



**County of Orange
Health Care Agency
Behavioral Health Services
Mental Health Services Act**

**Community Services & Supports
FY 08/09 Plan Update**

**Draft for Public Comment
November 2008**



TABLE OF CONTENTS

Executive Summary	4
Exhibit 1 County Certification	11
Exhibit 2 MHSA CSS FY 08/09 Summary Work Plan Listing	12
Exhibit 3 (No Longer Required)	
Exhibit 4 MHSA CSS FY 08/09 Prudent Reserve	13
Exhibit 5a Administrative Budget Worksheet and Budget Narrative	15
Exhibit 5b Program Budgets Worksheets and Budget Narratives for Previously Approved Programs (including those expanded)	
C1 Children’s Full Service/Wraparound	19
C2 Children’s Outreach and Engagement	21
C3 Children’s In-Home Stabilization	23
C4 Children’s Crisis Residential	25
C5 Children’s Mentoring	27
C6 Children’s CAT	29
T1 TAY Full Service/Wraparound	31
T2 TAY Outreach and Engagement	33
T3 TAY Crisis Residential	35
T4 TAY Mentoring	37
T5 TAY CAT	39
T6 TAY PACT	41
A1 Adult Full Service Partnership	43
A2 CAT/PERT	45
A3 Adult Crisis Residential	47
A4 Supported Employment	49
A5 Adult Outreach and Engagement	51
A6 Program of Assertive Community Treatment (PACT)	53
A7 Consumer-Run Wellness Center	55
O1 Older Adult Recovery Services	57
O2 Older Adult Support and Intervention	59
O3 Older Adult PACT	61

I. Community Planning Process	64
II. Documentation of the Local Review Process	65
III. Existing Services with a New Population to be Served	
A2 CAT (Children and TAY Added).....	66
A6 PACT (TAY and Older Adult Populations Added)	67
A4 Supported Employment (New Site Added)	67
IV. New Programs Description and Other Information, including Exhibits 5c	
Program Budget Worksheets and Budget Narratives, and Exhibits 5d	
Detailed Staffing Plans	
A8 Recovery Center.....	69
A9 Adult Peer Mentoring.....	79
O4 Older Adult Peer Mentoring	89

Overview and Executive Summary

Background and Planning Process

In April 2008, the California Department of Mental Health (DMH) issued information Notice 08-10, which provides guidelines for counties to submit updates to their existing Three-Year Program and Expenditure Plans for Community Services and Supports (CSS). Then in July, DMH issued Information Notice 08-16, an amendment to Information Notice 08-10. This Plan reflects the information required based on both information notices.

Planning for the Community Services and Supports (CSS) FY 2008/09 Growth Funding and Plan Update was built on the foundation of the original CSS planning process conducted in 2005 and the follow-up planning activities in FY 2006/07. Stakeholder work groups organized by age group were conducted to gain community input on the potential uses of the additional CSS funding.

Orange County was originally allocated an additional \$8,135,560 in CSS funds for FY 2008/09. This money could be used for new or existing CSS programs. Members of the work groups were informed by staff that there are some existing Orange County CSS-funded programs that need additional funds to support existing programs at current levels (“must fixes”). This resulted from lower than expected revenues or higher than expected costs. In addition, recommendations were discussed for expanding some of the current programs and developing new programs to add to the continuum of care in Orange County.

The work groups developed recommendations that were presented at the Community Action Advisory Committee (CAAC) and received support from CAAC members. On April 7, 2008, the recommendations were presented to the MHSA Steering Committee (a sixty member committee composed of a diverse cross-section of community leaders, consumers, and family members.)

At the Steering Committee meeting, a consensus process was used to develop final recommendations. The Steering Committee concurred in the use of the funds for the “must fixes” and the development of a Recovery Center in North Orange County. They also reached consensus on the proposal to create new Peer Mentoring Programs for Adults and Older Adults. In these programs, peers will work with consumers in certain clinical situations, including hospitalization, and provide support for the transition of these consumers back to living successfully in the community.

In addition, the Steering Committee supported the proposal that funds be used to expand selected currently funded services. These include the Children and Transitional Age Youth (TAY) Wraparound/Full Service Partnership Programs; Centralized Assessment Team/Psychiatric Evaluation Response Team (CAT/PERT), the Older

Adult Recovery Services Program and the Older Adult Full Service Partnership Program, the Older Adult Support and Intervention System (OASIS).

On July 23, 2008, DMH issued Information Notice 08-19, which provided for an augmentation of the original planning estimate for FY 2008/09 CSS Growth Funding. Orange County was allocated an additional \$7,774,000 in CSS Growth Funding. A workgroup for Adults and Older Adults and one for Children and TAY each met to provide input on the best use of the augmentation. The consensus was that Orange County should use the augmentation to expand existing programs or the additional programs that had been approved in the first round of Growth Funding planning.

Specific recommendations were forwarded to the Steering Committee and discussed at the August 8, 2008 meeting and again at the October 6th meeting. The Steering Committee decided to use the funds to establish two new populations for the Assertive Community Treatment (PACT) program: TAY and Older Adults. It also added two new populations for the Centralized Assessment Team (CAT): Children and TAY.

In addition, Supported Employment and the Recovery Center Program were each allocated funds to establish sites in South Orange County. This will enhance geographic access to services. Additional funds from the augmentation will be used to expand the following programs: the Adult PACT program, Adult Full Service Partnership program (FSP), the TAY FSP, the Children's FSP, and the Older Adult FSP.

The Plan will be available for review during a 30-day public comment period from November 7, 2008 to December 8, 2008. The Plan will then be submitted to the County Board of Supervisors for approval before it is sent to DMH.

Existing Programs with a New Population to be Served

A decision was made to expand the number of target populations served in three highly successful existing CSS programs: PACT, CAT and Supported Employment. These program expansions will increase the community's access to services.

A2 CAT: Children and TAY will be new populations served.

A 6 PACT: TAY and Older Adults will be new populations.

A 4 Supported Employment: South County site will be added.

The New Programs

The Plan includes three new CSS programs to be added to the continuum of care in Orange County. They are a Recovery Center Program and two Peer Mentoring Programs, one for Adults and one for Older Adults.

A8 Recovery Center Program

To better serve the community, the Plan includes a Recovery Center Program where relatively stable consumers can step down to a lower level of care and continue to receive medication and episodic case management support. This program will allow diverse consumers to receive distinct, mostly self-directed services, which will focus on consumer-community reintegration and linkage to health care. To a great extent, this new program will rely on client self-management. In addition, the Recovery Center Program will offer peer-run support services where consumers could access groups and peer support.

The services that will be offered are aimed at community reintegration and an eventual exit from the formal mental health system. Activities, services, and supports focus on relapse prevention, healthy living, maintaining or obtaining independent living, and employment and wellness recovery action planning.

Services will include psychiatric services, health and wellness screening, self-help groups, and other groups that would be a reflection of client's needs and stressors as they move along the continuum of recovery. The Recovery Center Program will have a Nurse Practitioner (NP) at each site. The NP will be able to provide ongoing health education. In addition to traditional psychiatric treatment, the NP can provide basic wellness assessments and assist with referrals if a greater health need is identified. Substance abuse relapse prevention and recovery support groups will also be offered.

Orange County has four regional service areas: North, South, East and West. One site for this program will be located in North Orange County and the other site will be in South Orange County. At present, 32% of the consumers receiving outpatient services are in North County and 20% are in South Orange County. The rest of current consumers are served in the East and West regions. It is anticipated that 40% of the consumers served in the North and South County regions may successfully receive services in a lower level of care.

It is anticipated that the Recovery Center Program Center, including both sites, will be able to accommodate 800 consumers annually.

A9 Adult Peer Mentoring

The Adult Peer Mentoring Program will pair qualified Peer Mentors with consumers and assist them in successfully transitioning to community living. The first 90 days during initial mental health treatment services (especially after discharge from an in-patient facility) is a very vulnerable time. Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The purpose is to ensure the client's continued recovery and successful transition to healthy and effective community living. The Adult Peer Mentoring program will target some of the most common reasons for re-hospitalization after discharge, including interruption of medications, substance abuse-related problems, difficulty accessing treatment and challenges in maintaining housing.

Maintaining Adults in the community and successfully linked with their mental health provider is a major focus of this program. Psychiatric hospitalization often leads to conservatorship, losing independence, and difficulty for individuals in transitioning back to independent living.

The Adult Peer Mentoring Program will pair qualified Peer Mentors (who mirror the language and culture of the consumer being served) with individuals in psychiatric hospitals. The consumers served in this program are those who are being prepared for discharge from a psychiatric facility. . The Peer Mentors will assist them in successfully transitioning to community living. Peer Mentors will support the individual's recovery goals and reintegration into the community. Peer mentors will work collaboratively with the consumer's assigned therapist in achieving their goals.

Examples of services may include: helping consumers get to their first appointment; meeting with the individual's assigned Care Coordinator; assisting consumers in picking up prescribed medications at a local pharmacy; and encouraging (and at times participating) in their recovery goals. Activities may also include assisting consumers to re-connect with family and friends or to develop a support network; and encouraging (and at times participating).

Other types of service provided by Peer Mentors include: assisting consumers in acquiring benefits, food, clothing; and assisting them in household activities such as laundry, and other household chores. Peer Mentors may help consumers in increasing access to transportation by learning the bus routes, etc. In addition, Mentors will assist consumers in linking with appropriate community programs and activities such as dual recovery programs, Alcoholics Anonymous or Narcotics Anonymous and primary health care centers

Peer Mentors will be trained on both the recovery model and the specific skills needed to be effective at their jobs, including those needed to address co-occurring disorders. They will also receive ongoing training in cultural and linguistic issues. Utilizing Peer Mentors with demonstrated skills and effectiveness in engaging individuals with a

mental illness will contribute to the recovery process, developing a therapeutic relationship of support and helpfulness.

The Peer Mentor Program will target individuals who are assessed as being at risk of decompensation or hospitalization, and who are identified as preparing for discharge from a psychiatric facility. Peer Mentors will have an average caseload of ten individuals, and work a schedule that allows for some flexibility which may include evening and weekend availability. Referrals may come from hospital staff and coordinated with the consumer's assigned clinician. Weekly group supervision will be provided to the Peer Mentors.

The Adult Peer Mentoring Program is expected to serve approximately 180 consumers annually.

O4 Older Adult Peer Mentoring

The Older Adult Peer Mentoring program will target some of the most common reasons for decompensation and hospitalization, including debilitating co-morbid conditions, isolation and depression, substance abuse related problems, interruption and inaccessibility of medications, and challenges with housing.

The Older Adult Peer Mentoring Program will pair qualified peer consumers and assist them in successfully transitioning to community living. The first 90 days during the initial mental health treatment services, especially after discharge from a psychiatric hospital or in-patient facility, is a very vulnerable time. Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The purpose is to ensure the client's continued recovery and successful transition to healthy and effective community living.

Keeping Older Adults out of the hospital is a major focus of this program. Psychiatric hospitalization often leads to conservatorship, losing independence, and difficulty for individuals in transitioning back to independent living.

Peer Mentors will support the individual's recovery goals and therapeutic needs. Examples of activities include: helping consumers get to the first appointment; meeting the individual's assigned Care Coordinator, Psychiatrist or Physician; assisting consumers in picking up prescribed medications at a local pharmacy or addressing medication concerns with their 'home' pharmacist; assisting consumers to re-connect with family and friends or to develop a support network; and encouraging (and at times participating) in their recovery activities. Mentors will also assist consumers in linking with appropriate community programs and activities such as dual recovery programs, Alcoholics Anonymous or Narcotics Anonymous, and primary health care centers

Peer Mentors will be trained in both the recovery model and the specific skills needed to be effective in working with older adults, including addressing issues related to co-

occurring disorders. They will also receive continuous training on cultural and linguistic issues. Utilizing Peers with demonstrated skills and effectiveness in engaging older adults with a mental illness will contribute to the recovery process, and developing a therapeutic relationship of support and helpfulness.

