County of Orange

Health Care Agency Behavioral Health Services

Mental Health Services Act

Community Services & Supports Growth Funding Draft Plan

(Revised document for Approval by the California State Department of Mental Health)

April 13, 2007

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Executive Summary

Community Services and Supports Growth Funding Plan

Background

Effective April 1, 2006, the California State Department of Mental Health (DMH) approved Orange County's Community Services and Supports (CSS) Plan. Accordingly, Orange County was awarded approximately $25.5 million in Mental Health Services Act Community Services and Supports Funding for each of three fiscal years (2005-06, 2006-07, and 2007-08).

In the fall of 2006, DMH notified the County that, due to higher than anticipated tax revenues, additional CSS funding was available (Growth Funding). Orange County then began a new planning process to determine the best way to spend these additional funds. DMH issued Information Notice 06-15, which provided Guidance on the application procedure. That Guidance is the basis for this CSS Growth Funding Plan.

Planning Process

Orange County conducted an open, public, participatory planning process for the use of Community Services and Supports Growth Funding. It is anticipated that, upon approval from the California State Department of Mental Health, Orange County will receive an additional $9,030,400 in CSS funding beginning July 1, 2007.

The Orange County planning process consisted of several important components. First, a Community Stakeholder process was held, where anyone interested in participating was invited to attend. On October 25, 2006 a meeting attended by about 350 individuals was held to gather community input on the needs of Orange County residents suffering with a psychiatric disability and the best strategies to implement CSS programs with the additional funding. Of the 350 people present, approximately 250 (70%) were consumers and family members. There was strong representation from the Vietnamese and Latino communities.

The group participated in a structured planning process. A variety of information was provided. Once the general information was presented, the attendees self-selected a break-out group according to age category. Break-out group participants were asked to discuss recommendations presented by knowledgeable county staff, suggest any other strategies they thought should be added, and reach consensus on those strategies to be sent forward to the MHSA Steering Committee for consideration. After much spirited discussion, each of the work groups was able to reach consensus on a few programs for each age group/planning population.

The proposed programs were sent forward to the 59-member MHSA Steering Committee for consideration at its November 20, 2006 meeting. About a week before

the meeting, the Steering Committee was sent a packet of relevant information, including descriptions of the programs recommended by the Community Stakeholders' Group. This allowed time for members to review the information prior to the meeting.

After presentations on background information and the recommendations, the Steering Committee had spirited discussion about the proposed programs, and with a few minor modifications, approved the slate of recommended programs by consensus.

The next step was for Behavioral Health Services Staff to develop the written proposal. Once the document went through the established internal review process, the plan was sent out to stakeholders, Steering Committee members, and the community for review during a thirty-day public comment period (February 5th-March 7th). A copy of the Plan was also posted on the Orange County MHSA website and the Network of Care website. Also posted were an Executive Summary of the plan and information on how to obtain hard copies. The Executive Summary was also translated into Spanish and Vietnamese. Copies of the plan were made available at local libraries and various governmental offices. In addition, copies of the Plan were sent to all County Department heads and to all those who requested a copy of the plan.

On March 22, the Mental Health Board convened a general meeting and a held a Public Hearing to discuss the Plan. The Plan was approved by the Mental Health Board. On March 27, 2007, the Plan was unanimously approved by the Orange County Board of Supervisors.

Programs

The table below shows the proposed programs categorized by whether they are new or expansion of programs approved in the original CSS Plan.

Growth Funding Programs

NEW PROGRAMS	EXPANDED PROGRAMS
GF 2 - Mentoring Program for Children	GF1 - Full Service/Wraparound Program for Children
GF4 - Mentoring Program for Transitional Age Youth	GF3 - Full Service/Wraparound Program for Transitional Age Youth
GF5 - Program of Assertive Community Treatment (PACT)	GF7 - Older Adult Mental Health Recovery Services
GF6 - Consumer-Run Wellness/Recovery Center	GF8 - Older Adult Supports & Intervention System (OASIS)

The new programs include: mentoring programs for Children and Transitional Age Youth (TAY), a consumer-run Wellness Center, and a Program of Assertive Community Treatment (PACT). Expanded programs include: the Children's Full Service/Wraparound (FSW) Program, the TAY FSW Program, the Older Adult Supports & Intervention System and the Older Adult Mental Health Recovery Program.

Detailed descriptions of both new and expanded programs are provided in the body of this Plan. It is expected that implementation of new programs will take longer to accomplish than that for program expansions. Program expansions should occur shortly after DMH approval of this Plan.

Review of the budget information demonstrates that the County continues to meet the DMH mandate that more than 50% of the funding be spent on Full Service Partnerships.

Programs for Children

GF1: Expansion of the Full Service Wraparound (FS/W) Program for Children: The Orange County Children's FS/W Program is a community-based, culturally and linguistically competent, client-and family-centered program where individualized, client-driven plans are developed. It focuses on client and family strengths, and meets the needs of seriously emotionally disturbed (SED) children and their families to promote success, safety, and permanence in the home, school and community through a "whatever-it-takes" approach.

Family Teams work with the child and family to create individualized plans that cover the entire range of life domains, including, but not limited to physical health, mental health, shelter and other basic needs, child supervision and care, transportation, education, and recreation.

Through direct delivery, use of community resources, and access to flexible funding, services secured include, but are not limited to, 24 hours per day/7 days per week intensive in-home case management and wraparound services, community based mental health services, youth and parent mentoring, supported employment and/or education, transportation, housing, benefit acquisition, and co-occurring disorders services.

Orange County's original CSS Plan had a planned capacity of 149 children for this program. The proposed expansion will serve an additional 54 members of the identified priority population, which includes those SED children who are exiting Juvenile Hall or other Probation programs and returning to the community. Thus, the expanded capacity will be 214 children.

GF2: Mentoring Program for Children – new program: The Mentoring Program will be a community-based, culturally/linguistically competent, individual and family-centered program that will recruit, train, and supervise responsible adults and older youth to serve as positive role models and mentors for seriously emotionally SED children and youth who are receiving services through any Children & Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Potential mentors will be recruited from corporate, professional, and faith-based community organizations in Orange County, as well as neighborhood and cultural groups that represent the local demographics, particularly of those who are unserved,

under-served, and inappropriately served. Once a match is mutually agreeable to all parties involved, the process of forming a trusting, nurturing one-to-one relationship will begin. Through this relationship, the child/youth/parent will experience increased self-esteem and improved family and social relationships.

The benefits of mentoring for children, in particular, are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children with mentors demonstrate solid improvements, especially in the areas of academic performance and are less likely to be involved with gangs, violence, teen pregnancy, alcohol and drug use. Mentoring is a logical, cost-effective strategy that provides youth with positive, caring role models who help them succeed and become productive, contributing members of our society."

The FY 2007-08 planned capacity for this new program is 52 children.

Programs for Transitional Age Youth

GF3: Expansion of the Full Service Wraparound Program for Transitional Age Youth: The Orange County TAY FS/W Program is a community-based, culturally/linguistically competent, client-centered program where individualized, client-driven plans are developed. It focuses on client strengths, and meets the needs of transitional age youth and their families (if available) to promote academic and vocational success, safety, wellness, and recovery through a "whatever-it-takes" approach.

Partnership Teams work with the transitional age youth and family (where appropriate) to create individualized plans. The plan covers the entire range of life domains including, but not limited to, physical health, mental health, shelter and other basic needs, transportation, education, recreation, etc.

The team is responsible for identifying ways of addressing needs through existing services at local schools and colleges, community centers, employment centers, self-help groups, as well as at county agencies and United Way organizations. The team also has access to a pool of flexible funds to help meet these needs.

Through direct delivery, use of community resources, and access to flexible funding, services secured include, but are not limited to, 24 hours per day/7 days per week intensive in-home case management and wraparound services, community based mental health services, youth mentoring, supported employment and/or education, transportation, housing, benefit acquisition, respite care, and co-occurring disorders services.

Orange County's original CSS Plan had a planned capacity of 132 transitional age youth for this program. The proposed expansion will serve an additional 65 members of the identified priority population, which includes those SED/SMI TAY who are exiting Juvenile Hall or other Probation programs and returning to the community.

Thus, the expanded capacity of this program will be 197.

GF4: Mentoring Programs for Transitional Age Youth – new program: The Mentoring Program will be a community-based, culturally/linguistically competent, individual and family-centered program that will recruit, train, and supervise responsible adults and older transitional age youth to serve as positive role models and mentors for SED/SMI transitional age youth who are receiving services through any Children & Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Potential mentors will be recruited from corporate, professional, and faith-based community organizations in Orange County, as well as neighborhood and cultural groups that represent the local demographics, particularly those who are unserved, under-served, or inappropriately served. Once a match is mutually agreeable to all parties involved, the process of forming a trusting, nurturing one-to-one relationship will begin. Through this relationship, the child/youth/parent will experience increased self-esteem and improved family and social relationships.

