchers Distributed
____ Total # of OCTA Bus Passes Distributed
____ Total # of consumers transported
____ Total # of family members transported
____ Total # of childcare recipients
____ Other _____

Breakdown by:

____ Total # of people requesting a Spanish Translator

2 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
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SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Steering Committee Meeting

Wednesday, August 17, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Pre-Meeting for Consumers and Family Members 1:00 –2:00pm

I. Call to Order — Sharon Browning, Facilitator

II. Review Agenda
- August 3rd meeting highlights

III. Client /Family Member Perspective — Theresa Kasprzyk, Family Member

IV. Changes in DMH Guidance — Bonnie Birnbaum, DrPH
- One time funding dollars — Mark Refowitz, Deputy Agency Director
- Q & A

V. Best Practices
- Wraparound — Alan Albright
- Older Adult Services — Christine Basterrechea
- AB 2034 — Tony Delgado

VI Workgroup Reports — Mary Paul, Consultant
- Stakeholder Group Reports — Ilia Rolon, Consultant
  - Programs/Services needed
- Focus Group Reports
  - Issues, needs, suggested services/programs
- Q and A/Discussion

VII. Data Presentation — Casey Dorman, PhD

VIII. Program Selection Criteria — Bonnie Birnbaum, DrPH
- Presentation
- Discussion — Steering Committee

IX. Public Comment and Adjournment — Sharon Browning

Public Comment
- Announcements
  - August 24 Presentation on the Recovery Model
- Next meeting: August 31, 2005

Mental Health Services Act (MHSA)

Meeting Report
Steering Committee 3rd Meeting

Date: 08/17/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Sharon Browning

Recorder: Elizabeth O'Toole and Jessica Amezcua

MHSA Staff/Volunteers:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Elizabeth O'Toole

8. Jose Ramirez (Bilingual Spanish)

9. Jessica Amezcua (Bilingual Spanish)

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

85 Documented

Breakdown by role in the MH System:

19 Client/Consumer
1 Family Member
43 Service Provider
22 Other

Breakdown by Primary Language:

82 English & No Info
1 Spanish
2 Vietnamese
_____ Other

Breakdown by:

19 Total # of Ralph's Vouchers Distributed
12 Total # of OCTA Bus Passes Distributed
____ Total # of consumers transported
____ Total # of family members transported
____ Total # of childcare recipients
____ Other _____

Breakdown by:

1 Total # of people requesting a Spanish Translator

2 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Steering Committee Meeting

Wednesday, August 31, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Consumer/Family Member Pre-Meeting 1:00-2:00pm

I.	**Call to Order and Welcome** Facilitator ▪ Review Agenda ▪ Aug 17 meeting highlights	Sharon Browning,
II.	**Consumer/Family Perspective**	Judy Adams
III.	**Best Practices / Brief Overview**	
	▪ AB 2034	Anthony Delgado
	▪ PACT	Clayton Chau, MD
	▪ Older Adults (START, SHOPP)	Kevin Smith
IV.	**Recovery Model Workshop Recap**	Alan Edwards, MD
V.	**Cultural Competencies and Disparities Access**	Ronnie Kelley
VI.	**Workgroup Recommendation Highlights**	
	▪ **C**hildren and Youth & Transitional Age Youth	Alan Albright
	▪ Adult	Kevin Smith
	▪ Older Adul**t**	Kevin Smith
VII.	**Three Types of System Transformation Funding**	Sandra Fair
VIII.	**Public Comment and Adjournment** ▪ Public Comment / Announcements ▪ Next Steps	Sharon Browning

Next Meeting: September 14, 2005 (1:00PM – 5:00PM)

Mental Health Services Act (MHSA)

Meeting Report
Steering Committee 4th Meeting

Date: 8/31/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Sharon Browning

Recorder: Sharon Browning

MHSA Staff/Volunteers:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

Meeting Location:

Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

161 Documented

Breakdown by role in the MH System:

93 Client/Consumer
13 Family Member
6 Service Provider
49 Other

Breakdown by Primary Language:

159 English & No Info
____ Spanish
2 Vietnamese
____ Other

Breakdown by:

93 Total # of Ralph's Vouchers Distributed
____ Total # of OCTA Bus Passes Distributed
____ Total # of consumers transported
____ Total # of family members transported
____ Total # of childcare recipients
____ Other _____

Breakdown by:

_____ Total # of people requesting a Spanish Translator

2 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Steering Committee Meeting

Wednesday, September 14, 2005
1:00 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Consumer/Family Member Pre-Meeting1:00-2:00pm

IX.	**Call to Order and Welcome** ▪ Review Agenda ▪ Aug 31 meeting highlights	Sharon Browning, Facilitator
X.	**Consumer/Family Perspective**	Janice DeLoof
XI.	**Draft Funding Formula Presentation** (by age group)	Mark Refowitz
XII.	**Steering Committee Discussion and Input on Formula**	Mark Refowitz
XIII.	**Detailed Workgroup Recommendations/Costs**	Alan Albright & Kevin Smith
XIV.	**Steering Committee Input on Recommendations**	Mark Refowitz, Alan Albright & Kevin Smith
XV.	**Public Comment and Adjournment** ▪ Public Comment / Announcements ▪ Next Steps	Sharon Browning

Next Meeting: September 28, 2005 (1:00PM – 5:00PM)

Mental Health Services Act (MHSA)

Meeting Report
Steering Committee 5th Meeting

Date: 09/14/05

Time: 1PM-5PM

MHSA Admin.: Dorothy Hendrickson
(714) 834-3697

Consultant: Sharon Browning

Recorder: Sharon Browning

MHSA Staff/Volunteers:

1. Dorothy Hendrickson

2. Bonnie Birnbaum

3. Maria Cervantes (Bilingual Spanish)

4. Shebuah Burke (Bilingual Spanish)

5. Pierre Tran (Bilingual Vietnamese)

6. Don Haylock

7. Marco Anzar

8. Kate Pavich

9. Judy Griset

Meeting Location:
Delhi Center
505 East Central Ave.
Santa Ana, CA 92707

Total number of Attendees per meeting:

96 Documented

Breakdown by role in the MH System:

12 Client/Consumer
8 Family Member
44 Service Provider
32 Other

Breakdown by Primary Language:

94 English & No Info
0 Spanish
2 Vietnamese
____ Other

Breakdown by:

7 Total # of Ralph's Vouchers Distributed
0 Total # of OCTA Bus Passes Distributed
____ Total # of consumers transported
____ Total # of family members transported
____ Total # of childcare recipients
____ Other _____

Breakdown by:

0 Total # of people requesting a Spanish Translator

0 Total # of people requesting a Vietnamese Translator

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act (MHSA)
Steering Committee Meeting

Wednesday, September 28, 2005
900 PM – 5:00 PM

Delhi Community Center
505 East Central, Santa Ana, CA

AGENDA

Consumer/Family Member Pre-Meeting1:00-2:00pm

I.	**Call to Order and Welcome**	Sharon Browning, Facilitator
II.	**Review Agenda**	Sharon Browning
III.	**Public Comments** **(30-45 min. 2-3 min. per person)**	Sharon Browning
IV.	**MHSA Process Recap** **Timeline for Submission of Plan to DMH**	Dorothy Hendrickson
V.	**Revised Allocation Plan Recommendations** **Steering Committee Discussion and Consensus** ▪ Allocation Plan ▪ One Year Funding Plan ▪ One Year Services and Support ▪ Year Two and Three Allocation Plan ▪ Year Two and Three Services and Support	Sharon Browning / Bonnie Birnbaum
VI.	**Preparation for Public Hearing &** **Subsequent Steering Committee meetings** **On-Going Process**	Sharon Browning
VII.	**Homeless Documentary** **"Orange County, The Untold Story"** Pierre Tran	Shebuah Burke Don Haylock
VIII.	**Closing Comments & Adjournment**	Dorothy Hendrickson

Mental Health Services Act (MHSA)