Peer Mentors will have an average caseload of ten individuals, working a schedule that allows for some flexibility. Referrals will come from psychiatric and medical hospitals, Primary Care Providers (PCP), faith-based organizations, and outpatient mental health clinics. The Peer Mentors will work collaboratively with the consumer's mental health provider. The Peer Mentor Program will target individuals who are assessed as being at risk of decompensation or hospitalization, and those who are being discharged from a psychiatric hospital. Weekly group supervision will be provided to the Peer Mentors.

The Older Adult Peer Mentoring Program is expected to serve 480 consumers annually.

Conclusion

The planning process used by Orange County to update its CSS Plan and determine how to best use the FY 2008/09 CSS Growth Funds built on the work done in prior planning processes and was open and participatory. Consumers, family members, and underserved communities were well-represented. The decisions made have strong community support. The new programs to be funded will strengthen the continuum of care in Orange County and increase effectiveness in serving consumers. This Plan Update will move Orange County one step closer to transformation of the public mental health system.

Exhibits 1, 2, & 4

Exhibit 1
Community Services and Supports
FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for Orange County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

Date: **Signature** _____
Mark Refowitz, Mental Health Director

Executed at: Santa Ana, CA

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

Exhibit 2

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

County: Orange

Date: 11/8/2008

Workplans				Total Funds Requested				Funds Requested by Age Group			
No.	Name	New (N) Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult	
1.	C1	Children's Full Service Wraparound	E	\$5,083,443			\$5,083,443	\$5,083,443			
2.	C2	Children's Outreach & Engagement	E	\$73,866		\$283,436	\$357,302	\$357,302			
3.	C3	Children's In-Home Crisis Stabilization	E	\$45,666	\$419,990		\$465,656	\$465,656			
4.	C4	Children's Crisis Residential	E	\$113,387	\$1,020,482		\$1,133,869	\$1,133,869			
5.	C5	Children's Mentoring	E		\$310,000		\$310,000	\$310,000			
6.	C6	Children's CAT	E	\$122,154	\$1,099,388		\$1,221,542	\$1,221,542			
8.	T1	TAY Full Service Wraparound	E	\$5,304,171			\$5,304,171		\$5,304,171		
9.	T2	TAY Outreach & Engagement	E	\$117,458		\$371,856	\$489,314	\$489,314			
10.	T3	TAY Crisis Residential	E	\$106,618	\$959,564		\$1,066,182	\$1,066,182			
11.	T4	TAY Mentoring			\$190,000		\$190,000	\$190,000			
12.	T5	TAY- CAT	E	\$57,154	\$514,390		\$571,544	\$571,544			
13.	T6	TAY PACT	E		\$900,000		\$900,000	\$900,000			
14.	A1	Adult Full Service Partnership	E	\$8,030,385			\$8,030,385		\$8,030,385		
15.	A2	CAT/PERT	E	\$183,331	\$1,649,977		\$1,833,308		\$1,833,308		
16.	A3	Adult Crisis Residential	E	\$453,634	\$1,360,903		\$1,814,537		\$1,814,537		
17.	A4	Supportive Employment	E		\$1,021,417		\$1,021,417		\$1,021,417		
18.	A5	Adult Outreach & Engagement	E	\$181,682		\$794,496	\$976,178		\$976,178		
19.	A6	PACT	E		\$3,317,645		\$3,317,645		\$3,317,645		
20.	A7	Wellness Center	E		\$1,500,000		\$1,500,000		\$1,500,000		
21.	A8	Recovery Center	N		\$2,630,000		\$2,630,000		\$2,630,000		
22.	A9	Adult Peer Mentoring	N		\$324,888		\$324,888		\$324,888		
21.	O1	Older Adult Recovery Services	E		\$1,853,483		\$1,853,483			\$1,853,483	
23.	O2	Older Adult Support & Intervention	E	\$2,870,319			\$2,870,319			\$2,870,319	
24.	O3	Older Adult PACT	E		\$525,201		\$525,201			\$525,201	
25.	O4	Older Adult Peer Mentoring	N		\$800,000		\$800,000			\$800,000	
							\$0				
							\$0				
26.	Subtotal: Workplans^{a/}			\$22,743,268	\$20,397,328	\$1,449,788	\$44,590,384	\$8,571,812	\$8,521,211	\$21,448,358	\$6,049,003
27.	Optional 10% Operating Reserve^{b/}										
28.	CSS Administration^{c/}						\$7,622,316				
29.	CSS Capital Facilities Projects^{d/}										
30.	CSS Technological Needs Projects^{d/}										
31.	CSS Workforce Education and Training^{d/}										
32.	CSS Prudent Reserve^{e/}										
33.	Total Funds Requested						\$52,212,700				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

51.00%

b/ Cannot exceed 10% of line 27.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

Exhibit 4

**Mental Health Services Act (MHSA)
Community Services and Supports (CSS)
FY 2008/09 Local Prudent Reserve Plan**

County: Orange

Date: 11/8/2008

Approved CSS Component Amount	
1. Requested FY 08/09 CSS Services Funding (Exhibit 2, line 26)	\$44,590,384
2. Less: Non-Recurring Expenditures (from Exhibit 5a, 5b, and/or 5c)	
3. CSS Administration (Exhibit 2, line 28)	\$7,622,316
4. Total CSS Plan Component Amount	\$52,212,700
5. Maximum Prudent Reserve (50%)	\$26,106,350
Prudent Reserve	
6. Prudent Reserve Balance from Prior Approvals	\$18,102,141
7. Amount Requested to Dedicate to Prudent Reserve through this Plan update	
8. Prudent Reserve Balance	\$18,102,141
9. Prudent Reserve Shortfall to Achieving 50% (Describe below)	\$8,004,209

The Department cannot approve a Plan update that does not achieve a local prudent reserve of 50% unless services would have to be reduced in order to attain the required amount. Please describe below how the County intends to reach the 50% requirement by July 1, 2010 (i.e., future increases in CSS planning estimates will be dedicated to prudent reserve before funding program expansion, other).

Additional Prudent Reserve will be achieved through unspent CSS dollars.

Exhibit 5a: Administrative Budget and Budget Narrative

Exhibit 5a

**FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet**

County: Orange

Fiscal Year: 2008-09

Date: 11/1/2008

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSAs Coordinator(s)		\$104,520
b. MHSAs Support Staff	\$527,943	\$517,684
c. Other Personnel (list below)		
i. Contract Monitors/Support Staff/IRIS Team	\$1,045,978	\$1,110,288
ii. Contract Development and Management Staff	\$342,493	\$356,824
iii. System Navigation	\$172,117	\$258,404
iv. QIPC/BH Operations		\$177,750
v. Behavioral Health Division and Program Managers		\$446,426
vi.		
vii.		
d. Total Salaries		
e. Employee Benefits	\$728,198	\$1,043,490
f. Total Personnel Expenditures	\$2,816,729	\$4,015,386
2. Operating Expenditures	\$714,679	\$694,354
3. County Allocated Administration		
a. Countywide Administration (A-87)	\$1,573,634	\$1,883,326
b. Other Administration (provide description in budget narrative)	\$723,022	\$1,029,250
c. Total County Allocated Administration	\$2,296,656	\$2,912,576
4. Total Proposed County Administration Budget	\$5,828,064	\$7,622,316
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)		
b. Other Revenue	\$2,852	
2. Total Revenues	\$2,852	\$0
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	\$5,825,212	\$7,622,316

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 MHSAs program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSAs 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: _____

Signature _____

Local Mental Health Director or Designee

Executed at _____, California

Administrative Narrative

The administrative costs for the MHSA CSS plan include both staff that directly supports MHSA and indirect costs. Total administrative costs are \$7,622,316. This is broken down into \$4,709,740 in direct costs and \$2,912,576 in indirect costs.

Direct Costs

There are several administrative programs that directly support the MHSA budget. This includes:

MHSA Coordination- This program includes the following staff plus employee benefits and associated services and supplies.

Administrative Manager II (MHSA Coordinator) 1.0 FTE
Administrative Manager I 1.0 FTE
Program Supervisor 1.0 FTE
Program Evaluation Specialist 1.0 FTE
Research Analyst IV 1.0 FTE
Mental Health Worker 1.0 FTE
Staff Specialist 2.0 FTE
Staff Assistant 1.0 FTE
Office Technician 1.0 FTE

Systems Navigation- This program includes the following staff plus employee benefits and associated services and supplies.

Program Supervisor 1.0 FTE
Office Technician 1.0 FTE
Community Health Assistant 4.0 FTE

Program Monitors- This program includes the following staff plus employee benefits and associated services and supplies.

Clinical Psychologist 1.0 FTE
Service Chief 7.0 FTE
Office Specialist 5.0 FTE

Contract Development and Management- This program includes the following staff plus employee benefits and associated services and supplies.

Administrative Manager I 4.0 FTE
Office Specialist 1.0 FTE

Quality Improvement and Program Compliance- This program includes the following staff plus employee benefits and associated services and supplies.

Service Chief 1.0 FTE
Mental Health Specialist 1.0 FTE
Service Chief 1.0 FTE

Integrated Records Information System (IRIS) - This program includes the following staff plus employee benefits and associated services and supplies.

Administrative Manager II 1.0 FTE
Systems/Programmer Analyst 1.0 FTE
Office Specialist 2.0 FTE

Behavioral Health Division Managers and Program Managers- This program includes the following staff plus employee benefits and associated services and supplies.

Administrative Manager III .95 FTE
Administrative Manager II 1.40 FTE
Administrative Manager I .5 FTE
Service Chief II .33 FTE
Service Chief I .33 FTE
Office Specialist .70 FTE
Office Assistant .50 FTE

Behavioral Health Operations- This program includes the following staff plus employee benefits and associated services and supplies.

Staff Specialist 1.0 FTE

Indirect Costs

Indirect costs are broken down into two categories, agency wide administration and service area administration. Agency wide administration (\$1,883,326) includes Health Care Agency costs for the Agency Director and Assistant Director's offices, Compliance Office, Financial and Administrative Services, Human Resources and Quality Management. Service area administration (\$1,029,250) includes the offices of the Behavioral Health Deputy Agency Director and Program Support staff providing direct support to Behavioral Health.

Exhibits 5 b (Program Budgets) and Budget Narratives Existing Programs

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # C1 Date: 11/1/2008
 Program Workplan Name Children's Full Service Wraparound Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 333
 Existing Client Capacity of Program/Service: 313 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 20 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$555,450	\$752,294
b. Other Supports	\$343,728	\$499,856
2. Personnel Expenditures	\$1,875,248	\$3,039,451
3. Operating Expenditures	\$329,026	\$449,450
4. Program Management	\$345,199	\$450,576
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures	\$92,103	
7. Total Proposed Program Budget	\$3,540,754	\$5,191,627
B. Revenues		
1. Existing Revenues	\$233,212	\$108,184
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		
c. Other Revenue	\$0	\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$233,212	\$108,184
C. Total Funding Requirements	\$3,307,542	\$5,083,443

Budget Narrative

C1 Children's Full Service/Wraparound - consists of three contracts for a total funding request of \$5,083,443.

Providence Community Services provides a children's full service partnership. The total funding request is \$3,041,760 for FY 08/09. This funding request represents a \$911,760 increase over the prior request for this program. The majority of the increased funding (\$791,760) will be used to offset overestimated Medi-Cal expectations. The remaining \$120,000 will fund an additional 2.0 FTE Parent Partners. The scope of the program will remain unchanged.

Orange County Asian Pacific Islander Community Alliance is a full service partnership for both children and transitional age youth consumers. The total funding request is \$950,000 for FY 08/09; with \$475,000 dedicated to children and \$475,000 dedicated to transitional age youth. The total funding amount represents a \$190,000 increase over the prior request for this program. The increased funding will be used to offset overestimated Medi-Cal expectations. The size and scope of the program will remain unchanged.