The benefits of mentoring are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children with mentors demonstrate solid improvements, especially in the areas of academic performance and are less likely to be involved with gangs, violence, teen pregnancy, alcohol and drug use. Mentoring is a logical, cost-effective prevention strategy that provides youth with positive, caring role models who help them succeed and become productive, contributing members of our society."

The FY 2007-08 planned capacity for this new program is 18 transitional age youth.

Programs for Adults

GF5: Program of Assertive Community Treatment (PACT) – new program: The Program of Assertive Community Treatment (PACT) was not included in the original CSS Plan. However, PACT services are currently available in Orange County on a limited basis through other funding. The existing program provides comprehensive community-based psychiatric treatment in one county location to diverse persons with serious and persistent mental illness who have not responded to traditional outpatient services.

A multi-disciplinary PACT treatment team provides medication services; individual, group, substance abuse, and family therapy as needed; as well as supportive services such as money management training, physical health care, and linkage to benefits. The target population for PACT is persons with severe and persistent mental illness who typically have high needs that include co-existing problems such substance use, but do not meet all the criteria to enroll in an FSP. Clients served in the PACT program frequently cycle through the inpatient system and are not effectively linked to outpatient services.

The PACT program emphasizes family involvement and culturally/linguistically competent services as well as socialization and community involvement. PACT services include linkage to appropriate community supports; linkage to financial benefits/entitlements; linkage to physical health care; and family support and education.

The proposed program would expand the number of PACT Teams from one to four, allowing 180 more people to be served and increasing service sites from one to four.

GF6: Consumer-Run Wellness Center – new program: The Wellness Center will support a diverse group of relatively stable clients with services such as personalized socialization, relationship building, assistance with maintaining benefits, employment and educational opportunities, community volunteers providing educational support sessions and a range of weekend, evening and holiday social activities. The ultimate goal is to reduce reliance on the mental health system and increase self-reliance by building a healthy network of support systems. Expected capacity for 2007/2008 is 100 clients.

The proposed Wellness Center will be contracted to a community-based organization, which will serve as a fiscal agent for the Center. A consumer-driven advisory board, consisting of at least 51% consumers, will provide policy direction. However, should a qualified client-run organization bid and be selected for this contract, then that will not be necessary. The Wellness Center will use a community model to make many of the decisions on activities and services. Weekly meetings will be held for members, volunteers, and staff. Staff, including management staff, will be consumers, with the support and guidance of one or more licensed professionals who may or not be consumers of services. Recruitment will focus on the linguistic needs of the community being served. The core management staff will have accountability to both the Advisory Board and the Fiscal Agent, if that is necessary. Wellness Center activities and operations will be developed by the participants.

A key element of the program is the engagement and support offered by recovered clients. These “Peer Navigators” are not case managers. Their role is to assist/support clients’/peers efforts in pursuing/maintaining benefits, applying for housing, setting goals for employment or reengagement of educational goals.

Programs for Older Adults

GF7: Expansion of Older Adult Mental Health Recovery Services: The Older Adult Mental Health Recovery Program is targeted to serve the frail elderly mentally ill in their homes or site of their choice. It provides comprehensive, culturally/linguistically competent, behavioral health assessments, including assessments for co-occurring disorders. Additionally, a bio-psychosocial evaluation is completed. Medication management services are available. Nurses complete physical health screenings with linkage to appropriate physical health care providers. A pharmacist meets with the clients and family members and/or caretakers to review all medications prescribed for

the consumer, discuss medication interactions and side effects, as well as interaction with use of over the counter or herbal remedies. Peer support counselors, called "Life Coaches", outreach to seniors at many sites where seniors congregate. They assist clients and family members and/or caretakers in their understanding of mental illness and the stigma they may feel, and link them to other community resources that the older adults need to maintain stability and health and remain independent in the community.

At the present time 98 individuals are being served by OA Mental Health Recovery Services. Though program capacity of 164 has not yet been reached, referrals to the program have been three times its capacity. Without the availability of additional staffing, substantial waiting lists will need to be created. Since older adults require detailed and time-consuming assessment, 80 additional clients are in the assessment phase currently. If these 80 clients are assessed as appropriate for services, this would bring program enrollment to over 170 clients, exceeding current capacity and delaying services to the seniors. With the proposed expansion, an additional 160 individuals can be served, reducing the need for other, high cost services and institutionalization. Thus, the expanded program will be able to serve 324 seniors.

GF8: Expansion of the Older Adult Supports and Intervention System (OASIS): OASIS is a Full Service Partnership for adults age 60 or over. The services are provided by staff specially trained and experienced in gerontology. Services include a comprehensive, culturally/linguistically competent, assessment, biopsychosocial evaluation, substance abuse assessment, mental health services, medication management, case management and linkage services.

OASIS operates within a multidisciplinary team model, with the senior and family or caregiver's participation. Each member of the team offers expertise to the client, being cognizant of the client's cultural, linguistic, family, age, gender-specific issues, and intergenerational issues. This assures that the senior receives whatever assistance is required to meet his/her goals and promote wellness. The expected outcome is to prevent incarcerations, unnecessary hospitalizations, or emergency room visits. To accomplish this goal, the program provides 24/7 crisis intervention and intensive services to the client, family members or caregivers, landlords and law enforcement.

The proposed expansion would serve a small number of additional clients (10) and allow for more services per client. Based on experience during the program's first six months of operation, the current funding is not adequate to meet the high costs of two crucial services: housing and medical care. Thus, to a large extent, expanded funding will be utilized to provide more of those services. The expanded program will serve 135 seniors.

Since seniors are frequently more physically frail than the general adult population, separate and distinct housing arrangements are required to assure safety and health for the senior. Most shelters will not accept the older adults, necessitating that other and more costly arrangements be made. Housing prices in Orange County are very high, and additional funding is required to meet the housing needs of OASIS clients.

Because seniors have more complex physical health issues, as well as declining health, more testing is required to determine physical functioning before necessary medications can be prescribed safely. Additionally, more frequent monitoring of ongoing physical health functioning is required. Those older adults without health coverage must also be monitored and treated, incurring very high costs. Thus, additional resources are needed to fund the increased health care costs of OASIS clients. In the past, these clients have negatively impacted emergency rooms and emergency responders to get their physical health needs met.

Conclusion

The Orange County planning process for the CSS Growth Funds was an open, participatory process. The Plan provides for both new and expanded CSS programs and addresses the needs of each age group. Community support for this Plan is very strong.

Implementation of this plan will not solve all the problems nor fill all the service gaps. However, approval and implementation of these programs will move the Orange County population living with severe psychiatric disabilities one step further on the road to recovery.

PART I

REQUIRED EXHIBITS

- **EXHIBIT 1 – Program and Expenditure Plan Face Sheet**
- **EXHIBIT 2 – Program Work Plan Listing**
- **EXHIBIT 6 – Quarterly Progress Goals and Report**

EXHIBIT 1
PLAN FACE SHEET

EXHIBIT 1: Program and Expenditure Plan Face Sheet

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS – CONTRACT AMENDMENT
Fiscal Years 2006/2007 and 2007/2008

County: County of Orange Date: March 12, 2007

County Mental Health Director:

Mark Refowitz
Printed Name

Signature

Date: March 12, 2007

Mailing Address: 405 W. 5th Street, Suite 726
Santa Ana, CA 92701

Phone Number: (714) 834-6032 Fax: (714) 834-5500

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EXHIBIT 2
PROGRAM WORK PLAN LISTING

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

County: Orange Fiscal Year: 2007-2008

PROGRAM INFORMATION		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
No.	**Program Work Plan**	**Full Service Partnership**	**System Development**	**Outreach & Education**	**Total Requested**	**Children & Youth**	**Transitional Age Youth**	**Adult**	**Older Adult**
C1	Expanded Children's Full Service/Wraparound Program	3,987,121.00			3,987,121.00	3,987,121.00			
C2	Children's Outreach & Engagement Program			357,302.00	357,302.00	357,302.00			
C3	Children's In-Home Crisis Stabilization Program		479,722.00		479,722.00	479,722.00			
C4	Children's Crisis Residential Program		964,875.00		964,875.00	964,875.00			
GF1	Mentoring Program for Children		310,000.00		310,000.00	310,000.00			
T1	Expanded TAY Full Service/Wraparound Program	4,146,785.00			4,146,785.00		4,146,785.00		
T2	TAY Outreach & Engagement Program			489,313.00	489,313.00		489,313.00		
T3	TAY Crisis Residential Program		795,618.00		795,618.00		795,618.00		
GF3	Mentoring Program for TAY		190,000.00		190,000.00		190,000.00		
A1	Adult Integrated Service Program	6,734,351.32			6,734,351.32			6,734,351.32	
A2	Centralized Asmnt. Team & Psych. Emrg. Resp.Team		1,685,924.00		1,685,924.00			1,685,924.00	
A3	Crisis Residential Services		1,814,537.00		1,814,537.00			1,814,537.00	
A4	Supported Employment services for SMI clients		535,705.00		535,705.00			535,705.00	
A5	Outreach & Engagement Services			713,871.00	713,871.00			713,871.00	
GF5	Program of Assertive Community Treatment (PACT)		2,107,645.00		2,107,645.00			2,107,645.00	
GF6	Consumer-Run Wellness/Recovery Center		1,500,000.00		1,500,000.00			1,500,000.00	
O1	Expanded Older Adult Mental Health Recovery Program		1,653,483.00		1,653,483.00				1,653,483.00
O2	Expanded Older Adult Support and Intervention System	2,502,319.00			2,502,319.00				2,502,319.00
ADMIN	Administration				5,235,711.00				
TOTAL MHSA PLAN FUNDING REQUEST: 36,204,281.91									
CSS Growth Funding Only: 9,030,402.00									

* An additional **Exhibit 2** listing only the proposed CSS Growth Funding Programs for FY 2007/2008 is provided as **Appendix 4** on page 124.