Meeting Report
Steering Committee 6th Meeting

Date: 09/28/05 **Time:** 1PM-5PM **MHSA Admin.:** Dorothy Hendrickson (714) 834-3697	**Consultant:** Sharon Browning **Recorder:** Sharon Browning
MHSA Staff/Volunteers: **1**. Dorothy Hendrickson **2.** Bonnie Birnbaum **3.** Maria Cervantes (Bilingual Spanish) **4.** Shebuah Burke (Bilingual Spanish) **5.** Pierre Tran (Bilingual Vietnamese)	**6.** Don Haylock **7.** Marco Anzar **8.** Kate Pavich **9.** Judy Griset **10.** Jonathan Yu
Meeting Location: Delhi Center 505 East Central Ave. Santa Ana, CA 92707	**Total number of Attendees per meeting:** **98 Documented**
Breakdown by role in the MH System: 7 Client/Consumer 1 Family Member 90 Service Provider	**Breakdown by Primary Language:** 97 English & No Info 0 Spanish 1 Vietnamese ____ Other
Breakdown by: 7 Total # of Ralph's Vouchers Distributed 0 Total # of OCTA Bus Passes Distributed ____ Total # of consumers transported ____ Total # of family members transported ____ Total # of childcare recipients ____ Other _____	**Breakdown by:** 0 Total # of people requesting a Spanish Translator 1 Total # of people requesting a Vietnamese Translator

Appendix 3

Mental Health Board Hearing Agenda & Approval

County of Orange
Mental Health Board

405 W. 5th Street, Room 501
Santa Ana, CA 92701
TEL: (714) 834-5481 / FAX: (714) 834-4586
Email: jgriset@ochca.com

Thursday, December 8, 2005
12:30 p.m. – 5:00 p.m.

Crystal Cathedral, Arboretum Room
12141 Lewis Street
Garden Grove, CA 92840

AGENDA

12:30 p.m. – 1:00 p.m. Lunch will be served.

I. Opening Remarks & — **Dorothy Hendrickson**
- Homeless Documentary — **Sharon Browning**

II. Call to Order — **Katie Monarch**
- December Mental Health Board Meeting — **Vice Chair**

III. Roll Call — **Judy Griset, Mental Health Board**

IV. Approval of Minutes — **Katie Monarch**
- November 2005

V. Open Public Hearing — **Katie Monarch**
- Mental Health Services Act — **Sharon Browning**

VI. Close Public Hearing — **Katie Monarch**
- Action Item: Call for the Vote, MHSA CSS Plan

VII. Public Comments (on matters not previously discussed)
At this time members of the public may address the Chair regarding any item within the subject matter of this board's authority provided that no action be taken on off-agenda items unless authorized by law. Comments shall be limited to three-five (3-5) minutes per person.

VIII. Meeting Adjourned

Next Meeting and Holiday Breakfast – The next Mental Health Board meeting will be held on December 21, at Mimi's Restaurant, 8:00 a.m.

Persons wishing to address any of the above agenda items or speak under Public Comments mu complete the ""**Public Comment Speaker Form**" available on each table. Submit the form to sta at their request. Public wishing to speak will only be called if a form is completed.

County of Orange
Mental Health Board

405 W. 5th Street, Room 501
Santa Ana, CA 92701
TEL: (714) 834-5481 / FAX: (714) 834-4586
Email: jgriset@ochca.com

Thursday, December 8, 2005
12:30 p.m. – 5:00 p.m.

Crystal Cathedral, Arboretum Room
12141 Lewis Street, Garden Grove, CA 92840

The regular meeting of the Orange County Mental Health Board was held on Thursday, December 8, 2005 at the Crystal Cathedral, 12141 Lewis Street, Garden Grove, CA.

During the regular meeting, a Public Hearing was held to consider the Mental Health Services Act Community Services and Supports Plan. There were approximately 400 people in attendance, with about 40 individuals providing public comment.

At the conclusion of the Public Hearing, the Mental Health Board, with all 15 members present, voted 15-0 to approve the Plan as written and authorized that the Plan be submitted to the Orange County Board of Supervisors for approval.