Community Service Programs, Inc. provides a full service partnership for youthful offenders. Consumers in this program include both children and transitional age youth. The total funding request is \$1,891,902; of this amount \$1,566,683 is dedicated to children and \$325,217 to transitional age youth. The total amount of \$1,891,902 represents an increase of \$434,122 over previous funding requests. This increase will allow the program to expand by twenty (20) consumers. New program staff will include 2.0 FTE Transition Coordinators and 2.0 FTE Service Coordinators along with associated service and supplies, client supports, and increased administrative costs.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # C2 Date: 11/1/2008
 Program Workplan Name Children's Outreach & Engagement Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 600
 Existing Client Capacity of Program/Service: 600 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5591

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$3,438
2. Personnel Expenditures	\$269,904	\$285,711
3. Operating Expenditures	\$54,292	\$75,765
4. Program Management	\$14,088	\$14,088
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$338,284	\$379,002
B. Revenues		
1. Existing Revenues	\$0	\$21,700
2. New Revenues		
a. Medi-Cal (FFP only)		\$0
b. State General Funds		
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$21,700
C. Total Funding Requirements	\$338,284	\$357,302

C2 Children's Outreach and Engagement - consists of one contracted program and part of the County run outreach and engagement program.

Korean Community Services provides a children's outreach and engagement program. The total funding request is \$133,299 for FY 08/09. There are no budget changes from previous requests for this program and the size and scope of the program will remain unchanged. Please note that 5% of the budget is dedicated to seeing consumers who are also in FSP's.

In addition there is a County run program and its consumers include children, transitional age youth, and adults. The total funding request for this program is \$1,127,466, which represents a \$262,308 increase over previous funding requests. Total funding is broken out as follows, \$224,003 for Children, \$371,969 for transitional age youth, and \$531,495 for adults. The \$262,308 increase will expand the adult portion of the program and will fund three additional Mental Health Specialists and their associated supplies. Please note that 30% of the budget is dedicated to seeing consumers who are also in FSP's.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # C3 Date: 11/1/2008
 Program Workplan Name Children's In Home Crisis Stabilization Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 180
 Existing Client Capacity of Program/Service: 180 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$486,751	\$682,781
3. Operating Expenditures	\$174,806	\$162,880
4. Program Management	\$36,302	\$59,651
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$697,859	\$905,312
B. Revenues		
1. Existing Revenues	\$494,023	\$439,656
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		
c. Other Revenue	\$0	\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$494,023	\$439,656
C. Total Funding Requirements	\$203,836	\$465,656

C3 Children's In Home Crisis Stabilization - This program is contracted with the Orange County Child Abuse Prevention Center. The total funding request is \$465,656 for FY 08/09. There is no increase in funding for this program. Please note that 10% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # C4 Date: 11/1/2008
 Program Workplan Name Children's Crisis Residential Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 80
 Existing Client Capacity of Program/Service: 80 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$3,122
b. Other Supports		\$18,731
2. Personnel Expenditures	\$801,933	\$946,275
3. Operating Expenditures	\$130,133	\$155,834
4. Program Management	\$106,934	\$108,503
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,039,000	\$1,232,465
B. Revenues		
1. Existing Revenues	\$122,657	\$98,596
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		
c. Other Revenue	\$0	\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$122,657	\$98,596
C. Total Funding Requirements	\$916,343	\$1,133,869

C4 Children's Crisis Residential - This program is contracted with Community Service Programs, Inc. The total funding request is \$1,133,869 for FY 08/09. This funding request represents a \$197,195 increase over the prior request for this program. Increased funding will be used to offset overestimated Medi-Cal expectations. The size and scope of the program will remain unchanged. Please note that 10% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # C5 Date: 11/1/2008
 Program Workplan Name Children's Mentoring Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 43
 Existing Client Capacity of Program/Service: 43 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$71,451	\$176,792
3. Operating Expenditures	\$41,637	\$110,128
4. Program Management	\$11,051	\$23,080
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures	\$35,746	
7. Total Proposed Program Budget	\$159,885	\$310,000
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$159,885	\$310,000

C5 Children's Mentoring program - The mentoring program is contracted with the Mental Health Association of Orange County. Consumers in this program include both children and transitional age youth. The total funding request is \$500,000 with \$310,000 dedicated to children and \$190,000 dedicated to transitional age youth. There are no budget changes from previous requests for this program and the size and scope of the program will remain unchanged.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # C6 Date: 11/1/2008
 Program Workplan Name CAT-Children Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 1,200
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 1,200 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$6,024
2. Personnel Expenditures		\$989,878
3. Operating Expenditures		\$225,640
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$0	\$1,221,542
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$1,221,542

C6 Children's Centralized Assessment Team (CAT) is an expansion of the adult CAT team and is run by the County. The total funding request for this program is \$1,221,542. The majority of the funding (\$989,878) is dedicated to staff salaries and employee benefits. Staff will include 1.0 FTE Service Chief, 9.5 FTE Clinical Social Workers, and 1.0 FTE Office Specialist. The remaining funding is dedicated to client supports (\$6,024) and services and supplies (\$225,640). Please note that 10% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # T1 Date: 11/1/2008
 Program Workplan Name TAY Full Service Wraparound Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 313
 Existing Client Capacity of Program/Service: 263 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$366,377	\$716,764
b. Other Supports	\$213,252	\$759,863
2. Personnel Expenditures	\$1,923,937	\$2,781,637
3. Operating Expenditures	\$453,257	\$486,375
4. Program Management	\$414,741	\$636,637
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures	\$28,804	
7. Total Proposed Program Budget	\$3,400,368	\$5,381,276
B. Revenues		
1. Existing Revenues	\$165,956	\$77,104
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	\$0
b. State General Funds		
c. Other Revenue	\$0	
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$165,956	\$77,104
C. Total Funding Requirements	\$3,234,412	\$5,304,172

T1 TAY Full Service/Wraparound - consists of three contracts for a total funding request of \$5,304,172.

Providence Community Services provides a transitional age youth full service partnership. The total funding request is \$4,503,954 for FY 08/09. This funding request represents a \$1,290,173 increase over the prior request for this program. The majority (\$954,369) of the increased funding will be used to offset overestimated Medi-Cal expectations. The remaining increase (\$335,804) will fund 3.5 FTE Personal Service Coordinators and increase the client capacity by 30 consumers.

Orange County Asian Pacific Islander Community Alliance is a full service partnership for both children and transitional age youth consumers. The total funding request is \$950,000 for FY 08/09; with \$475,000 dedicated to children and \$475,000 dedicated to transitional age youth. The total funding amount represents a \$190,000 increase over the prior request for this program. Increased funding will be used to offset overestimated Medi-Cal expectations. The size and scope of the program will remain unchanged.

Community Service Programs, Inc. provides a full service partnership for youthful offenders. Consumers in this program include both children and transitional age youth. The total funding request is \$1,891,902; of this amount \$1,566,683 is dedicated to children and \$325,217 to transitional age youth. The total amount of \$1,891,902 represents an increase of \$434,122 over previous funding requests. This increase will allow the program to expand by twenty (20) consumers. New program staff will include 2.0 FTE Transition Coordinators and 2.0 FTE Service Coordinators along with associated service and supplies, client supports, and increased administrative costs.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # T2 Date: 11/1/2008
 Program Workplan Name TAY Outreach & Engagement Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 240
 Existing Client Capacity of Program/Service: 240 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$5,709
2. Personnel Expenditures	\$383,595	\$417,393
3. Operating Expenditures	\$53,166	\$84,612
4. Program Management	\$15,040	\$15,012
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$451,801	\$522,726
B. Revenues		
1. Existing Revenues		\$33,412
2. New Revenues		
a. Medi-Cal (FFP only)		\$0
b. State General Funds		
c. Other Revenue		\$0
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$33,412
C. Total Funding Requirements	\$451,801	\$489,314

T2 TAY Outreach and Engagement - consists of one contracted program and part of the County run outreach and engagement program.

Orange County Asian Pacific Islander Community Alliance provides a TAY outreach and engagement program. The total funding request is \$117,345 for FY 08/09. There are no budget changes from previous requests for this program and the size and scope of the program will remain unchanged. Please note that 5% of the budget is dedicated to seeing consumers who are also in FSP's.

In addition there is a County run program and its consumers include children, transitional age youth, and adults. The total funding request for this program is \$1,127,466, which represents a \$262,308 increase over previous funding requests. Total funding is broken out as follows: \$224,003 for children, \$371,969 for transitional age youth, and \$531,495 for adults. The \$262,308 increase will expand the adult portion of the program and will fund three additional Mental Health Specialists and their associated supplies. Please note that 30% of the budget is dedicated to seeing consumers who are also in FSP's.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # T3 Date: 11/1/2008
 Program Workplan Name TAY Crisis Residential Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 80
 Existing Client Capacity of Program/Service: 80 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$355,869	\$725,233
3. Operating Expenditures	\$115,074	\$220,803
4. Program Management	\$70,642	\$141,905
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures	\$109,244	
7. Total Proposed Program Budget	\$650,829	\$1,087,941
B. Revenues		
1. Existing Revenues		\$21,759
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$21,759
C. Total Funding Requirements	\$650,829	\$1,066,182

T3 TAY Crisis Residential - This program is contracted with South Coast Children's Society. The total funding request is \$1,066,182 for FY 08/09. This funding request represents a \$129,605 increase over the prior request for this program. Increased funding will be used to offset overestimated Medi-Cal expectations. The size and scope of the program will remain unchanged. Please note that 10% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # T4 Date: 11/1/2008
 Program Workplan Name TAY Mentoring Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 27
 Existing Client Capacity of Program/Service: 27 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$43,792	\$108,356
3. Operating Expenditures	\$25,520	\$67,498
4. Program Management	\$6,773	\$14,146
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures	\$21,909	
7. Total Proposed Program Budget	\$97,994	\$190,000
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$97,994	\$190,000

T4 TAY Mentoring program - The mentoring program is contracted with the Mental Health Association of Orange County. Consumers in this program include both children and transitional age youth. The total funding request is \$500,000 with \$310,000 dedicated to children and \$190,000 dedicated to transitional age youth. There are no budget changes from previous requests for this program and the size and scope of the program will remain unchanged.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # T5 Date: 11/1/2008
 Program Workplan Name CAT-TAY Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 600
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 600 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$4,455
2. Personnel Expenditures		\$393,689
3. Operating Expenditures		\$173,399
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$0	\$571,543
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$571,543

T5 TAY Centralized Assessment Team (CAT) is an expansion of the adult CAT team and is run by the County. The total funding request for this program is \$571,543. The majority of the funding (\$393,689) is dedicated to staff salaries and employee benefits. Staff will include 2.0 FTE Mental Health Specialists, 3.0 FTE Clinical Social Workers, and 1.0 FTE Office Specialist. The remaining funding is dedicated to client supports (\$4,455) and services and supplies (\$173,399). Please note that 10% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # T6 Date: 11/1/2008
 Program Workplan Name Program of Asssertive Community Treatment-TAY Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 90
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 90 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$1,000
2. Personnel Expenditures		\$788,308
3. Operating Expenditures		\$110,692
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$0	\$900,000
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$900,000

T6 TAY Program of Assertive Community Treatment (PACT) is an expansion of the adult PACT team and is run by the County. The total funding request for this program is \$900,000. The majority of the funding (\$788,308) is dedicated to staff salaries and employee benefits. Staff will include 1.0 FTE Mental Health Specialists, 4.0 FTE Clinical Social Workers, 1.0 FTE Marriage Family Therapist, 1.0 FTE Community Mental Health Psychiatrist, and 1.0 FTE Office Specialist. The remaining funding is dedicated to consumer supports (\$1,000) and services and supplies (\$110,692).

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A1 Date: 11/1/2008
 Program Workplan Name Adult Full Service Partnership Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 600
 Existing Client Capacity of Program/Service: 535 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 65 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$828,355	\$1,148,091
b. Other Supports	\$254,709	\$279,395
2. Personnel Expenditures	\$4,323,255	\$5,460,196
3. Operating Expenditures	\$1,608,819	\$1,100,564
4. Program Management	\$853,225	\$943,448
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$7,868,363	\$8,931,694
B. Revenues		
1. Existing Revenues	\$1,414,869	\$901,308
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	
b. State General Funds		
c. Other Revenue	\$0	
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$1,414,869	\$901,308
C. Total Funding Requirements	\$6,453,494	\$8,030,386

A1 Adult Full Service Partnership - The adult full service wraparound program is made up of contracts with three different service providers. They are College Community Services, Telecare Corporation, and Mental Health Association of Orange County. Total requested funding for all three contracts is \$8,035,386.