EXHIBIT 6

QUARTERLY PROGRESS GOALS AND REPORT

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF1
Program Work Plan Name: Expanded Full Service/Wraparound Program for Children
Fiscal Year: 2006/2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Children	See Below*	10		30		80		149		149	

***Description of Initial Populations**

The priority population to be served will be:

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF1
Program Work Plan Name: Expanded Full Service/Wraparound Program for Children
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Children	See Below*	149		169		189		214		214	

***Description of Initial Populations**

The priority population to be served will be:

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF2
Program Work Plan Name: New Program - Mentoring Program for Children
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	52	See Below*	13		26		38		52		52	

***Services/Strategies**

Recruit, train, and supervise responsible adults and older youth to serve as responsible role models and mentors who will be matched with children and youth receiving services through any CYS county-operated or contract-operated clinic.

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF3
Program Work Plan Name: Expanded TAY Full Service/Wraparound Program
Fiscal Year: 2006/2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	TAY	See Below*	20		60		110		142		142	

***Description of Initial Populations**

The priority population to be served will be:

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF3
Program Work Plan Name: Expanded TAY Full Service/Wraparound Program
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	TAY	See Below*	152		167		182		197		197	

***Description of Initial Populations**

The priority population to be served will be:

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF4
Program Work Plan Name: New Program - Mentoring Program for Transitional Age Youth
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	18	See Below*	7		10		13		18		18	

***Services/Strategies**

Recruit, train, and supervise adults and older transitional age youth to serve as responsible role models and mentors who will be matched with TAY receiving services through any county-operated or contracted CYS program.

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF5
Program Work Plan Name: New Program - Program of Assertive Community Treatment (PACT)
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
	180	See Below*	60		120		150		180		180	

***Services/Strategies**

The PACT program will:

- Provide medication services; individual, group, substance abuse, and family therapy as needed.
- Provide supportive services such as vocational services, money management training, physical health care, and linkage to benefits.
- Provide benefits specialists to help with applications, consultation, and monitoring benefit status.
- Provide services in several geographic locations with culturally and linguistically competent staff, resulting in improved services to ethnically uninsured and underserved clients.

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF6
Program Work Plan Name: New Program - Consumer-Run Wellness/Recovery Center
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
100	See Below*	25		50		75		100		100	

***Services/Strategies**

The Wellness Center will:

- Support relatively stable clients with personalized socialization, relationship building, assistance with maintaining benefits, employment and educational opportunities, community volunteers providing educational support sessions and a range of weekend, evening and holiday social activities.
- Offer engagement and support provided by recovered clients, assisting and supporting clients'/peers efforts in pursuing/maintaining benefits applying for housing, setting goals for employment or reengagement of educational goals.
- Offer substance abuse relapse prevention and recovery support groups
- Offer ongoing 12-step groups geared towards clients maintaining their sobriety.
- Offer the services of a community job developer/coach and recreational therapist
- Provide a variety of classes on health, exercise and nutrition.

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF7
Program Work Plan Name: Expansion of Older Adult Mental Health Recovery Services Program
Fiscal Year: 2006/2007 *(Please complete one per fiscal year)*

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	**Services/Strategies**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**
164	See Below*	82		123		164		204		204	

***Services/Strategies**

Integrated mental health and substance abuse services where clients/members receive mental health and substance abuse services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services.

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

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF7
Program Work Plan Name: Expansion of Older Adult Mental Health Recovery Services Program
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	324	See Below*	244		284		324		324		324	

***Services/Strategies**

Integrated mental health and substance abuse services where clients/members receive mental health and substance abuse services simultaneously, not sequentially, from one team with one service plan for one person; linkage to specialized housing will accompany these services.

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

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF8
Program Work Plan Name: Expansion of Older Adult Support & Intervention System (OASIS)
Fiscal Year: 2006/2007 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Older Adults	See Below*	62		93		125		128		128	

***Description of Initial Populations**

The priority population to be served will be:

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

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

Estimated/Actual Population Served

County: Orange
Program Work Plan #: GF8
Program Work Plan Name: Expansion of Older Adult Support & Intervention System (OASIS)
Fiscal Year: 2007/2008 *(Please complete one per fiscal year)*

	Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	Older Adults	See Below*	131		134		135		135		135	

***Description of Initial Populations**

The priority population to be served will be:

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

PART II

PLANNING PROCESS

- **Background**
- **Planning Process**
- **Programs**
- **Conclusion**

GROWTH FUNDS PLANNING PROCESS

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

Background

Effective April 1, 2006, the California Department of Mental Health (DMH) approved Orange County's Community Services and Supports (CSS) Plan. Accordingly, Orange County was awarded approximately $25.5 in Mental Health Services Act Community Services and Supports Funding for each of three fiscal years (2005-06, 2006-07, and 2007-08).

Implementation of that plan has been progressing, with the majority of programs in operation as of January 2007. Thus, the County has had an opportunity to see which programs had excess demand for services and would benefit from expansion. It also had the opportunity to consider additional strategies that were recommended by Stakeholders in the initial planning process, but were not included in the original CSS plan due to resource constraints.

In the fall of 2006, DMH notified the County that, due to higher than anticipated tax revenues, additional CSS funding was available (Growth Funding). Orange County then began a new planning process to determine the best way to spend these additional funds. DMH issued Information Notice 06-15, which provided Guidance on the application procedure. That Guidance is the basis for this CSS Growth Funding Plan.

Planning Process

Orange County conducted an open, public, participatory planning process for the use of Community Services and Supports (CSS) "Growth Funds." Growth Funds are the additional CSS funds allocated to counties as a result of Proposition 63 revenues exceeding initial projections. It is anticipated that, upon approval from the California Department of Mental Health, Orange County will receive an additional $9,030,400 in CSS funding beginning July 1, 2007.

The Orange County planning process consisted of several important components. First, a Community Stakeholder process was held, where anyone interested in participating was invited to attend. On October 25, 2006 a meeting attended by about 350 individuals was held to gather community input on the needs of Orange County residents suffering with a psychiatric disability and the best strategies to implement with the additional CSS funding. Of the 350 people present, approximately 250 (70%) were consumers and family members.

An intensive effort was made to include the community in the planning process. Information about community stakeholder meetings was sent to a mailing list of approximately 1800 individuals who at sometime expressed an interest in the Mental

Health Services Act (MHSA) planning process in Orange County. Flyers were also distributed at drop-in-centers and other locations where consumers gather. In addition street outreach was conducted to spread the word, particularly in ethnic minority communities.

To encourage consumer and family member participation in the planning process, several forms of support were provided. These included transportation to planning meetings, bus passes, refreshments/meals at meetings, a $20 grocery store voucher, and child care (upon request).

As a result of these efforts, attendance, particularly of consumers and family members, was much higher than had been anticipated. The group participated in a structured planning process.

A variety of information was provided, including (1) an updated MHSA Fact Sheet, (2) a progress report on the 16 programs that were approved in the initial CSS Plan, (3) a matrix of the priority issues by age group identified in the original CSS planning process, (4) the strategies recommended by the California Department of Mental Health (DMH) in Letter 5-05, and (5) pie charts of the original CSS funding by age group formula.

The amount of additional CSS program funding was estimated to be about $8 million. Although the exact amount of funding had not yet been released by DMH, Behavioral Health Staff believed that $8 million was a reliable enough estimate for planning purposes. In fact, Orange County did receive a total of $9,030,400, of which $1,354,560 (15%) will be used for administration and $7,675,840 (85%) used for program. Thus, the actual program amount was 95.95% of the planning estimate.

Once the general information was presented, the attendees self-selected a break-out group organized by age category. There was one group for Children and Transitional Age Youth (combined), two groups for Adults, and one group for Older Adults. At each group, a Behavioral Health Staff member presented two or three recommendations for strategies to be implemented with the CSS Growth Funding. The recommendations were made on the basis on the status of current programs, the DMH recommended strategies, the priority issues identified by the community in the original CSS planning process, knowledge of community needs, and professional expertise. Break-out group participants were asked to discuss the recommendations, suggest any other strategies they thought should be added and reach consensus on those strategies to be sent forward to the MHSA Steering Committee for consideration.