Officially Submitted by:

Judy Griset
Mental Health Board Secretary

Appendix 4

Board of Supervisors Approval

Dec-14-05 04:18 From-CLERK OF THE BOARD T-148344436 T-844 P.02/05 F-695

ORANGE COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

December 13, 2005

Submitting Agency/Department: HEALTH CARE AGENCY

Authorize submission of Mental Health Services Act Three-Year Community Services and Supports Plan to State Department of Mental Health for planned program funding ($25,502,200 per year); and authorize Director or designee to execute related documents - All Districts

The following is action taken by the Board of Supervisors:

APPROVED AS RECOMMENDED ☒ OTHER ☐

Unanimous ☒ (1) CORREA: **Y** (2) SILVA: **Y** (3) CAMPBELL: **Y** (4) NORBY: **Y** (5) WILSON: **Y**

Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order

Documents accompanying this matter:

☐ Resolution(s)
☐ Ordinances(s)
☐ Contract(s)

Item No. 23

Special Notes:

Copies sent to:

CEO
HCA / Mark Refowitz
Auditor

I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.
DARLENE J. BLOOM, Clerk of the Board

By: _____ Deputy

1

Agenda Item 23

PROCESSED BY:

AGENDA STAFF REPORT

ASR Control 05-002216

15a-1

MEETING DATE:	12/13/05
LEGAL ENTITY TAKING ACTION:	Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S):	All Districts
SUBMITTING AGENCY/DEPARTMENT:	Health Care Agency (Approved)
DEPARTMENT CONTACT PERSON(S):	Mark Refowitz
	(714) 834-6032

SUBJECT: MHSA Community Services & Supports 3-Year Plan

CEO CONCUR	COUNTY COUNSEL REVIEW	CLERK OF THE BOARD
Concur	N/A	Discussion 3 Votes Board Majority

Budgeted: No **Current Year Cost:** $25,502,200 **Annual Cost:** $25,502,200

Staffing Impact: No **# of Positions:** **Sole Source:** N/A

Current Fiscal Year Revenue: $25,502,200

Funding Source: State: 100%

Prior Board Action: Minute Order dated 3/1/05 - Application for Mental Health Services Act Funds

RECOMMENDED ACTION(S)

1. Authorize the Health Care Agency to submit to the State of California Department of Mental Health the Three-Year Mental Heath Services Act (MHSA) Community Services and Supports (CSS) Plan for planned program funding in the amount of $25,502,200 per fiscal year.

2. Authorize the Health Care Agency Director or designee, on behalf of the Board of Supervisors, to sign the necessary budget documents for the MHSA CSS Plan.

SUMMARY:

The Health Care Agency is seeking approval from your Board to submit the Mental Health Services Act Three-Year Community Services and Supports Plan to obtain annual funding in the amount of $25,502,200 per fiscal year for three years.

BACKGROUND INFORMATION:

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). The purpose of the MHSA, which became effective January 1, 2005, is to reduce the adverse impact of untreated serious mental illness and serious emotional disturbance, by developing new and expanded services at the county level. The services provided under the Act are funded by a 1% tax on personal

income that exceeds $1 million. The State Department of Mental Health (DMH) required that each county develop a comprehensive and representative community program planning process, to develop a three-year plan for mental health Community Services and Supports (CSS), commencing fiscal year 2005-06. DMH expected counties to determine locally how best to use the MHSA funding, while meeting the State rules and requirements.

DMH has allocated to the County of Orange approximately $25.5 million for each fiscal year through fiscal year 2007-08. The funds are to be used for age specific services for children ages 0-18, transitional age youth ages 16-25, adults ages 18-59, and older adults, ages 60 and over. In addition, DMH requires that over 50% of the funds be targeted to "full service partnerships" (FSP). An FSP provides "whatever it takes" to help the clients and their families in their recovery, twenty-four (24) hours a day, seven days a week. These are wraparound type services, which include treatment, case management, transportation, housing, crisis intervention, education, vocational training and employment services, as well as socialization and recreational activities, based upon the client's individual needs.

DMH requires the remainder of the CSS treatment funds be used for what the State refers to as System Development and Outreach. System Development funds will be used to develop new and expanded services, including residential and vocational services. Outreach funds will be used to reach out to those mentally ill residents of Orange County who currently are in need but are not receiving services.