The total funding request for College Community Services is \$1,989,621 for FY 08/09. This represents a \$306,033 increase over the previous funding request. A portion of the increase in funding (\$140,000) is needed for the increased housing needs of consumers in this program. The remaining \$166,033 will fund an additional 2.0 FTE Personal Service Coordinators and increase the client capacity by 30 consumers.

The total funding request for the Mental Health Association of Orange County is \$2,473,588 for FY 08/09. This represents a \$790,000 increase over the previous funding request. Part of the increase (\$160,000) is needed to meet the increasing housing needs of the consumers in this program. The remaining \$630,000 of the increase will be used to increase the capacity of the program by 35 consumers. New program staff will include 4.0 FTE Personal Service Coordinator, 1.0 Assistant Program Director, 1.0 FTE Quality Assurance Coordinator, and 0.5 Nurse. In addition, administrative staff will increase by 1.4 FTE along with associated service and supplies.

The total funding request for Telecare is \$3,567,176 for FY 08/09. This reflects a \$200,000 increase over previous funding requests. The additional money will fund 2.0 Personal Service Coordinators and associated indirect costs and services/supplies.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A2 Date: 11/1/2008
 Program Workplan Name CAT/PERT Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 2,500
 Existing Client Capacity of Program/Service: 2,475 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 25 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$2,500
2. Personnel Expenditures	\$1,255,566	\$1,663,681
3. Operating Expenditures	\$103,571	\$232,712
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,359,137	\$1,898,893
B. Revenues		
1. Existing Revenues	\$222	\$65,585
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$222	\$65,585
C. Total Funding Requirements	\$1,358,915	\$1,833,308

A2 CAT/PERT - The Centralized Assessment Team & Psychiatric Emergency Response Team (CAT/PERT) is a County run program. The total funding request for this program is \$1,833,308, a \$147,384 increase over previous requests. Client capacity is expected to increase by 25 consumers. Using existing funding and the requested increase, this program will increase by 2.0 FTE Clinical Social Workers and 2.0 full time equivalent (FTE) Office Support staff along with associated services and supplies. Please note that 10% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A3 Date: 11/1/2008
 Program Workplan Name Adult Crisis Residential Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 120
 Existing Client Capacity of Program/Service: 120 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		\$1,120,343
3. Operating Expenditures		\$834,977
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	\$1,814,537	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,814,537	\$1,955,320
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		\$140,783
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$140,783
3. Total Revenues	\$0	\$140,783
C. Total Funding Requirements	\$1,814,537	\$1,814,537

A3 Adult Crisis Residential - The Adult Crisis Residential Program has a total funding request of \$1,814,537. This program is expected to be performed by a contracted service provider, but one has not been selected yet. We are currently in the Request for Proposal process. There are no budget changes from previous requests for this program. Please note that 25% of the budget is dedicated to seeing consumers who are also in FSP's.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A4 Date: 11/1/2008
 Program Workplan Name Supportive Employment Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 175
 Existing Client Capacity of Program/Service: 125 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$1,243	\$10,950
2. Personnel Expenditures	\$451,172	\$745,090
3. Operating Expenditures	\$110,608	\$167,257
4. Program Management	\$39,411	\$75,493
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		\$22,627
7. Total Proposed Program Budget	\$602,434	\$1,021,417
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$602,434	\$1,021,417

A4 Supported Employment - The supported employment program is contracted with Goodwill. The total funding request is \$1,021,417 for FY 08/09. This funding request represents a \$485,712 increase over the prior request for this program. For this particular program, the actual operating costs of the program, initially, were not fully understood. As a result, the previous funding level did not cover the operating costs of the program. In the spirit of cooperation, Goodwill contributed the funds to cover the remaining costs of the program. Due to the success of the program, the Health Care Agency is requesting an additional \$85,712 to fully fund the existing program. The additional \$400,000 will expand the program to a second location and increase capacity by 50 consumers and 6.0 FTE of staff.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A5 Date: 11/1/2008
 Program Workplan Name Adult Outreach & Engagement Page of
 Type of Funding 3. Outreach and Engagement Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 308
 Existing Client Capacity of Program/Service: 276 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 32 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$526	\$8,157
2. Personnel Expenditures	\$795,506	\$786,083
3. Operating Expenditures	\$107,795	\$143,531
4. Program Management	\$40,106	\$38,407
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures	\$34,993	
7. Total Proposed Program Budget	\$978,926	\$976,178
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$978,926	\$976,178

A5 Adult Outreach and Engagement - consists of two contracted programs and part of the County-run outreach and engagement program.

Casa De Familia and Nhan Hoa provide adult outreach and engagement. The total funding request is \$225,000 for Casa De Familia and \$219,684 for Nhan Hoa. There are no budget changes from previous requests for this program and the size and scope of the program will remain unchanged. Please note that 5% of the budget is dedicated to seeing consumers who are also in FSP's.

In addition there is a County-run outreach and engagement program. Its consumers include children, transitional age youth, and adults. The total funding request for this program is \$1,127,466, which represents a \$262,308 increase over previous funding requests. Total funding is broken out as follows, \$224,003 for Children, \$371,969 for transitional age youth, and \$531,495 for adults. The \$262,308 increase will expand the adult portion of the program and will fund three additional Mental Health Specialists and their associated supplies. Please note that 30% of the budget is dedicated to seeing consumers who are also in FSP's.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A6 Date: 11/1/2008
 Program Workplan Name Program of Asssertive Community Treatment Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 275
 Existing Client Capacity of Program/Service: 221 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 54 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports	\$257	\$11,087
2. Personnel Expenditures	\$419,780	\$3,068,077
3. Operating Expenditures	\$29,850	\$287,460
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$449,887	\$3,366,624
B. Revenues		
1. Existing Revenues	\$11	\$48,979
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$11	\$48,979
C. Total Funding Requirements	\$449,876	\$3,317,645

A6 PACT - The Program of Assertive Community Treatment (PACT) is a County run program and has a total a total funding request of \$3,317,645. This represents an increase of \$1,210,000 which will allow expansion to accommodate additional clients into the program. The majority of the funding (\$1,062,259) is dedicated to staff salaries and employee benefits. Staff will include 1.0 FTE Service Chief, 2.0 FTE Mental Health Specialists, 3.5 FTE Clinical Social Workers, 1.0 FTE Marriage Family Therapist, 0.5 FTE Community Mental Health Psychiatrist, and 1.0 FTE Behavioral Health Nurse. The remaining funding is dedicated to client supports (\$8,587) and services and supplies (\$139,154).

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A7 Date: 11/1/2008
 Program Workplan Name Wellness Center Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 500
 Existing Client Capacity of Program/Service: 500 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures		\$477,852
3. Operating Expenditures		\$1,022,148
4. Program Management		
5. Estimated Total Expenditures when service provider is not known	\$1,500,000	
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,500,000	\$1,500,000
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$1,500,000	\$1,500,000

A7 Wellness Center - The Wellness Center has a total funding request of \$1,500,000. This program is expected to be performed by a contracted service provider, but one has not been selected yet. A Request for Proposals was released, and we are in the review process. There are no budget changes from previous requests for this program. The size and scope of the program will remain unchanged.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # O1 Date: 1/11/1900
 Program Workplan Name Older Adult Recovery Page of
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 250
 Existing Client Capacity of Program/Service: 210 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		
2. Personnel Expenditures	\$1,060,574	\$1,646,230
3. Operating Expenditures	\$234,914	\$207,253
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,295,488	\$1,853,483
B. Revenues		
1. Existing Revenues	\$483	
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$483	\$0
C. Total Funding Requirements	\$1,295,005	\$1,853,483

O1 Older Adult Recovery Services - is a County run program. The total funding request for this program is \$1,853,483; this represents a \$200,000 increase over previous requests. Client capacity is expected to increase by 40 consumers. Using existing funding and the requested increase this program will increase by 1.0 FTE Clinical Social Worker, 2.0 FTE Mental Health Specialists, and a .83 FTE Psychiatrist along with associated services and supplies.

DRAFT

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # O2 Date: 11/1/2008
 Program Workplan Name Older Adult Support & Intervention Page of
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 145
 Existing Client Capacity of Program/Service: 135 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 10 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing	\$593,377	\$585,000
b. Other Supports	\$127,869	\$132,600
2. Personnel Expenditures	\$1,138,036	\$1,589,019
3. Operating Expenditures	\$225,632	\$228,641
4. Program Management	\$306,088	\$380,289
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$2,391,002	\$2,915,549
B. Revenues		
1. Existing Revenues	\$189,662	\$45,231
2. New Revenues		
a. Medi-Cal (FFP only)	\$0	
b. State General Funds		
c. Other Revenue	\$0	
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$189,662	\$45,231
C. Total Funding Requirements	\$2,201,340	\$2,870,318

O2 Older Adult Support and Intervention - The Older Adult Support and Intervention program is contracted with College Community Services. The total funding request for this program is \$2,870,319, which is a \$368,000 increase over the previous funding request for this program. Of the \$368,000 increase, \$180,000 will be used to provide housing services for consumers in this program. The remaining \$188,000 will expand the program by ten consumers. Staff will expand by 1.0 FTE Personal Service Coordinator, 1.0 Life Skills Coach, and some additional psychiatrist hours along with associated employee benefits. Administrative costs and services and supplies to support the new staff will be added as well.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # O3 Date: _____
 Program Workplan Name Program of Asssertive Community Treatment-
Older Adults Page ____ of ____
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 50
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: (714) 834-5994

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		
b. Other Supports		\$22,340
2. Personnel Expenditures		\$427,586
3. Operating Expenditures		\$75,275
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$0	\$525,201
B. Revenues		
1. Existing Revenues		
2. New Revenues		
a. Medi-Cal (FFP only)		
b. State General Funds		
c. Other Revenue		
d. Total New Revenue	\$0	\$0
3. Total Revenues	\$0	\$0
C. Total Funding Requirements	\$0	\$525,201

O3 Older Adult Program of Assertive Community Treatment (PACT) is an expansion of the adult PACT team and is run by the County. The total funding request for this program is \$525,201. The majority of the funding (\$427,586) is dedicated to staff salaries and employee benefits. Staff will include 1.0 Service Chief, 1.0 FTE Mental Health Specialist, 2.0 FTE Clinical Social Workers, and 1.0 FTE Office Supervisor. The remaining funding is dedicated to consumer supports (\$22,340) and services and supplies (\$75,275).

DRAFT

Narrative Section I – III

- **Community Planning Process**
- **Documentation of Local Review**
- **Changes in Populations Served by Existing Programs**

I. Community Planning Process

Planning for the Community Services and Supports (CSS) FY 2008/09 Growth Funding and Plan Update was built on the foundation of the original CSS planning process conducted in 2005 and the follow-up planning activities in FY 2006/07.

During 2005, Orange County conducted an open, inclusive planning process. The process included community outreach and information meetings, participant training, age-specific workgroups, a 60-member Steering Committee, focus groups, stakeholder groups and the creation of a documentary film on the needs of homeless mentally ill individuals and families. Special attention was given to including consumers, family members, unserved/underserved ethnic minorities, and marginalized populations. More than 4,000 attendees participated in these planning activities. A Community Services and Supports Three-Year Program and Expenditure Plan was developed as a result of that original planning process. That Plan was approved by the California Department of Mental Health (DMH) in April 2006.

In FY 2006/07, an additional planning process was conducted to update the initial Three-Year CSS Plan and determine the use of the approximately \$9 million in FY 07/08 CSS Growth Funds. Once again, a variety of strategies was used to conduct an inclusive planning process. The FY 2007/08 CSS Growth Funding Plan was approved by DMH in July 2007.

In FY 2007/08, another planning process was conducted to update the existing CSS Plan and determine the best use of the FY 2008/09 CSS Growth funding. On March 17, 2008, three stakeholder meetings (organized by age group interest) were held to obtain community input for this Plan Update. The topic of the first meeting was Children and Transitional Age Youth (TAY) programs. The stakeholders at the second meeting focused on Adult programs, while those at the third meeting focused on Older Adult programs. Staff provided a review of the need for additional funds to support existing programs at current levels (“must fixes”). In addition, recommendations were discussed for expanding some of the current programs and developing new programs to add to the continuum of care in Orange County.