After much spirited discussion, each of the work groups was able to reach consensus on the following programs. Please see **Table 1** (4 spreadsheets) on next page.

Table 1 (1 of 4)

MHSA CSS GROWTH FUNDING COMMUNITY STAKEHOLDER GROUP PROPOSED RECOMMENDATIONS FOR FISCAL YEAR 2006/2007			
PROGRAM NAME	**APPROXIMATE PROGRAM COST**	**PROGRAM DESCRIPTION**	**PROGRAM JUSTIFICATION**
PROPOSED PROGRAMS FOR CHILDREN & YOUTH (0 -15) AND **TRANSITIONAL AGE YOUTH** (16 to 25) **The Children & Youth age group could receive approximately $1,624,000 in CSS Growth Funding.** **The Transitional Age Youth age group could receive approximately $1,496,000 ($3.12M Combined).**			
1. Full Service/Wraparound Program for Juvenile Offenders	**$1.3M***	▪ This stand-alone program would provide individualized and comprehensive family-centered services for adolescents and their families. ▪ The wraparound services would be available in the community during and subsequent to the teens' institutionalization in a juvenile justice facility and would provide specialized care and needed structure for youth exiting the juvenile justice system. ▪ Services will be capable of integrating with the mental health treatment available to the youth while in custody, and will ensure a seamless bridge to needed services in the community upon release. ▪ Services could include (but are not limited to) alcohol/drug counseling, family-based counseling, health care, tutoring and other education services, mentoring, recreational therapy, and assistance with building job skills.	This program complies with the priority issues identified by the initial stakeholder workgroups by: ▪ Addressing each of the priority issues identified for the SED/SMI children and transitional-age youth age groups; and ▪ Addressing the unique needs of children and TAY identified by the initial workgroups who are involved in the juvenile justice system. ▪ Meeting the needs of an especially high risk population (juvenile offenders); ▪ Filling a gap in the existing continuum of services; and ▪ Facilitating a gradual transition for youth to increase their chances for a successful return to the community and reduce their risk of recidivism.
2. Expansion of the Full Service/Wraparound Program for Transitional Age Youth	**$1.3M***	▪ Expand existing Full Service/Wraparound Program for Transitional-Age Youth (TAY). ▪ Program would increase the number of available slots and the availability of specialty mental health services within the existing contract provider. ▪ Expansion would allow existing provider(s) to add additional psychiatry, medical, therapist, personal service coordinator and office support positions.	▪ This program complies with the priority issues identified by the initial stakeholder workgroup for the SED/SMI transitional-age youth age group. ▪ Existing slots are filling quickly, and unless additional slots are added, there will be a substantial waiting list for this program within six months.
3. Mentoring Services for Children and Transitional Age Youth	**$500K***	▪ Provide mentoring services for children and transitional age youth through four volunteer coordinators who will recruit, train and supervise approximately 100 volunteer and 30 paid mentors as.	This program complies with the priority issues identified by the initial stakeholder workgroups by: ▪ Addressing each of the priority issues identified for the SED/SMI children and transitional-age youth age groups; and ▪ Utilizing a strategy that has been recommended by the DMH that relates to the Vision and Guiding Principles for the MHSA. ▪ Promoting the child's overall functioning by increasing self-esteem and improving family and social relationships.
Total	**$3.1M**		

***Approximated projected Program cost.**

Table 1 (2 of 4)

MHSA CSS GROWTH FUNDING COMMUNITY STAKEHOLDER GROUP PROPOSED RECOMMENDATIONS FOR FISCAL YEAR 2006/2007			
PROPOSED PROGRAM/SERVICE	**APPROXIMATE ANNUAL COST**	**PROGRAM DESCRIPTION**	**PROGRAM JUSTIFICATION**
PROPOSED PROGRAMS FOR ADULTS (26 to 59) **The Adult age group could receive approximately $3,760,000 in CSS Growth Funding.**			
1. Program of Assertive Community Treatment (PACT)	**$2.26M***	▪ PACT provides comprehensive community-based psychiatric treatment to persons with serious and persistent mental illness who have not responded to traditional outpatient services. ▪ In the PACT program, a multi-disciplinary treatment team provides medication services; individual, group, substance abuse, and family therapy as needed; and supportive services such as vocational services, money management training, physical health care, and linkage to benefits. ▪ The target population is persons with severe and persistent mental illness who have high needs, but do not meet all the criteria to enroll in an FSP. ▪ Program would provide services in four locations throughout Orange County. ▪ Program would include benefits specialists to provide help with applications consultation, and monitoring of benefit status.	▪ The PACT Teams complies with the priority issues identified by the initial stake holder workgroup. ▪ The program addresses the large number of persons with severe and persistent Mental Illness that are currently not served or under served. ▪ The program utilizes a design which has demonstrated effective results and measurable success. ▪ Providing a benefit acquisition component addresses unmet needs and will increase resources necessary for further system development.

***Approximated projected Program cost.**

Table 1 (3 of 4)

MHSA CSS GROWTH FUNDING COMMUNITY STAKEHOLDER GROUP PROPOSED RECOMMENDATIONS FOR FISCAL YEAR 2006/2007			
PROPOSED PROGRAM/SERVICE	**APPROXIMATE ANNUAL COST**	**PROGRAM DESCRIPTION**	**PROGRAM JUSTIFICATION**
PROPOSED PROGRAMS FOR ADULTS CONTINUED (26 to 59) **The Adult age group could receive approximately $3,760,000 in CSS Growth Funding.**			
2. Consumer-Run Wellness / Recovery Center	**$1.5M***	▪ This stand alone Wellness and Recovery Center will provide persons with serious and persistent mental illness culturally competent support and skills needed to survive and succeed in society. ▪ The Wellness Recovery Center would be available to persons with mental illness who are referred or self-referred and are interested in participating in the resources and requirements of the Center. ▪ An extensive array of education, training and support resources will be provided by volunteers and collaborative partnerships to interested persons from a wide spectrum of functioning, needs, skills, and experience, thus providing an important role as a community education center. ▪ Resources may include nutrition counseling, exercise classes, stop-smoking classes, AA meetings, blood-pressure screening, massage therapy, beauty care (hair cut, etc), which are often found in traditional, non-mental health wellness centers. ▪ Resources for family members of those with SMI and are not yet accepting care will be included. ▪ The Center may include employment-focused education and training, coaching and mentoring, placement, and support. The majority of the Center's functions will be performed by participants with mental illness. ▪ The Wellness Center may be a placement site for consumers-in-training who are learning to provide peer support services and other skills, and temporary employments for those who will go through the training grants. ▪ Other services available may include benefits acquisition, financial counseling and support, legal aid, and support groups that accommodate a wide variety of issues. (e.g., co-occurring disorders, etc.) ▪ Leveraging available resources and generating additional resources will provide additional services to persons with significant needs and whose numbers are expected to continually grow.	▪ The Wellness Center complies with the priority issues identified by the initial stakeholder workgroup. ▪ Its scope and client-centered focus address the extensive needs of those with mental illness living in the community. ▪ Persons with mental illness whose treatment is progressing to the point that ongoing clinic services are no longer required can benefit from the Center's support and services to aid in their successful independent living.
Total	**$3.76M**		

*Approximated projected Program cost.

Table 1 (4 of 4)

MHSA CSS GROWTH FUNDING COMMUNITY STAKEHOLDER GROUP PROPOSED RECOMMENDATIONS FOR FISCAL YEAR 2006/2007			
PROPOSED PROGRAM/SERVICE	**APPROXIMATE ANNUAL COST**	**PROGRAM DESCRIPTION**	**Program Justification**
PROPOSED PROGRAMS FOR OLDER ADULTS (60 and above) **The Adult age group could receive approximately $1,120,000 in CSS Growth Funding.**			
1. Expansion of the Older Adult Mental Health Recovery Services Program	**$834K***	▪ This program provides services to seniors either in their homes or at selected sites in the community. ▪ Services include: behavioral health assessments; biopsychosocial evaluations; medication management services; physical health screenings and linkage to physical health care providers; peer support counselors; and linkage to community resources. ▪ The proposed expansion will provide additional care coordinators and other staff in order to serve more consumers. ▪ Based on current referrals, the existing program will be at full capacity within 3 months and a long waiting list will be created. ▪ The additional funding is expected to pay for staff to expeditiously provide services to approx. 175 additional clients who will otherwise access high cost services and multiple service providers to receive needed ongoing mental health services.	▪ The expansion of this program will help to meet the gaps in service identified by stakeholders and complies with the MHSA CSS Plan, as written. ▪ It is estimated at the current rate, the existing program will be full within 3 months and waiting lists will be created to meet the demand of the community. ▪ Clients served by this program are the large number of frail elderly who are housebound and currently unserved. ▪ This is a cost-effective program since these seniors would otherwise seek care through inappropriate venues, such as Emergency Rooms, first responders, hospitals and other providers, raising costs and decreasing coordination of care.
2. Expansion of the Older Adult Support and Intervention System (OASIS)	**$286K***	▪ This is a proposed expansion of the new Full service Partnership Program for Older Adults. ▪ The program focuses on attaining and maintaining maximum independence in the community through a "whatever it takes" approach. ▪ Services include: mental health and co-occurring disorder treatment, primary medical care, medication management, peer counseling, benefits acquisition assistance, housing, transportation, training, and other supportive services. ▪ The funding will provide additional dollars for expensive housing and medical care required by this population.	▪ The expansion of this program meets the concerns identified by the stakeholders and complies with the Plan, as written. ▪ Housing costs in Orange County are high, as are the costs of physical health care for this population. Adding funding will allow the program to better meet these needs for the clients enrolled in service.
Total	**$1.12M**		

*Approximated projected Program cost

The proposed programs were sent forward to the MHSA Steering Committee for consideration at its November 20, 2006 meeting.