It is anticipated that the majority of the services will be contracted through the Request for Proposal process. The Health Care Agency (HCA) will reassign up to five positions this fiscal year for the continuing planning process and to develop programs and contracts. Additional positions will be requested, if necessary, in the 2006-07 budget process.

HCA received a State MHSA planning allocation of $636,415, which was approved by your Honorable Board March 1, 2005, to develop the initial MHSA plan. A 59-member Steering Committee guided planning efforts. Input to the planning process was gathered from the community and other interested parties. Approximately 4,000 attendees participated in the development of the plan, including consumers and family members, treatment providers, and other stakeholders such as law enforcement, social services, hospitals, and the courts.

On September 28, 2005 the MHSA Steering Committee approved, by consensus, the proposed programs and the funding allocation by age group, as well as the distribution of funds for one-time expenditures necessary to implement ongoing services. These one-time expenditures are included in the fiscal year 2005-06 plan period.

Orange County's MHSA CSS Plan was posted and distributed throughout the community on November 7, 2005 for a thirty-day public comment period. At the close of the public comment period, a public hearing conducted by the Mental Health Board, will be held on December 8, 2005. At that meeting, it is expected that the Mental Health Board will approve submission of the plan to your Board and to the DMH. HCA will advise your Board of the action taken by the Mental Health Board.

Orange County's three-year CSS plan, when approved by the DMH, will provide revenue to support new and expanded mental health services in the amount of $25.5 million in fiscal years 2005-06, 2006-07, and 2007-08.

The Health Care Agency requests approval of the plan and submission to the State Department of Mental Health as requested in the Recommended Actions.

FINANCIAL IMPACT:

Appropriations and revenue adjustments will be included in the CEO's FY 2005-06 second quarterly budget report if necessary, and will be included in the budgeting process for FY 2006-07.

STAFFING IMPACT:

ATTACHMENT(S):

County of Orange Health Care Agency Mental Health Services Act Community Services and Supports Three Year Expenditure Plan.

Appendix 5

Acronyms

Acronym List

ACRONYM	MEANING
AB 2034	Integrated Service Program for the Homeless
ADAS	Alcohol and Drug Abuse Services
A/PI	Asian/Pacific Islander
BHS	Behavioral Health Services
CAT	Centralized Assessment Team
CRTF	Crisis Residential Treatment Facility
CSS	Community Services and Supports
COLA	Coat of Living Adjustment
CYS	Children and Youth Services
DMC	Disproportionate Minority Confinement
DMH	Department of Mental Health
EAPC	Elder Abuse Prevention Coalition
EESP	Education and Employment Supportive Services
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
FFP	Medi-Cal Federal Financial Participation
FPL	Federal Poverty Level
FSP	Full Service Partnership
FS/W	Full Service Wraparound
FTE	Full Time Equivalent
FY	Fiscal Year
HCA	Health Care Agency
IPF	Interim Placement Funds
IReS	Integrated Recovery Services
LEP	Low English Proficiency
LGBT	Lesbian, Gay, Bisexual, Transgender
MAA	Medi-Cal Administrative Activities
MHSA	Mental Health Services Act
NAMI	National Alliance for the Mentally Ill
OA	Older Adults
OASIS	Older Adults Support & Intervention System
O and E	Outreach and Engagement
OC	Orange County
OCDE	Orange County Department of Education
PERT	Psychiatric Emergency Response Team
PSC	Personal Services Coordinator
REACH	Risk-Reduction Education and Community Health
SD	Systems Development
SED	Seriously Emotionally Disturbed
SES	Social Economic Status
SHOPP	Senior Health Outreach and Prevention Program
SMI	Seriously Mentally Ill
START	Substance Abuse Resource Team
TAY	Transitional Age Youth
24/7	24 hours per day, 7 days per week

Appendix 6

Documentary Film: Orange County: The "Untold Story"
See DVD enclosed with this Application

The DVD will be sent attached to this plan in its case.

Appendix 7

OC MHSA CSS Planning Process Photo Gallery

The CD will be sent attached to this plan in its case.