Stakeholders in each meeting reached consensus on using some of the new CSS Growth Funding to address the “must fixes”. In the Adult and Older Adult meetings, consensus was also reached on providing funding for a new Recovery Center Program. This new program will provide medication services for consumers who are relatively stable and peer support services to assist consumers in their efforts to attain and sustain recovery.

In each meeting, stakeholders were asked to prioritize the potential uses for the remaining funds allocated for their respective age groups. Attendees voted for their highest priority services.

A PowerPoint presentation on the results of the stakeholder meeting was presented to members of the Community Action Advisory Committee (CAAC) on April 1, 2008. Discussion of the stakeholder recommendations indicated CAAC’s support for these proposed uses of the CSS Growth Funding. On April 7, 2008, the stakeholder group recommendations were

presented to the MHSA Steering Committee (a sixty-member committee composed of a diverse cross section of community leaders, consumers, and family members.)

At the Steering Committee meeting, a consensus process was used to develop final recommendations. The Steering Committee concurred in the use of the funds for the “must fixes” and the development of a Recovery Center Program. They also reached consensus on the proposal to create new Peer Mentoring Programs, one for Adults and one for Older Adults. In these programs, peers will work with consumers in certain clinical situations, including hospitalization, and provide support for the transition of these consumers back to living successfully in the community.

In addition, the Steering Committee supported the proposal that funds be used to expand selected currently funded services. These include the Children and Transitional Age Youth (TAY) Wraparound/Full Service Partnership Programs; the Centralized Assessment Team (CAT), the Older Adult Recovery Services Program, and the Older Adult Full Service Partnership (OASIS-Older Adult Support and Intervention System).

On July 23, 2008, DMH issued Information Notice 08-19, which provided for an augmentation of the original planning estimate for FY 2008/09 CSS Growth Funding. Orange County was allocated an additional \$7,774,000 in CSS Growth Funding. A workgroup for Adults and Older Adults and one for Children and TAY each met to provide input on the best use of the augmentation. The consensus was that Orange County should use the augmentation to expand selected existing programs and two of the additional programs (the Recovery Center Program and the Older Adult Peer Mentoring Program) that had been approved in the first round of FY 2008/09 Growth Funding planning.

Specific recommendations were forwarded to the Steering Committee and discussed at the August 8, 2008 meeting and again at the October 6th meeting. The Steering Committee decided to use the funds to establish two new populations for the PACT program: TAY and Older Adults. It also added two Children and TAY as two new populations for the Centralized Assessment Team (CAT).

In addition, there was consensus that it was important to expand geographic coverage in two programs: Supported Employment and the Recovery Center Program. Each of these programs was allocated funds to establish sites in South Orange County. This will enhance geographic access to services. Additional funds from the augmentation will be used to expand the following programs: the Adult PACT program, Adult Full Service Partnership program (FSP), the TAY FSP, the Children’s FSP, and the Older Adult FSP.

Based on the Steering Committee’s recommendations, staff wrote a draft plan for updating the current CSS Plan and the use of the 2008/09 CSS Growth Funds.

II. Documentation of the Local Review Process

The Plan will be available for a thirty-day Public Comment period (November 7, 2008 through December 8, 2008.)

The Plan and a public comment form will be posted on the Mental Health Services Act website and the Orange County Network of Care website. A notice will be sent to community stakeholders, announcing that the Plan is available for review and comment. In addition, the County will publish an ad in the Orange County Register and two local foreign language publications (Spanish and Vietnamese) publicizing the Plan's availability for public comment.

Copies of the Plan and the public comment form will be available at Orange County libraries, mental health clinics, and the MHSA Office. A hard copy will be provided to all individuals requesting one.

The Plan will then be submitted to the Orange County Board of Supervisors for their review and approval.

III. Existing Services with a New Population to be Served

A2 CAT: Children and TAY Populations Added

The Centralized Assessment Team (CAT) Program offers mobile response to provide mental health assessments and diversion to reduce inpatient hospitalization. The two new populations to be served are Children and Transitional Age Youth. Since the Orange County CSS Plan is organized by age group, services for these new populations will be tracked as separate programs from the existing CAT program, "A2". The Children served and the budget for those services will be tracked as "C6"; the TAY served and the budget for those services will be tracked as "TAY 5".

The current CAT team provides services mainly to adults. However, a monthly average of 31 mental health assessments are provided to the transitional age youth population. In addition, children's services provide an average of 27 monthly mental health evaluations to children. To expand the current team, clinicians will be added to allow better access to crisis services for these two age groups. In addition, clinicians will be specifically trained regarding treatment and resources for these age groups. The expanded team will be familiar with a wide variety of alternatives to hospitalization and have the flexibility to do follow-up to ensure that linkages are made. As with the present CAT program, the services will be available on a 24/7 basis from a team expressly trained and focused on these difficult situations. The projected start-up is spring 2009.

A 6 PACT: TAY and Older Adult Populations Added

The Program of Assertive Community Treatment (PACT) provides comprehensive community-based psychiatric treatment to diverse persons with serious and persistent mental illness who have not responded to traditional outpatient services. The two new populations to be served by PACT are TAY and Older Adults. To stay consistent with the structure of the current CSS Plan, services for these new populations will be tracked as separate programs from the existing PACT program, "A6". The TAY served and the budget for those services will be tracked as "TAY 6" and the Older Adults will be tracked as "O3". The current PACT team primarily provides services to adult mental health consumers. An expansion of this program will develop a team specifically designed to meet the needs of the older adult and transitional age youth who suffer from severe and persistent mental illness. The anticipated start date is spring 2009.

A 4 Supported Employment: New Site Added

Supported Employment provides education and support to people with mental illness who require long-term job supports to obtain competitive employment. The program currently operates out of an office in North/Central Orange County. The additional funding will be used to open a site in South Orange County. The demand for these services has been higher than anticipated. Within the first few months of operation, the current program exceeded the number of consumers expected to enroll. Consumers who reside in South Orange County have been limited in their access to this program, primarily due to transportation issues and minimal job opportunities in their region. This expansion will provide access and allow job developers to work with this community in developing job opportunities for the consumers residing in their area. The anticipated start date is spring 2009.

Three New Programs

- **Program Narratives**
- **Budget Worksheets (5c)**
- **Budget Narratives**
- **Staffing Detail (5d)**

IV. New Programs: Description and Other Information

A8 Recovery Center

1. A description of the proposed program or service.

The existing service system is engulfed by overwhelming numbers of consumers, many of whom are relatively stable and need a strategy to establish and maintain recovery on a solid support base. Historically, the mental health system has struggled to meet the needs of those consumers who have achieved recovery, but still need support.

Orange County plans to meet this type of challenge by establishing a Recovery Center Program where consumers can step down to a lower level of care and continue to receive medication and episodic case management support. This program will allow diverse consumers to receive distinct, mostly self-directed services, which will focus on consumer-community reintegration and linkage to health care. To a great extent, the program will rely on client self-management. In addition, an important feature will be a peer-run support program where consumers will be able to access groups and peer support activities.

Many consumers who have previously met the criteria for specialty mental health services have now substantially achieved recovery; however, they have experienced barriers in obtaining entitlements or they lack the financial resources to pay for professional services. For these clients, if services are disrupted, they may experience a clinical decompensation, and their illness and functional impairments may become so severe that they would require more intensive services.

The ultimate goal is to reduce reliance on the mental health system and increase and maintain self-reliance by building a healthy network support system. This program will offer options to clients who no longer need the intensive services offered by the Adult Outpatient clinics and who are ready to take increasing responsibility for their own wellness and recovery.

These are the consumers that require less professional care and a greater degree of self-directed, peer support services. The services that will be offered are aimed at community reintegration and an eventual exit from the formal mental health system. Activities, services, and supports focus on relapse prevention, healthy living, maintaining or obtaining independent living, and employment and wellness recovery action planning.

Services will include psychiatric services, health and wellness screening, self-help groups, and other groups that would be a reflection of client's needs and stressors as they move along the continuum of recovery. The program will have a Nurse Practitioner (NP) at each site. The NP will be able to provide ongoing health education. In addition to traditional psychiatric treatment, the NP can provide basic wellness assessments and

assist with referrals if a greater health need is identified. Substance abuse relapse prevention and recovery support groups will also be offered.

It is anticipated that there will be two sites for this program. One site will be located in this the north part of the County and will be able to accommodate 600 consumers annually. Another site will be located in South Orange County and is expected to serve 200 consumers annually.

2. An explanation of how the program/service relates to the issues identified in the Community Planning Process, including how it will reduce or eliminate the disparities identified and what population is being targeted for reduction of disparities.

Major issues identified in the Community Services and Supports (CSS) planning process included: homelessness, inability to work, frequent hospitalization and emergency room use, inability to manage independence, incarceration, and institutionalization. By providing this step-down level of service, it is expected that consumers who might have dropped out of care will be encouraged to continue on in recovery. Thus, the probability that consumers will suffer relapse and need acute care will decline, allowing these consumers to avoid entering the hospital or the criminal justice system and to continue on the road to self-sufficiency and reintegration into the community. This approach is expected to reduce the cost of care and minimize the suffering experienced by consumers who relapse.

During the CSS planning process, disparities in use of services by ethnicity were identified. In Orange County, the major underserved ethnicities are Latino and Asian/Pacific Islander, particularly Vietnamese. These are the groups that are being targeted for a reduction in disparities. By using peers coming from those hard-to-serve communities, it is expected that consumers will be more likely to access and remain in services. Hiring linguistically and culturally competent staff is an important strategy for increasing client's willingness to participate in the system of care.

Moreover, the Recovery Center program will assist in the decrease of ethnic/linguistic disparities, in that the concept itself is culturally accepted by a multitude of ethnic cultures. Thus, providing a program that embraces cultural concepts such as health and wellness, versus sickness and illness will help reduce disparities.

3. The County's capacity to implement the programs/services.

- a. The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in the threshold languages of the County.***

The Recovery Center service providers will be required to use staff (including the staff providing peer support services) that is reflective of the community being

served. One of the Recovery Center sites will be located in Northern Orange County. That area is home to a large population of Korean, Vietnamese, Latino, and African-American consumers. The north region of the County also has the most population growth, and it includes the most impoverished cities.

Another site will be located in South Orange County. The County is divided into four geographic regions: North, South, East and West. At present, 32% of the consumers who receive outpatient services are in North County and 20% are in South Orange County. The remainder receives services in the East and West County clinics. It is anticipated that 40% of those consumers now served in North County and South County may successfully receive services in a lower level of care.

The County is committed to providing culturally and linguistically strong and competent programs. Cultural/linguistic competence of staff will be required in the contract with the service provider. The Cultural Competence & Multi Ethnic Services Department of the Health Care Agency Behavioral Health Services works closely with all programs, both county and contract, to ensure that all services are culturally and linguistically appropriate.

In 2007, Orange County analyzed the language proficiency of the public mental health labor force compared to the languages spoken by the target populations served in the public mental health system. The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff. Bilingual staff is needed in the two Orange County threshold languages (Spanish and Vietnamese) and the two emerging languages (Korean and Farsi). The lack of Spanish-speaking staff is the most severe. The public mental health system labor force is better represented among support staff than within the direct care staff. The opposite is true for other non-English languages.

It will be essential that recruitment of Recovery Center staff take into account the need for specific language proficiencies. To ensure that language proficiency is accurately assessed, language skills will be evaluated at the county contractor, the University of California, Irvine Language Laboratory. The program and all components of it related to cultural/linguistic competence will be continually assessed to ensure that peer mentors are available to meet the rapidly changing demographics of Orange County.

The largest University in the County is California State University, Fullerton (CSUF). In addition to a strong Bachelors degree program in Human Services, CSUF has a graduate program in Counseling that leads to a Marriage and Family Therapist license and a graduate program in Social Work (MSW). The partnership between the Orange County Health Care Agency and CSUF is essential in attracting culturally/linguistically diverse professional providers of services, as CSUF is recognized nationally as a Hispanic-Serving Institution, a member of the Hispanic Association of Colleges and Universities, and ranked 5th in the nation in the number of Bachelors degrees awarded to Latinos.