Orange County has a 59 member MHSA Steering Committee composed of representatives from a broad group of organizations plus consumers and family members. On the Steering Committee, there is representation from all DMH required groups, including but not limited to law enforcement, the courts, the Orange County Board of Supervisors, the Orange County Department of Education, local universities, providers of drug and alcohol services, the Mental Health Board, providers of emergency services, the Office on Aging, homeless services providers, the Housing and Community Services Department, Probation and the District Attorney's Office.

About a week before the meeting, the Steering Committee was sent a packet of relevant information, including descriptions of the programs recommended by the Community Stakeholders' Group. This allowed time for members to review the information prior to the meeting.

After presentations on background information and the recommendations, the Steering Committee had a spirited discussion about the proposed programs, and with a few minor modifications, approved the slate of recommended programs by consensus.

The next step was for Behavioral Health Services Staff to develop the written proposal. Once the document went through the established internal review process, the plan was sent out to stakeholders, Steering Committee members, and the community for review during a thirty-day public comment period (March 5, 2007 through February 7, 2007. A copy of the Plan was also posted on the Orange County MHSA website and the Network of Care website. Also posted were an Executive Summary of the plan and information on how to obtain hard copies. The Executive Summary was also made available in Spanish and Vietnamese.

The MHSA Office, in collaboration with the BHS Cultural Competency Department, also actively circulated the plan and/or Executive Summary for review and feedback by a variety of agencies, including community centers, senior centers, mental health providers, substance abuse treatment providers, the faith-based community, and public health clinics. Announcements were sent to the in the mainstream and local community newspapers announcing the review period and explaining how to obtain copies of the Plan.

Copies of the plan were also made available at local libraries and various governmental offices. In addition, copies of the Plan were sent to all County Department heads and to all those who requested a copy of the plan. During the 30-day Public Comment Period, only one substantive comment was received. The comment was about operational details of the proposed Wellness Center. A response was provided, saying that the Growth Funding Plan just provides a general overview of what the Wellness Center might look like. Specific activities, policies, and operational details will be determined at a later date through the interaction between the Consumer Advisory Board, Wellness Center Staff and clients, and the organization selected as fiscal agent.

On March 22, 2007, the Mental Health Board convened a general meeting and a held a Public Hearing to discuss the Plan. The Plan was approved by the Mental Health Board on March 22nd and by the Orange County Board of Supervisors on March 27, 2007.

Programs

Table 2 below shows the approved programs by whether they are new or expansion of programs approved in the original CSS Plan.

Table 2: Growth Funding Programs

NEW PROGRAMS	EXPANDED PROGRAMS
GF2 - Mentoring Program for Children	GF1 - Full Service/Wraparound Program for Children
GF4 - Mentoring Program Transitional Age Youth	GF3 - Full Service/Wraparound Program for TAY
GF5 -Program of Assertive Community Treatment (PACT)	GF7 - Older Adult Mental Health Recovery Services
GF6 Consumer-Run Wellness/Recovery Center	GF8 - Older Adult Supports & Intervention System (OASIS)

The new programs include: mentoring programs for Children and TAY, a consumer-run Wellness Center, and a Program of Assertive Community Treatment (PACT). Expanded programs include: the Children's Full Service Partnership (FSP) Program, the TAY FSP, the Older Adult FSP and the Older Adult Mental Health Recovery Program. In writing the Plan, some of the approved programs were reorganized. For example, the TAY FSP Expansion and the TAY Juvenile Justice FSP were both integrated into one program expansion: GF3 Full Service Partnership Program for TAY. In addition, the new CYS/TAY Mentoring Program was split into two components: one for CYS and one for TAY, so that funding allocation between age groups could be made explicit.

Detailed descriptions of both new and expanded programs are provided in later sections of this Plan. It is expected that implementation of new programs will take longer to accomplish than that for program expansions. Program expansions should occur shortly after DMH approval of this Plan.

Review of the budget information demonstrates that the County met the DMH mandate that more than 50% of the funding be spent on Full Service Partnerships.

Conclusion

The Orange County planning process for the CSS Growth Funds was an open, participatory process. Consumers made up a substantial percentage of the participants (estimated at 50% overall). The stakeholders, both at the Community Stakeholder and

Steering Committee meetings, were able to reach consensus in just one meeting each. The amount of agreement about what is needed is impressive. Community support for this Plan is very strong.

Implementation of this plan will not solve all the problems nor fill all the service gaps. However, approval and implementation of these programs will move the Orange County population living with severe psychiatric disabilities one step further on the road to recovery.

PART III

NEW & EXPANDED PROGRAMS

- **Children's Programs**
- **Transitional Age Youth Programs**
- **Adult Programs**
- **Older Adult Programs**

CHILDREN'S PROGRAMS

- **Expansion of Full Service/Wraparound Program for Children**
- **New Program - Mentoring Program for Children**

PROGRAM 1

Growth Funding 1 (GF1)

Expansion of Full Service/Wraparound Program for Children

GF1: Expansion of Full Service/Wraparound Program for Children

1. Please provide a description of the proposed program.

The implementation of the Children's Full Service/Wraparound (Children's FS/W) Program, funded by the MHSA Community Services and Supports component, began in September 2006. This proposal, if funded, will expand the existing program to serve additional members of the identified priority population, which includes those SED children and adolescents who are exiting Juvenile Hall or other Probation programs and returning to the community.

The Orange County Children's Full Service/Wraparound (Children's FS/W) Program is a community-based, culturally/linguistically competent, client-and family-centered program where individualized, client-driven plans are developed. It focuses on client and family strengths, and meets the needs of children and their families across life domains to promote success, safety, and permanence in the home, school and community through a "whatever-it-takes" approach. It is modeled on the Orange County Health Care Agency's experience in the current successful Orange County SB 163 Wraparound program and Children's System of Care principles. Currently, the program has a planned annual capacity of 149 enrollees who represent the priority populations identified in Orange County's approved Mental Health Services Act Community Services and Supports Three Year Plan.

In the Children's FS/W program, the strengths and needs of the families are assessed and addressed through the creation of Family Teams that consist initially of the client, family, and a case manager. As strengths and needs are identified, additional people are invited to join the team, such as a mentor, neighbor, teacher, pastor, therapist, other family members, and so on. As appropriate, members of the team are drawn from the local community, enhancing the cultural appropriateness of the service and helping to eliminate linguistic and cultural barriers. The Case Manager functions as a coordinator and facilitator, but decisions that are made are the responsibility of the team as a whole. The team identifies the strengths and the needs of the family, prioritizes them and decides on strategies to address them, using a "whatever-it-takes" approach to develop an individualized plan. The family plan covers the entire range of life domains including, but not limited to, physical health, mental health, shelter and other basic needs, child supervision and care, transportation, education, recreation, etc.

The team is responsible for identifying ways of addressing needs through existing services at local preschools, day care facilities, community centers, self help groups, etc., as well as at county agencies and United Way organizations. The team also has access to a pool of flexible funds to help meet these needs as appropriate. Through direct delivery, use of community resources and access to flexible funding, services secured include, but are not limited to, 24 hours per day/7 days per week intensive in-home case management and wraparound services, community-based mental health services, youth and parent mentoring, supported employment and/or education, transportation, housing, benefit acquisition, co-occurring disorders services, etc.
Case Managers have caseloads of 10 or less depending on the acuity and severity of problems being addressed. They are the single point of contact for the assigned client,

remain with the family throughout the term of service, and are available to the family by phone 24 hours per day/7 days per week.

From the first day that services commenced in the Children's FS/W Program, the level of demand has exceeded expectations. For example, an average of 20 children are being enrolled for services each month. Based on this rate of enrollment, it is anticipated that the planned capacity of 149 enrollees will be reached before the end of its first year. In order to address this unanticipated demand for services, and to avoid having to deny requests for services or to create a waiting list, an expansion of this program is proposed.