The most significant challenge in meeting the needs of an ethnically diverse population is the availability of linguistically competent service providers. This is a challenge for all counties in California, and one which will require the County to target recruitment of diverse staff. Efforts will be made to ensure that recruitment practices are consistent with the spirit of the MHSA. This can be done through our strong partnership with CSUF for professional providers. Hiring culturally/linguistically diverse Recovery Center staff will be of the utmost importance, and special consideration will be given to ensure that such staff are recruited, hired, and retained in employment.

b. The percentages of diverse cultural, racial/ethnic and linguistic groups represented among the direct service providers, as compared to the percentage of the total population being served.

Recovery Center sites will be located in both the north region and the south region of the County. In keeping with the spirit of the MHSA, staff will be reflective of the community that they serve, including culture and language.

The providers of service in the North Orange County site of the Recovery Center (including the peer support providers) will reflect the populations of the north region, which include large pockets of Latino, Vietnamese, Korean and African Americans. The north region also is home to 1,000 Korean owned businesses in the city of Garden Grove. As stated previously, the north region is home to the most county population growth and the most impoverished cities in the County.

Linguistically, 57% of the individuals in the North region of Orange County report English as their primary language; 30% cite Spanish as their primary language, and 6% cite Vietnamese as their primary language. In terms of age groups, 8% of the north region is age 65 and older; 38% is 0-17; and 54% is 18-64.

The Recovery Center site in South Orange County will be reflective of the South County client population. The southern portion of the county encompasses 24% of the county's land mass. In terms of ethnicity, 42% of the southern region population is Latino. A large number of the county's urban Indians also reside in the southern region of the County. Fifty nine percent of the individuals in the South region of Orange County report English as their primary language; 10% cite Spanish as their primary language, and 2% cite Vietnamese as their primary language. In terms of age, 8% of the population in the south region is age 65 and older, 23% is 0-17, and 42% is 18-64.

The south region is home to Laguna Woods, one of the County's oldest and newest cities. The city was incorporated within the past few years. The average age of residents is 78. Ninety percent of the city's four square miles lies within the senior citizen gated community, Leisure World.

This program will be provided through a contract between the County and a community-based service provider. Since the provider is currently unknown, data is not available to make direct comparisons regarding ethnicity and linguistic capability between provider staff and the clients to be served. However, for the County as a whole, fifty-eight percent of the target population is Latino, while only 28% of the staff fall into that ethnic category.

Peer mentors will need to reflect the culture and language of the consumers that will be receiving services. To ensure that this occurs, the contract between the County and the service provider will contain a provision that requires diversity and cultural competency in provider staff.

c. *Identification of possible barriers to implementing and methods of addressing these barriers.*

A significant barrier to implementing programs to serve the needs of an ethnically diverse population is the availability of linguistically competent service providers. This is a challenge for all counties in California, and one which will require the County to target recruitment of diverse staff.

Efforts will be made to ensure that recruitment practices are consistent with the spirit of the MHSA itself. This can be done through the county's strong partnership with CSUF for professional providers. In addition, Orange County has established a certificated peer specialist training program for consumers and family members. Thus far, 74 consumers and family members have graduated from this program and another 30 are currently enrolled. Participants in this training program represent diverse communities.

Graduates from the training program are a potential source of employees for the Recovery Center program. Hiring culturally/linguistically diverse consumers as peers will be of the utmost importance, and contractual requirements will be used to ensure that such staff are recruited, hired, and retained in employment.

4. Program/Service Work Plan.

a. *A narrative description and summary of the program/service.*

The existing service system is engulfed by overwhelming numbers of consumers, many of whom are relatively stable and need a strategy to establish and maintain recovery on a solid support base. Historically, the mental health system has struggled to meet the needs of those consumers who have achieved recovery, but still need support.

Orange County plans to meet this type of challenge by establishing a Recovery Center Program where consumers can step down to a lower level of care and continue to receive medication and episodic case management support. This program will allow diverse consumers to receive distinct, mostly self-directed

services, which will focus on client-community reintegration and linkage to health care. To a great extent, the program will rely on client self-management. In addition, an important feature will be a peer-run support program where consumers will be able to access groups and peer support activities.

Many consumers who have previously met the criteria for specialty mental health services have now substantially achieved recovery; however, they have experienced barriers in obtaining entitlements or they lack the financial resources to pay for professional services. For these clients, if services are disrupted, they may experience a clinical decompensation, and their illness and functional impairments may become so severe that they would require more intensive services.

The ultimate goal is to reduce reliance on the mental health system and increase and maintain self-reliance by building a healthy network support system. This program will offer options to consumers who no longer need the intensive services offered by the Adult Outpatient clinics and who are ready to take increasing responsibility for their own wellness and recovery.

These are the consumers that require less professional care and a greater degree of self-directed, peer support services. The services that will be offered are aimed at community reintegration and an eventual exit from the formal mental health system. Activities, services, and supports focus on relapse prevention, healthy living, maintaining or obtaining independent living, and employment and wellness/recovery action planning.

Services will include psychiatric treatment, health and wellness screening, self-help groups, and other groups that would be a reflection of client's needs and stressors as they move along the continuum of recovery. The program will have a Nurse Practitioner (NP) at each site. The NP will be able to provide ongoing health education. In addition to traditional psychiatric treatment, the NP can provide basic wellness assessments and assist with referrals if a greater health need is identified. Substance abuse relapse prevention and recovery support groups will also be offered.

It is anticipated that there will be two sites for this program. One site will be located in the north part of the County and will be able to accommodate 600 consumers. Another site will be located in South Orange County and is expected to serve 200 consumers, for a total of 800 clients for the two sites.

- b. A breakdown of the Full Service Partnership population by fiscal year, identifying:***
- i. The number of consumers to be served according to gender, race/ethnicity, linguistic group and age.***
 - ii. The percentage of unserved individuals and underserved consumers.***

N/A This is not a Full Service Partnership.

- 5. *The budget should reflect a start date consistent with projections regarding implementation, given the local and state review processes.***

The estimated start date for this program is spring 2009. This estimate is based on the time needed to locate appropriate sites, hire staff, and accomplish all the administrative tasks associated with a new program. This program will be county-operated.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
New Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A8 Date: _____
 Program Workplan Name Recovery Center Page ____ of ____
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 800 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 800 Telephone Number: (714) 834-5994

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				\$0
a. Housing				\$0
b. Other Supports	\$122,089		\$0	\$122,089
2. Personnel Expenditures	\$1,431,452		\$0	\$1,431,452
3. Operating Expenditures	\$954,370		\$0	\$954,370
4. Program Management				\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures	\$122,089		\$0	\$122,089
7. Total Proposed Program Budget	\$2,630,000	\$0	\$0	\$2,630,000
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
d. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$2,630,000	\$0	\$0	\$2,630,000

A8 Recovery Center North Orange County - The Recovery Center is a new program that is expected to be County run. There will be two locations. The total funding request for the first location is \$1,500,000. The majority of the funding (\$941,130) is dedicated to staff salaries and employee benefits. Staff will include 1.0 FTE Service Chief, .25 FTE Psychiatrist, 2.0 Nurse Practitioners, 1.0 FTE Licensed Vocational Nurse, 3.0 FTE Mental Health Specialists, 3.0 Community Workers, and 1.0 FTE Office Specialist. The remaining funding is dedicated to non-recurring startup costs (\$50,000) client supports (\$50,000), and services and supplies (\$458,870).

The total funding request for the second location is \$1,130,000. The majority of the funding (\$490,322) is dedicated to staff salaries and employee benefits. Staff will include .50 FTE Psychiatrist, 1.0 FTE Licensed Vocational Nurse, 2.0 FTE Mental Health Specialists, 1.0 FTE Clinical Social Workers, 2.0 FTE Community Health Workers, and 1.0 FTE Office Specialist. The remaining funding is dedicated to non-recurring startup costs (\$72,089), client supports (\$72,089) and services and supplies (\$495,500).

A9 Adult Peer Mentoring

1. A description of the proposed program or service.

The Adult Peer Mentoring Program will pair qualified Peer Mentors with consumers and assist them in successfully transitioning to community living. The first 90 days during initial mental health treatment services, especially after discharge from an in-patient facility, is a very vulnerable time. Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The purpose is to ensure the client's continued recovery and successful transition to healthy and effective community living. The Adult Peer Mentoring program will target some of the most common reasons for re-hospitalization after discharge, including interruption of medications, substance abuse-related problems, difficulty accessing treatment and challenges in maintaining housing.

Maintaining Adults in the community and successfully linked with their mental health provider is a major focus of this program. Psychiatric hospitalization often leads to conservatorship, losing independence, and difficulty for individuals in transitioning back to independent living.

The Adult Peer Mentoring Program will pair qualified Peer Mentors (who mirror the language and culture of the consumer being served) with individuals in psychiatric hospitals. The consumers served in this program are those who are being prepared for discharge from a psychiatric facility. . The Peer Mentors will assist them in successfully transitioning to community living. Peer Mentors will support the individual's recovery goals and reintegration into the community. Peer mentors will work collaboratively with the consumer's assigned therapist in achieving their goals.

Examples of services may include: helping consumers get to their first appointment; meeting with the individual's assigned Care Coordinator; assisting consumers in picking up prescribed medications at a local pharmacy; and encouraging (and at times participating) in their recovery goals. Activities may also include assisting consumers to re-connect with family and friends or to develop a support network; and encouraging (and at times participating).

Other types of service provided by Peer Mentors include: assisting consumers in acquiring benefits, food, clothing; and assisting them in household activities such as laundry, and other household chores. Peer Mentors may help consumers in increasing access to transportation by learning the bus routes, etc. In addition, Mentors will assist consumers in linking with appropriate community programs and activities such as dual recovery programs, Alcoholics Anonymous or Narcotics Anonymous and primary health care centers

Peer Mentors will be trained on both the recovery model and the specific skills needed to be effective at their jobs, including those addressing co-occurring disorders. They will also receive ongoing training in cultural and linguistic issues. Utilizing Peer Mentors with

demonstrated skills and effectiveness in engaging individuals with a mental illness will contribute to the recovery process, developing a therapeutic relationship of support and helpfulness.

Supporting the client's personal goals of recovery and growth begins with the Peer Mentor's first contact with the individual and continues throughout the arranged contact. One-time follow up after the client has successfully transitioned to the community on a limited basis is also part of the Peer Mentoring Program.

The Peer Mentoring process begins by meeting with hospitalized individuals shortly before discharge to establish a therapeutic relationship and identify and support the individual's own recovery goals. This will include identifying the individual's dreams and aspirations, fears and worries, perceived strengths and weaknesses, family and relationships, housing and other needs, likes and dislikes, and what they want from the Peer Mentor.

The Adult Peer Mentor Program will target individuals who are assessed as being at risk of decompensation or hospitalization, and who are identified as preparing for discharge from a psychiatric facility. Peer Mentors will have an average caseload of ten individuals, and work a schedule that allows for some flexibility which may include evening and weekend availability. Referrals may come from hospital staff and coordinated with the consumer's assigned clinician. Weekly group supervision will be provided to the Peer Mentors.

The Adult Peer Mentoring Program is expected to serve approximately 180 consumers annually.

2. *An explanation of how the program/service relates to the issues identified in the Community Planning Process, including how it will reduce or eliminate the disparities identified and what population is being targeted for reduction of disparities.*

The Community Planning Process identified several needs that included: reducing hospitalization; preventing individuals from being re-hospitalized; promoting recovery; providing co-occurring capable services; assisting with housing needs; and providing consumers with employment opportunities. Utilizing a model that has been proved successful in neighboring counties, the Peer Mentoring Program is designed to meet those identified needs. Qualified Mentors will assist consumers leaving inpatient settings, sharing personal strengths and stories of overcoming obstacles, while instilling hope.

Anticipated results include: reduction of hospitalization/recidivism, an increase in employment of peer consumers, an expansion of the recovery process, and continued transformation of the Orange County community mental health system.