This program expansion continues to advance the goals of the MHSA by being family-driven, focused on strengths and resiliency, providing an integrated service experience that is culturally and linguistically competent, and developed and operated through collaborative efforts within the community.

2. Please provide the number of clients to be served with the additional funding.

Expansion of the Children's FS/W Program for Children, when fully implemented, is expected to serve approximately 65 additional clients annually, for a total expanded capacity of 214.

3. Please describe the new services to be provided.

In addition to the existing services currently being provided, additional funding is proposed for the purpose of providing access to physician services to address medical/physical conditions for which the family has no other means to provide for its enrolled child. This is a new service to be added to the Children's FS/W Program.

4. Amount of funding being requested for program expansion.

$1,246,788

5. Provide proposed start date and implementation timeline.

The anticipated start date of this proposed expansion is April 1, 2007, with full implementation completed no later than June 30, 2008.

6. Provide net cost per client. If the net cost per client is higher than previously approved, please explain.

The cost per client for the Children's FS/W Program with expansion funds added will be $20,801. (This represents a reduction from the original cost per case of $23,725.)

7. Please provide Exhibit 6's, Quarterly Progress Goals and Report.

All Exhibit 6's for this application are together in Part 1 starting on page 17.

8. Describe County's capacity for implementing the program if the original program approved by DMH has not been implemented.

The original Children's Full Service Partnership Program was implemented on August 15, 2006.

PROGRAM 2

Growth Funding 2 (GF2)

New Program - Mentoring Program for Children

GF2: New Program - Mentoring Program for Children

1. Total amount of new funding being requested.

$310,000

2. Responses to questions 1 – 13 in Section VI of DMH letter 05-05.

Question 1: Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

a) A brief description of the program
b) Identification of the age and situational characteristics of the priority population to be served in this program
c) Identification of strategies for which you will be requesting MHSA funds for this program
d) Identification of the funding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.

Please see next page.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007/2008	Program Work Plan Name: New Program - Mentoring Program for Children and Youth
Program Work Plan: GF2		Estimated Start Date: November 2007

1. a) Description of Program:

The provision of mentoring services will promote resiliency in diverse Seriously Emotionally Disturbed (SED) children and youth by strengthening environmental supports and by providing a nurturing relationship with a responsible adult or older youth who serves as a positive role model. The mentor will serve to provide a safe, trusting, and culturally appropriate relationship, healthy messages about life and social behavior, appropriate guidance from a positive role-model, and opportunities for increased participation in education, civic service, and community activities. Mentoring services broaden the number of community resources that will continue to be available to the children, youth, and families, once the mentoring relationship ends.

1. b) Priority Population:

SED Children and youth receiving services in county-operated or contracted CYS programs, including the Full Service/Wraparound population.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Recruit, train, and supervise responsible adults and older youth to serve as responsible role models and mentors who will be matched with children and youth receiving services through any CYS county-operated or contract-operated program.	☐	☒	☐	☒	☐	☐	☐

GF2: New Program - Mentoring Program for Children

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

The Mentoring Program will be a community-based, individual and family-centered program that will recruit, train, and supervise responsible adults and older youth to serve as positive role models and mentors for seriously emotionally disturbed (SED) children and youth who are receiving services through any Children & Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population. The Mentoring Program will provide opportunities for volunteer adult mentors to develop supportive relationships with SED children and youth to help them build the skills necessary to lead a productive and rewarding life. Trained volunteer parent mentors will provide one-to-one peer support and resource information to parents of SED children and youth. All mentors will be trained and matched based on shared cultural and linguistic needs of the children, youth, and families.

Potential mentors will be recruited from corporate, professional, and faith-based community organizations in Orange County, as well as neighborhood and cultural/linguistic groups that represent the local demographics. Once a request has been received from a service provider, and a determination has been made that a child, youth, or parent could benefit from a mentor relationship, the matching process will proceed. This will be done formally and informally through interviews, personal profiles, comparative interest inventories, and get-acquainted sessions. Once a match becomes mutually agreeable to all parties involved, the process of forming a trusting, nurturing one-to-one relationship will begin. Through this relationship, the child/youth/parent will experience increased self-esteem and improved family and social relationships.

Mentoring complies with the priority issues identified by the initial stakeholder workgroups by: (1) Addressing each of the priority issues identified for the SED/SMI children and transitional-age youth age groups, (2) Utilizing a strategy that has been recommended by the DMH that relates to the Vision and Guiding Principles for the MHSA, and (3) Promoting the child's overall functioning by increasing self-esteem, resiliency, and improving family and social relationships.

The benefits of mentoring for children, in particular, are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children with mentors demonstrate solid improvements, especially in the areas of academic performance and are less likely to be involved with gangs, violence, teen pregnancy, alcohol and drug use. Mentoring is a logical, cost-effective prevention strategy that provides youth with positive, caring role models who help them succeed and become productive, contributing members of our society." (http://www.mentoring.ca.gov/about_gmp.shtm) The Mentoring Program also advances the goals of the MHSA by being family driven, focused on strengths and

resiliency, supporting an integrated service experience that is culturally/linguistically competent and developed through collaborative efforts within the community.

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

Housing and employment services are not specifically a part of this program. If a client receiving mentoring services is in need of housing, then a referral can be made to a Full Service/Wraparound program.

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

This is a System Development proposal and not a Full Service Partnership.

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

The Mentoring Program will serve to promote resiliency in SED children and youth by strengthening environmental supports for troubled families that are overwhelmed by the unique challenges of raising children in Orange County. A growing percentage of these families face increasing difficulties accessing adequate housing and/or providing the necessary supports that children and youth need to develop essential life skills. As the challenges facing parents and caregivers increase, preoccupation with physical and emotional survival often results in fewer opportunities for their children to strengthen their coping skills and to enrich their own outlook on the possibilities available to them. The consequences to a community can be costly. Increased gang affiliation, violence, and teen pregnancy are just a few of the possible results. As noted above (see response to Question #2), mentoring has shown to be an important tool in improving children's performance in a number of areas.

The Children's Mentoring Program is designed to provide a nurturing relationship for SED children and their parents struggling with issues associated with acculturation, economic impoverishment, social isolation, and poor access to mental health services, or lack of understanding about mental illness. The program is family and strengths-based with its primary focus to ensure that mentors provide SED children and youth with safe and trusting relationships, healthy messages about life and social behavior, appropriate guidance from a positive adult role model, and opportunities for increased participation in education, civic service, and community activities. By increasing a child's positive experiences within the context of a trusting and safe relationship, confidence, hope, and self-esteem increase. The positive outcome from this relationship is that a child develops a greater capacity to view achievement and success as viable goals. As newly learned skill sets are put into practice and refined within the mentor-child relationship, they will strengthen, thereby promoting resilience in an ongoing and progressive manner. Mentors will maintain

contact with the mental health service provider, ensuring that both setbacks and achievements are given proper attention.

Services offered will be culturally and linguistically competent and community-based to encourage the establishment and growth of local support systems that will be available to the child or youth once the mentoring relationships ends.

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

The proposed Children's Mentoring Program is a new MHSA program for Orange County Behavioral Health/Children and Youth Services (BH/CYS). The concept, however, builds on a strategy being utilized to a limited extent through an existing County program known as "Project Together" (not part of, or funded through, the County's current CSS Plan). In addition to facilitating fundraising events and soliciting donated items to support children and their families, "Project Together" has also matched approximately 20-30 volunteer mentors from the community with emotionally troubled children and youth receiving mental health services at several County-operated or contract provider clinics.

The proposed Children's Mentoring program will focus exclusively on mentoring and will not include fundraising or solicitation of donated items. The program will just provide mentoring. It will be a distinct and much broader mentoring program, anticipated to serve approximately 30 children and 22 parents per year. This program will incorporate the concepts and principles outlined in the Mental Health Services Act and recommendations from other "transformational" documents, such as those outlined in the President's New Freedom Commission on Mental Health (2003). Additionally, this program is designed to provide mentors not only for SED children, but for their parents as well in order to empower them with the supports needed to fulfill their parental obligations.

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

Parents, former clients, and family members that meet staffing qualifications will be considered as either paid volunteer coordinators, paid mentors, or as volunteer mentors. The inclusion of former clients and family members not only serves to maintain the family-driven, family-focused nature of the program, it also allows participating individuals to share their knowledge, skills, and experiences of recovery to those children and parents with whom they have been matched.

For those SED children and youth that are participating in Full Service Partnerships, the mentors may be requested to become part of the "Wraparound" team. An invitation to become a member of a Wraparound team would be a natural consequence of the relationship that has been developed between the mentor and the child or youth and/or parent. Mentors will be introduced to the concept of "give-

back" as part of their training, so they come to recognize the importance of their contribution in the lives of the children and youth they mentor.

The program supervisor position may or may not be filled by a former client or family member depending on the person's ability to meet the qualifications to perform the necessary oversight of the program.

A major criterion for selection of the Children's Mentoring provider agency will be the organization's ability to identify, hire, train, and support clients, former clients, and family members.

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

Orange County BHS/CYS has a long-standing and successful history of collaborating with multiple county-run and community agencies. The Children's Mentoring Program will continue this process by maintaining engagement with those agencies where relationships already exists, and by reaching deeper into the community by linking with those agencies that have been newly "discovered" through the Children's MHSA Outreach and Engagement program. For example, the Asian and Pacific Islander collaborative contracted for outreach and engagement will expose a wealth of local resources that have so far gone unused. From these resources will come potential mentors that have the linguistic and cultural capacity to meet the needs of unserved and underserved ethnic groups, such as in the Vietnamese community.

Partnering with an increased number of racially and ethnically diverse community organizations will produce three primary benefits: (1) Act as a potential resource for mentors and volunteers with specific linguistic and cultural skills which will increase the program's ability to match volunteers, (2) Provide unique resources for mentors and volunteers that might otherwise be unavailable to the children and youth being served (e.g., tickets to local cultural functions and events), and (3) Broaden the number of community supports available to children, youth, and families to make use of once the mentor relationships ends.

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

The Children's Mentoring Program will be inclusive of the target populations in the community, with particular attention paid to the linguistic and cultural needs of the families and children. Although many different variables make up a successful mentoring program, the first and foremost criterion for success is that there exist a sufficient pool of volunteers and mentors available to match. Secondly, the mentor

pool needs to contain a level of diversity that reflects the children and youth and parents being served by CYS so the soundness of any match is ensured. With this in mind, efforts will be made to recruit volunteer coordinators that are culturally and linguistically knowledgeable, sensitive to, and capable of, interacting with those in the regions being served. Having ethnically and linguistically diverse volunteer coordinators will ensure that the pool of volunteers recruited remains diverse, and that mentors will receive supervision that is meaningful and relevant.

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

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

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

Parent mentors for single parent families and child mentors will be matched by gender when possible and appropriate. In addition, ongoing training, as described in the initial state-approved CSS Plan, is already underway. It includes comprehensive units of LGBT/Q training with the focus on “safe zone” developments, so no matter where mentoring takes place, the mentors can convey to diverse families respect and acceptance via carrying clipboards with the gay flag emblem on them, possessing pamphlet’s, and other resources for LGBT/Q youth and their families. In addition, units of training will also include specific issues pertinent to children and youth who are LGBT/Q and/or their families , as well as LGBT family units.

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

Currently, children residing outside of the County can receive mental health services through Pacific Behavioral Health Services (Orange County’s Medi-Cal Administrative Services Organization), or through letter agreements with the county of residence. Mentoring services could be provided through similar letter agreements with host counties if needed.

Matching children and youth in out-of-home placements with mentors may prove to be a challenge due to travel issues and group home policies and procedures. However, mentors can be matched with parents of children in out-of-home placements so that when the child or youth does return home, the odds of a smoother and more successful transition home are improved.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA.

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

Implementation will follow the timeline:

- Board of Supervisors approval is expected in March 2007
- Requests for proposals will be issued beginning in late March 2007
- DMH approval is expected by July 1, 2007
- It is anticipated that services will commence as early as November 2007

3. Please provide Exhibit 6, Quarterly Progress Goals and Report.

All Exhibit 6's for this application are together in Part 1 starting on page 17.

4. Please explain the County's capacity for implementing this program within the timeframes stated. This is only required from those counties that have not implemented all approved CSS programs.

With the exception of the Adult Crisis Residential Program, Orange County has implemented or will implement by April 1, 2007 all programs included in the State-approved CSS Plan. Implementation of the Adult Crisis Residential Program has faced serious challenges. The main issue is finding a city that is willing to serve as a location for the program. Other arrangements, such buying several group homes, are being considered. The new programs included in this CSS Growth Funding Plan will not be subject to the same problems; thus, Orange County has the capacity to implement them within the proposed timeframes.

EXHIBIT 5a

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF2 | Date: 12/30/06
Program Workplan Name: New Program - Mentoring program for Children | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 52 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 52 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$178,920	$178,920
c. Employee Benefits			$44,730	$44,730
d. Total Personnel Expenditures	$0	$0	$223,650	$223,650
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$86,350	$86,350
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$310,000**	**$310,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$0	$0
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$0**	**$0**
D. Total Funding Requirements	**$0**	**$0**	**$310,000**	**$310,000**
E. Percent of total funding requirements for FSPs				**10%**

EXHIBIT 5b

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF2 | Date: 12/30/06
Program Workplan Name: New Program - Mentoring Program for Children | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 52 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 52 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Service Chief I	Program Director		0.61		$0
Mental Health Worker II	Volunteer Coordinator	0.90	1.90		$29,280
Mental Health Worker I	Mentor/Volunteer	1.00	2.75		$62,700
Office Specialist	Clerical	0.61	0.61		$68,640
					$18,300
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.51	5.87		$178,920
C. Total Program Positions		2.51	5.87		$178,920

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

GF2: New Program - Mentoring Program for Children, FY 2007/2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

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

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the fiscal year 2006-07 average salary and benefits for comparable County classifications and functions with a COLA applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2006-07 with a COLA applied.

4. Program Management

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

5. Estimated Total Expenditures when service provider is not known

$310,000.

B) Revenues

1. Existing Revenues

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

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2007-08 budget.

TRANSITIONAL AGE YOUTH PROGRAM

- **Expansion of Full Service/Wraparound Program for Transitional Age Youth**
- **New Program - Mentoring Program for Transitional Age Youth**

PROGRAM 3

Growth Funding 3 (GF3)

Expansion of Full Service/Wraparound Program for Transitional Age Youth

GF3: – Expansion of Full Service/Wraparound Program for Transitional Age Youth

1. Please provide a description of the proposed program.

The implementation of the TAY Full Service/Wraparound (TAY FS/W) Program, funded by the MHSA Community Services and Supports component, began in August 2006. This proposal, if funded, will expand the existing program to serve additional members of the identified priority population, which includes those SED/SMI TAY who are exiting Juvenile Hall or other Probation programs and returning to the community.

The Orange County TAY FS/W Program is a community-based, client-centered, culturally/linguistically competent program where individualized, client-driven plans are developed. It focuses on client strengths, and meets the needs of transitional age youth and their families (if available) to promote academic and vocational success, safety, wellness and recovery through a "whatever-it-takes" approach. It is modeled on the Orange County Health Care Agency's experience in the current successful Orange County Wraparound Program and Children's System of Care principles. Currently, the program has an annual capacity of 132 enrollees who represent the identified priority populations identified in this county's approved Mental Health Services Act Community Services and Supports Three Year Plan.

In the TAY FS/W Program, the strengths and needs of the client are assessed and addressed through the creation of a Partnership Team that consist initially of the client and a Personal Services Coordinator. As strengths and needs are identified, additional people are invited to join the team such as family members, a mentor, neighbor, teacher, pastor, therapist, and so on. As appropriate, members of the team are drawn from the local community, enhancing the cultural appropriateness of the service and helping to eliminate linguistic and cultural barriers. The Personal Services Coordinator functions as a coordinator and facilitator, but decisions that are made are the responsibility of the team as a whole. It is important to note that the client/individual is an essential member of the team. The team identifies the strengths and the needs of the client, prioritizes them and decides on strategies to address them, using a "what-ever-it-takes" approach to develop an individualized plan. The plan covers the entire range of life domains including, but not limited to, physical health, mental health, shelter and other basic needs, transportation, education, recreation, etc.

The team is responsible for identifying ways of addressing needs through existing services at local schools and colleges, community centers, employment centers, self help groups, as well as at county agencies and United Way organizations. The team also has access to a pool of flexible funds to help meet these needs as appropriate.

Through direct delivery, use of community resources and access to flexible funding, services secured include, but are not limited to, 24 hours per day/7 days per week intensive in-home case management and wraparound services, community based mental health services, youth mentoring, supported employment and/or education, transportation, housing, benefits acquisition, respite care, co-occurring disorders services, etc.

Personal Services Coordinators have caseloads of 10 or less depending on the acuity and severity of problems being addressed. They are the single point-of-responsibility for the assigned client, remain with the family throughout the service, and are available to the family by phone 24 hours per day/7 days per week. Personal Services Coordinators are distributed geographically, with a heavier concentration in those areas with high numbers of target populations, but open to all areas of the County. As Partnership Teams are formed, mental health services are drawn from any agency that can provide culturally and linguistically competent services as needed by the client.

From the first day that services commenced on August 1, 2006 for the TAY FS/W Program, the level of demand for these programs has exceeded all expectations. For example, an average of 20 TAY is being enrolled for services each month. Based on this rate of enrollment, it is anticipated that the planned capacity of 132 enrollees will be reached well before the end of its first year. In order to address this unanticipated demand for services, and to avoid having to deny requests for services or to create a waiting list, an expansion of this program is proposed.

This program expansion continues to advance the goals of the MHSA by being client-driven, focused on strengths and resiliency, providing an integrated service experience that is culturally competent, and developed and operated through collaborative efforts within the community.