Many racial/ethnic communities, including the Latino and Asian/Pacific Islander populations demonstrate significant cultural stigma, shame, and denial regarding mental illness. Combined with access issues resulting from persistent language and cultural barriers, consumers are in great need of support to successfully navigate the public mental health system. The Adult Peer Mentoring program will greatly assist in disparity reduction both ethnically and linguistically. Simply having peers who reflect the diverse consumer population will attract more consumers for supportive services. If the peer mentors speak and understand the consumers' language and culture, consumers are more likely to return, participate and spread the word through their communities.

In addition, the Peer Mentoring Program will prioritize efforts toward meeting the needs of the unserved and underserved populations of persons with mental illness in Orange County; thus, preventing further disparities caused from repeated hospitalizations.

3. The County's capacity to implement the programs/services

a. The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in the threshold languages of the County.

The County is committed to providing culturally and linguistically competent services to the residents of Orange County. The Cultural Competence and Multi Ethnic Services Department works closely with all programs, both county and contract, to ensure that all services are culturally and linguistically appropriate. The Peer Mentoring Program will include peers who are of diverse cultural and linguistic backgrounds in order to provide the most comprehensive and successful mentoring possible. Peer mentors who reflect the populations needing services are crucial to successful mentoring.

In 2007, Orange County analyzed the language proficiency of the public mental health labor force compared to the languages spoken by the target populations served in the public mental health system. The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff in the two Orange County threshold languages (Spanish and Vietnamese) and the two emerging languages (Korean and Farsi).

The lack of Spanish-speaking staff is the most severe. The public mental health system labor force is better represented among support staff than within the direct care staff. The opposite is true for other non-English languages.

It is essential that recruitment of potential peer mentors take into account the need for specific language proficiencies. To ensure that language proficiency is accurately assessed, language skills will be evaluated at the County contractor, the

University of California, Irvine Language Laboratory. The program and all components of it related to cultural/linguistic competence will be continually assessed to ensure that peer mentors are available to meet the rapidly changing demographics of Orange County.

Limitations for the County include the ability to find consumers who are of diverse cultural and linguistic backgrounds, who will be willing to work in the capacity of peer mentors. This is particularly noted in the deaf and hard of hearing communities. Stigma is a challenge with multicultural populations, and this is often reflected in the reluctance of multicultural populations to publicly and privately acknowledge mental health issues.

b. The percentages of diverse cultural, racial/ethnic and linguistic groups represented among the direct service providers, as compared to the percentage of the total population being served.

In 2007, Orange County analyzed data comparing the ethnicity of the public mental health labor force and the populations served by that system. Based on that analysis, the Latino population demonstrates the greatest disparity in terms of workforce race/ethnicity and target population race/ethnicity. Fifty-eight percent of our target population is Latino, while only 28% of the staff is Latino. Conversely, the staff is overrepresented in the White/Caucasian category compared to our target population.

Although the 13% of the staff who are of Asian/Pacific Islander (A/PI) backgrounds is comparable to the 14% of the target population who fall into the same category, there are disparities within the A/PI numbers that are revealed by the assessment of language proficiency. The vast majority of the target A/PI population is Vietnamese, followed by Korean, while many of our A/PI staff is Chinese, Japanese, Filipino, or other. There is a need for Vietnamese and Korean-speaking staff, familiar with these cultures. Orange County also has a large Middle Eastern population, with persons from Iran being the largest subgroup. Although this group was not captured by our analysis of the ethnicity of our staff, Farsi speaking staff was identified as a language need.

This program will be provided through a contract between the County and a community-based service provider. Since the provider is currently unknown, data is not available to make direct comparisons regarding ethnicity and linguistic capability between staff of the specific provider organization and the consumers to be served. However, based on the county-wide data cited above, it is clear that significant disparities exist. Peer mentors will need to reflect the culture and language of the consumers that will be receiving services, and this will be incorporated into the contract between the County and the provider.

c. Identification of possible barriers to implementing and methods of addressing these barriers.

The interpersonal skills required to effectively engage persons in activities that, although healthy and constructive, may be out of the individual's comfort zone, are not common skills. Finding consumers who have these skills, as well as the capability to serve multicultural and co-occurring consumers is likely to prove to be challenging. Although all of the consumers and facilities visited by Peer Mentors will be prepared and well-informed, there may be some resistance and occasional barriers to using non-traditional, paraprofessional consumers in traditional health care settings. The community-based organization selected to provide the Peer Mentoring services will need to be a progressive mental health provider with demonstrated effectiveness in community mental health programs and the ability to develop collaborative relationships with inpatient facilities.

4. Program/Service Work Plan

a. A narrative description and summary of the program/service.

The Adult Peer Mentoring Program will pair qualified Peer Mentors with consumers and assist them in successfully transitioning to community living. The first 90 days during initial mental health treatment services, especially after discharge from an in-patient facility, is a very vulnerable time. Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The purpose is to ensure the client's continued recovery and successful transition to healthy and effective community living. The Adult Peer Mentoring program will target some of the most common reasons for re-hospitalization after discharge, including interruption of medications, substance abuse-related problems, difficulty accessing treatment and challenges in maintaining housing.

Maintaining Adults in the community and successfully linked with their mental health provider is a major focus of this program. Psychiatric hospitalization often leads to conservatorship, losing independence, and difficulty for individuals in transitioning back to independent living.

The Adult Peer Mentoring Program will pair qualified Peer Mentors (who mirror the language and culture of the consumer being served) with individuals in psychiatric hospitals. The consumers served in this program are those who are being prepared for discharge from a psychiatric facility. The Peer Mentors will assist them in successfully transitioning to community living. Peer Mentors will support the individual's recovery goals and reintegration into the community. Peer mentors will work collaboratively with the consumer's assigned therapist in achieving their goals.

Examples of services may include: helping consumers get to their first appointment; meeting with the individual's assigned Care Coordinator; assisting consumers in picking

up prescribed medications at a local pharmacy; and encouraging (and at times participating) in their recovery goals. Activities may also include assisting consumers to re-connect with family and friends or to develop a support network; and encouraging (and at times participating).

Other types of service provided by Peer Mentors include: assisting consumers in acquiring benefits, food, clothing; and assisting them in household activities such as laundry, and other household chores. Peer Mentors may help consumers in increasing access to transportation by learning the bus routes, etc. In addition, Mentors will assist consumers in linking with appropriate community programs and activities such as dual recovery programs, Alcoholics Anonymous or Narcotics Anonymous and primary health care centers

Peer Mentors will be trained on both the recovery model and the specific skills needed to be effective at their jobs, including those addressing co-occurring disorders. They will also receive ongoing training in cultural and linguistic issues. Utilizing Peer Mentors with demonstrated skills and effectiveness in engaging individuals with a mental illness will contribute to the recovery process, developing a therapeutic relationship of support and helpfulness.

Supporting the client's personal goals of recovery and growth begins with the Peer Mentor's first contact with the individual and continues throughout the arranged contact. One-time follow up after the client has successfully transitioned to the community on a limited basis is also part of the Peer Mentoring Program.

The Peer Mentoring process begins by meeting with hospitalized individuals shortly before discharge to establish a therapeutic relationship and identify and support the individual's own recovery goals. This will include identifying the individual's dreams and aspirations, fears and worries, perceived strengths and weaknesses, family and relationships, housing and other needs, likes and dislikes, and what they want from the Peer Mentor.

The Adult Peer Mentor Program will target individuals who are assessed as being at risk of decompensation or hospitalization, and who are identified as preparing for discharge from a psychiatric facility. Peer Mentors will have an average caseload of 10 individuals, and work a schedule that allows for some flexibility which may include evening and weekend availability. Referrals may come from hospital staff and coordinated with the consumer's assigned clinician. Weekly group supervision will be provided to the Peer Mentors.

The Adult Peer Mentoring Program is expected to serve approximately 180 consumers annually.

b. A breakdown of the Full Service Partnership population by fiscal year, identifying:

i. The number of consumers to be served according to gender, race/ethnicity, linguistic group and age.

ii. The percentage of unserved individuals and underserved clients.

N/A This is not a Full Service Partnership Program.

5. The budget should reflect a start date consistent with projections regarding implementation, given the local and state review processes.)

To select a provider for this service, a Request for Proposals (RFP) will be issued. Allowing for local public review time, state review time, and the time needed for the RFP process, the estimated start date for this program is spring 2009.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
New Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # A9 Date: _____
 Program Workplan Name Adult Peer Mentoring Page ____ of ____
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 180 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 180 Telephone Number: (714) 834-5994

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				\$0
a. Housing				\$0
b. Other Supports			\$22,845	\$22,845
2. Personnel Expenditures			\$246,905	\$246,905
3. Operating Expenditures			\$31,585	\$31,585
4. Program Management				\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures			\$23,553	\$23,553
7. Total Proposed Program Budget	\$0	\$0	\$324,888	\$324,888
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
d. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$324,888	\$324,888

A9 Adult Peer Mentoring – Adult Peer Mentoring is a new program with a total funding request of \$324,888. This program is expected to be performed by a contracted service provider, but one has not been selected yet. The majority of the funding (\$246,905) is dedicated to staff salaries and employee benefits. Staff will include 0.5 FTE Service Chief, 0.5 FTE Office Specialist, and 3.0 FTE Mental Health Specialists. The remaining funding is dedicated to non-recurring startup costs, (\$23,553) client supports (\$22,845) and services and supplies (\$31,585).

DRAFT

O4 Older Adult Peer Mentoring

1. A description of the proposed program or service.

The Older Adult Peer Mentoring program will target some of the most common reasons for decompensation and hospitalization, including debilitating co-morbid conditions, isolation and depression, substance abuse related problems, interruption and inaccessibility of medications, and challenges with housing.

The Older Adult Peer Mentoring Program will pair qualified peer consumers who mirror the culture and language of the client and assist them in successfully transitioning to community living. The first 90 days during the initial mental health treatment services, especially after discharge from a psychiatric hospital or in-patient facility, is a very vulnerable time. An older adult's functional stability prior to beginning mental health treatment, or developing therapeutic gains made during the initial treatment, especially after hospitalization, is at risk.

Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The purpose is to ensure the client's continued recovery and successful transition to healthy and effective community living.

Keeping Older Adults out of the hospital is a major focus. Psychiatric hospitalization often leads to conservatorship, losing independence, and difficulty in transitioning individuals to transition back to independent living.

Examples of services may include: helping consumers get to their first appointment; meeting with the individual's assigned Care Coordinator; assisting consumers in picking up prescribed medications at a local pharmacy; and encouraging (and at times participating) in their recovery goals. Activities may also include assisting consumers to re-connect with family and friends or to develop a support network; and encouraging (and at times participating).

Other types of service provided by Peer Mentors include: assisting consumers in acquiring benefits, food, clothing; and assisting them in household activities such as laundry, and other household chores. Peer Mentors may help consumers in increasing access to transportation by learning the bus routes, etc. In addition, Mentors will assist consumers in linking with appropriate community programs and activities such as dual recovery programs, Alcoholics Anonymous or Narcotics Anonymous and primary health care centers

Peers will be trained in both the recovery model and the specific skills needed to be effective in working with older adults, including those needed to address co-occurring disorders. Utilizing Peers with demonstrated skills and effectiveness in engaging older adults with a mental illness will contribute to the recovery process, and to developing a therapeutic relationship of support and helpfulness. Issues specific to geriatric mental health will be addressed. Mentors will also assist in transitioning consumers from

problematic behaviors, maladaptive coping, or discharge from an in-patient setting to effective living in the community. To facilitate the effectiveness of peer staff, ongoing support and supervision will be provided while working with consumers.

Supporting the client's personal goals of recovery and growth begins with the Peer Mentor's first contact with the individual and continues throughout the arranged contact. One-time follow up after the client has successfully transitioned to the community on a limited basis may also be provided as part of the Peer Mentoring Program.

The Peer Mentoring process begins by meeting with referred individuals in the community or when applicable, shortly before hospital discharge in order to establish a therapeutic relationship and identify and support the individual's own recovery goals. This will include identifying the individual's dreams and aspirations, fears and worries, perceived strengths and weaknesses, family and relationships, housing and other needs, likes and dislikes, and what they want from the Peer Mentor.

Peer Mentors will have an average caseload of ten of individuals, working a schedule that allows for some flexibility. Available resources will include supervised use of a small flexible fund for items considered necessary to support an individual's independent living and transition to the community. Timely and effective responses to assigned individuals transitioning to the community will require that Mentors have use of cell phones and access to transportation.

Referrals will come from psychiatric and medical hospitals, Primary Care Providers (PCP), faith-based organizations, and outpatient mental health clinics. The Peer Mentors will work collaboratively with the consumer's mental health provider. The Peer Mentor Program will target individuals who are assessed as being at risk of decompensation or hospitalization, and those who are being discharged from a psychiatric hospital.

Weekly group supervision will support the Peer Mentor's success and effectiveness. It will also facilitate ongoing learning in areas that include updated resources and benefits, co-occurring issues and recovery strategies, geriatric mental health issues, and drawing on personal strengths as recovery resources. The goal is to assist individuals in maintaining ongoing recovery and personal growth.

The Older Adult Peer Mentoring Program is expected to serve approximately 480 Older Adults annually.

2. An explanation of how the program/service relates to the issues identified in the Community Planning Process, including how it will reduce or eliminate the disparities identified and what population is being targeted for reduction of disparities.

The Community Planning Process identified several needs that included: reducing hospitalization; preventing individuals from being re-hospitalized; promoting recovery;

providing co-occurring capable services; assisting with housing needs; and providing consumers with employment opportunities. Utilizing a model that has been proved successful in neighboring counties, the Peer Mentoring Program is designed to meet those identified needs. Qualified Mentors will assist consumers leaving inpatient settings, sharing personal strengths and stories of overcoming obstacles, while instilling hope.

Anticipated results include: reduction of hospitalization/recidivism, an increase in employment of peer consumers, an expansion of the recovery process, and continued transformation of the Orange County community mental health system.

Many racial/ethnic communities, including the Latino and Asian/Pacific Islander populations, demonstrate significant cultural stigma, shame, and denial regarding mental illness. Combined with access issues resulting from persistent language and cultural barriers, consumers are in great need of support to successfully navigate the public mental health system. The Peer Mentoring program will greatly assist in disparity reduction both ethnically and linguistically. Simply having peers who reflect the diverse consumer population will attract more consumers for supportive services. If the peer mentors speak and understand the consumers' language and culture, consumers are more likely to return, participate and spread the word through their communities.

In addition, the Peer Mentoring Program will prioritize efforts toward meeting the needs of the unserved and underserved populations of persons with mental illness in Orange County; thus, preventing further disparities caused from repeated hospitalizations.

3. The County's capacity to implement the programs/services.

- a. *The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in the threshold languages of the County.***

The County is committed to providing culturally and linguistically competent services to the residents of Orange County. The Cultural Competence & Multi Ethnic Services Department works closely with all programs, both county and contract, to ensure that all services are culturally and linguistically appropriate. The Peer Mentoring program will include peers who are of diverse cultural and linguistic backgrounds in order to provide the most comprehensive and successful mentoring possible. Only by having peer mentors who reflect the populations needing services will successful mentoring be accomplished.

In 2007, Orange County analyzed the language proficiency of the public mental health labor force compared to the languages spoken by the target populations served in the public mental health system. The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff in the

two Orange County threshold languages (Spanish and Vietnamese) and the two emerging languages (Korean and Farsi).

The lack of Spanish-speaking staff is the most severe. The public mental health system labor force is better represented among support staff than within the direct care staff. The opposite is true for other non-English languages.

It will be essential that recruitment of potential peer mentors will take into account the need for specific language proficiencies. To ensure that language proficiency is accurately assessed, language skills will be evaluated at the County contractor, the University of California, Irvine Language Laboratory. The program and all components of it related to cultural/linguistic competence will be continually assessed to ensure that peer mentors are available to meet the rapidly changing demographics of Orange County

Limitations for the County include the ability to find consumers who are of diverse cultural and linguistic backgrounds, who will be willing to work in the capacity of peer mentors. This is particularly noted in the deaf and hard of hearing communities. Stigma is a challenge with multicultural populations and this is often reflected in the reluctance of multicultural populations to publicly and privately acknowledge mental health issues.

b. The percentages of diverse cultural, racial/ethnic and linguistic groups represented among the direct service providers, as compared to the percentage of the total population being served.

In 2007, Orange County analyzed data comparing the ethnicity of the public mental health labor force and the populations served by that system. Based on that analysis, the Latino population demonstrates the greatest disparity in terms of workforce race/ethnicity and target population race/ethnicity. Fifty-eight percent of our target population is Latino, while only 28% of our staff is in that ethnic category. Conversely, our staff is over-represented in the White/Caucasian category compared to our target population.

Although the 13% of the staff who are of Asian/Pacific Islander (A/PI) backgrounds is comparable to the 14% of our target population who fall into the same category, there are disparities within the A/PI numbers that are revealed by the assessment of language proficiency. The vast majority of the target A/PI population is Vietnamese, followed by Korean, while many of our A/PI staff is Chinese, Japanese, Filipino, or other. There is a need for Vietnamese and Korean-speaking staff, familiar with these cultures. Orange County also has a large Middle Eastern population, with persons from Iran being the largest subgroup. Although this group was not captured by our analysis of the ethnicity of our staff, Farsi speaking staff was identified as a language need.

This program will be provided through a contract between the County and a community-based service provider. Since the provider is currently unknown, data is

not available to make direct comparisons regarding ethnicity and linguistic capability between staff of the specific provider organization and the consumers to be served. However, based on the county-wide data cited above, it is clear that significant disparities exist. Peer mentors will need to reflect the culture and language of the consumers that will be receiving services, and this will be incorporated into the contract between the County and the provider.

c. *Identification of possible barriers to implementing and methods of addressing these barriers.*

The interpersonal skills required to effectively engage persons in activities that, although healthy and constructive, may be out of the individual's comfort zone, are not common skills. Finding consumers who have these skills, as well as the capability to serve multicultural and co-occurring consumers is likely to prove to be challenging. Although all of the consumers and facilities visited by Peer Mentors will be prepared and well-informed, there may be some resistance and occasional barriers to using non-traditional, paraprofessional consumers in traditional health care settings. The community-based organization selected to provide the Peer Mentoring services will need to be a progressive mental health provider with demonstrated effectiveness in community mental health programs and the ability to develop collaborative relationships with inpatient facilities.

4. Program/Service Work Plan.

a. *A narrative description and summary of the program/service.*

The Older Adult Peer Mentoring program will target some of the most common reasons for decompensation and hospitalization, including debilitating co-morbid conditions, isolation and depression, substance abuse related problems, interruption and inaccessibility of medications, and challenges with housing.

The Older Adult Peer Mentoring Program will pair qualified peer consumers who mirror the culture and language of the client and assist them in successfully transitioning to community living. The first 90 days during the initial mental health treatment services, especially after discharge from a psychiatric hospital or in-patient facility, is a very vulnerable time. An older adult's functional stability prior to beginning mental health treatment, or developing therapeutic gains made during the initial treatment, especially after hospitalization, is at risk.

Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The purpose is to ensure the client's continued recovery and successful transition to healthy and effective community living.

Keeping Older Adults out of the hospital is a major focus. Psychiatric hospitalization often leads to conservatorship, losing independence, and difficulty in transitioning individuals to transition back to independent living.

Peer Mentors will support the individual's recovery goals and therapeutic needs. Examples of services may include: helping consumers get to their first appointment; meeting with the individual's assigned Care Coordinator; assisting consumers in picking up prescribed medications at a local pharmacy; and encouraging (and at times participating) in their recovery goals. Activities may also include assisting consumers to re-connect with family and friends or to develop a support network; and encouraging (and at times participating).

Other types of service provided by Peer Mentors include: assisting consumers in acquiring benefits, food, clothing; and assisting them in household activities such as laundry, and other household chores. Peer Mentors may help consumers in increasing access to transportation by learning the bus routes, etc. In addition, Mentors will assist consumers in linking with appropriate community programs and activities such as dual recovery programs, Alcoholics Anonymous or Narcotics Anonymous and primary health care centers.

Peers will be trained in both the recovery model and the specific skills needed to be effective in working with older adults, including those needed to address co-occurring disorders. Utilizing Peers with demonstrated skills and effectiveness in engaging older adults with a mental illness will contribute to the recovery process, and to developing a therapeutic relationship of support and helpfulness. Issues specific to geriatric mental health will be addressed. Mentors will also assist in transitioning consumers from problematic behaviors, maladaptive coping, or discharge from an in-patient setting to effective living in the community. To facilitate the effectiveness of peer staff, ongoing support and supervision will be provided while working with consumers.

Supporting the client's personal goals of recovery and growth begins with the Peer Mentor's first contact with the individual and continues throughout the arranged contact. One-time follow up after the client has successfully transitioned to the community on a limited basis may also be provided as part of the Peer Mentoring Program.

The Peer Mentoring process begins by meeting with referred individuals in the community or when applicable, shortly before hospital discharge in order to establish a therapeutic relationship and identify and support the individual's own recovery goals. This will include identifying the individual's dreams and aspirations, fears and worries, perceived strengths and weaknesses, family and relationships, housing and other needs, likes and dislikes, and what they want from the Peer Mentor.

Peer Mentors will have an average caseload of ten of individuals, working a schedule that allows for some flexibility. Available resources will include supervised use of a small flexible fund for items considered necessary to support an individual's independent living and transition to the community. Timely and effective responses to assigned individuals transitioning to the community will require that Mentors have use of cell phones and access to transportation.

Referrals will come from psychiatric and medical hospitals, Primary Care Providers (PCP), faith-based organizations, and outpatient mental health clinics. The Peer Mentors will work collaboratively with the consumer's mental health provider. The Peer Mentor Program will target individuals who are assessed as being at risk of decompensation or hospitalization, and those who are being discharged from a psychiatric hospital.

Weekly group supervision will support the Peer Mentor's success and effectiveness. It will also facilitate ongoing learning in areas that include updated resources and benefits, co-occurring issues and recovery strategies, geriatric mental health issues, and drawing on personal strengths as recovery resources. The goal is to assist individuals in maintaining ongoing recovery and personal growth.

The Older Adult Peer Mentoring Program is expected to serve approximately 480 Older Adults annually.

- b. A breakdown of the Full Service Partnership population by fiscal year, identifying:***
- i. The number of consumers to be served according to gender, race/ethnicity, linguistic group and age.***
 - ii. The percentage of unserved individuals and underserved consumers.***

N/A. This is not a Full Service Partnership Program

- 5. The budget should reflect a start date consistent with projections regarding implementation, given the local and state review processes.***

To select a provider for this service, a Request for Proposals will be issued. Allowing for local public review time, state review time, and the time needed for the RFP process, the estimated start date for this program is spring 2009.

Mental Health Services Act CSS Plan Update FY 2008/09 Draft for Public Comment

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
New Workplans**

County: Orange Fiscal Year: 2008-09
 Program Workplan # O4 Date: _____
 Program Workplan Name Older Adult Peer Mentor Page ____ of ____
 Type of Funding 2. System Development Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 480 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: Robert Balma
 Client Capacity of Program/Service Expanded through MHSA: 480 Telephone Number: (714) 834-5994

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				\$0
a. Housing				\$0
b. Other Supports			\$75,912	\$75,912
2. Personnel Expenditures			\$592,423	\$592,423
3. Operating Expenditures			\$85,210	\$85,210
4. Program Management				\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures			\$46,455	\$46,455
7. Total Proposed Program Budget	\$0	\$0	\$800,000	\$800,000
B. Revenues				
1. Existing Revenues				
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
d. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$0	\$0	\$800,000	\$800,000

O4 Older Adult Peer Mentoring - The Older Adult Peer Mentoring is a new program with a total funding request of \$800,000. This program is expected to be performed by a contracted service provider, but one has not been selected yet. The majority of the funding (\$592,423) is dedicated to staff salaries and employee benefits. Staff will include 0.5 FTE Service Chief, 0.5 FTE Office Specialist, and 8.0 FTE Mental Health Specialists. The remaining funding is dedicated to non-recurring startup costs (\$46,455), client supports (\$75,912), and services and supplies (\$85,210).

DRAFT