2. Please provide the number of clients to be served with the additional funding.

Expansion of the TAY FS/W Program is expected to serve approximately 65 additional clients annually, for an expanded capacity of 197 clients.

3. Please describe the new services to be provided.

In addition to the existing services currently being provided, additional funding is proposed for the purpose of providing access to physician services to address medical/physical conditions for which the family has no other means to provide for the enrolled child. This is a new service to be added to the TAY FS/W Program.

4. Amount of funding being requested for program expansion.

$1,246,788

5. Provide proposed start date and implementation timeline.

The anticipated start date of this proposed expansion is April 1, 2007 with full implementation completed no later than June 30, 2008.

6. Provide net cost per client. If the net cost per client is higher than previously approved, please explain.

The cost per client for TAY FS/W Program with expansion funds added will be $24,529; this represents a reduction from the original cost per case of $27,162.

7. Please provide Exhibit 6's, Quarterly Progress Goals and Report.

All Exhibit 6's for this application are together in Part 1 starting on page 17.

8. Describe County's capacity for implementing the program if the original program approved by DMH has not been implemented.

The TAY Full Service Partnership Program was implemented August 1, 2006.

PROGRAM 4

Growth Funding 4 (GF4)

New Program - Mentoring Program for Transitional Age Youth

GF4: New Program - Mentoring Program for Transitional Age Youth

1. Total amount of new funding being requested.

$190,000

2. Responses to questions 1 – 13 in Section VI of DMH letter 05-05.

Question 1: Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

e) A brief description of the program
f) Identification of the age and situational characteristics of the priority population to be served in this program
g) Identification of strategies for which you will be requesting MHSA funds for this program
h) Identification of the funding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.

Please see next page.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007/2008	Program Work Plan Name: New Program - Mentoring Program for Transitional Age Youth
Program Work Plan: GF4		Estimated Start Date: November 2007

1. a) Description of Program:
The provision of mentoring services will promote resiliency in diverse seriously emotionally disturbed (SED) or severely mentally ill (SMI) transitional age youth (TAY) by strengthening environmental supports and by providing a nurturing relationship with a responsible adult who serves as a positive role model. The mentor will serve to provide a safe, trusting, and culturally appropriate relationship, healthy messages about life and social behavior, appropriate guidance from a positive role-model, and opportunities for increased participation in education, civic service, and community activities. Mentoring services will broaden the number of community resources that will continue to be available to the TAY once the mentoring relationship ends.

1. b) Priority Population:
SED/SMI TAY receiving services in county-operated or contracted CYS programs, including the Full Service/Wraparound population.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
✓ Recruit, train, and supervise responsible adults and transitional age youth to serve as responsible role models and mentors who will be matched with TAY receiving services through any CYS county-operated or contract-operated clinic.	☐	☒	☐	☐	☒	☐	☐

GF4: New Program - Mentoring Program for Transitional Age Youth

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

The Mentoring Program will be a community-based, culturally/linguistically competent, individual and family-centered program that will recruit, train, and supervise responsible adults and transitional age youth to serve as positive role models and mentors for seriously emotionally disturbed (SED) and severely mentally ill (SMI) transitional age youth (TAY) who are receiving services through any Children & Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population. The Mentoring Program will provide opportunities for paid adult mentors to develop supportive relationships with SED/SMI TAY to help them build the skills necessary to lead a productive and rewarding life. All mentors will be trained and matched based on shared cultural and linguistic needs of the TAY.

Potential mentors will be recruited from corporate, professional, and faith-based community organizations in Orange County, as well as neighborhood and cultural and linguistic groups that represent the local demographics. Once a request has been received from a service provider, and a determination has been made that a TAY could benefit from a mentor relationship, the matching process will proceed. This will be done formally and informally through interviews, personal profiles, comparative interest inventories, and get-acquainted sessions. Once a match becomes mutually agreeable to all the parties involved, the process of forming a trusting, nurturing one-to-one relationship will begin. Through this relationship, the TAY will experience increased self-esteem and improved family and social relationships.

Mentoring complies with the priority issues identified by the initial stakeholder workgroups by: (1) Addressing each of the priority issues identified for the SED/SMI transitional-age youth age group, (2) Utilizing a strategy that has been recommended by the DMH that relates to the Vision and Guiding Principles for the MHSA, and (3) Promoting an individual's overall functioning by increasing self-esteem, resiliency, and improving family and social relationships.

The benefits of mentoring are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children with mentors demonstrate solid improvements, especially in the areas of academic performance and are less likely to be involved with gangs, violence, teen pregnancy, alcohol and drug use. Mentoring is a logical, cost-effective prevention strategy that provides youth with positive, caring role models who help them succeed and become productive, contributing members of our society."(http://www.mentoring.ca.gov/about_gmp.shtm) The Mentoring Program also advances the goals of the MHSA by being family driven, focused on strengths and resiliency, supporting an integrated service

experience that is culturally competent, and developed through collaborative efforts within the community.

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

Housing and employment services are not specifically a part of this program. If a client receiving mentoring services is in need of housing, then a referral can be made to one of the Full Services Partnerships.

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

This is a System Development proposal and not a Full Service Partnership.

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

The TAY Mentoring Program will serve to promote resiliency in SED/SMI TAY by strengthening environmental supports for SED/SMI TAY that are overwhelmed by the unique challenges of supporting oneself in Orange County. A growing percentage of TAY face increasing difficulties accessing adequate housing and/or providing the necessary supports that they need to develop essential life skills. As the challenges facing TAY increase, preoccupation with physical and emotional survival often results in fewer opportunities to strengthen their coping skills and to enrich their own outlook on the possibilities available to them. The consequences to a community can be costly. Increased gang affiliation, violence, and teen pregnancy are just a few of the possible results. As noted above (see response to Question #2), mentoring has shown to be an important tool in improving an individual's performance in a number of areas.

The TAY Mentoring Program is designed to provide a nurturing relationship for TAY struggling with issues associated with acculturation, economic impoverishment, social isolation, and poor access to mental health services, or lack of understanding about mental health treatment. The program is family and strengths-based with its primary focus to ensure that mentors provide SED/SMI TAY with safe and trusting relationships, healthy messages about life and social behavior, appropriate guidance from a positive adult role model, and opportunities for increased participation in education, civic service, and community activities. By increasing a TAY's positive experiences within the context of a trusting and safe relationship, confidence, hope, and self-esteem increase. The positive outcome from this relationship is that a TAY develops a greater capacity to view achievement and success as viable goals. As newly learned skill sets are put into practice and refined within the mentor-TAY relationship, they will strengthen, thereby promoting resilience in an ongoing and

progressive manner. Mentors will maintain contact with the mental health service provider, ensuring that both setbacks and achievements are given proper attention.

Services offered will be culturally and linguistically competent and community-based to encourage the establishment and growth of local support systems that will be available to the TAY once the mentoring relationships ends.

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

The TAY Mentoring Program is a new MHSA program for Orange County Behavioral Health/Children and Youth Services (BH/CYS). The concept, however, builds on a strategy being utilized to a limited extent through an existing County program known as "Project Together" (not part of, or funded through, the County's current CSS Plan). In addition to facilitating fundraising events and soliciting donated items to support children and their families, "Project Together" has also matched approximately 20-30 volunteer mentors from the community with emotionally troubled children receiving mental health services at several County-operated or contract provider clinics.

The proposed TAY Mentoring Program will focus exclusively on mentoring and will not include fundraising or solicitation of donated items. It will be a distinct and much broader mentoring program, anticipated to serve approximately 18 TAY per year. This program will incorporate the concepts and principles outlined in the Mental Health Services Act and recommendations from other "transformational" documents, such as those outlined in The President's New Freedom Commission on Mental Health (2003).

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

Parents, former clients, and family members that meet staffing qualifications will be considered as either paid volunteer coordinators or paid mentors. The inclusion of former clients and family members not only serves to maintain the family-driven, family-focused nature of the program, it also allows participating individuals to share their knowledge, skills, and experiences of recovery to those TAY with whom they have been matched.

For those SED/SMI TAY that are participating in Full Service Partnerships, the mentors may be invited to become part of the "Wraparound" team. An invitation to become a member of a Wraparound team would be a natural consequence of the relationship that has been developed between the mentor and the TAY. Mentors will be introduced to the concept of "give-back" as part of their training, so they come to recognize the importance of their contribution in the lives of the TAY they mentor.

The program supervisor position may or may not be filled by a former client or family member, depending on the person's ability to meet the qualifications to perform the necessary oversight of the program.

A major criterion for selection of the TAY Mentoring provider agency will be the organization's ability to identify, hire, train, and support clients, former clients, and family members.

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

Orange County BHS/CYS has a long-standing and successful history of collaborating with multiple county-run and community agencies. The TAY Mentoring Program will continue this process by maintaining engagement with those agencies where relationships already exist, and by reaching deeper into the community by linking with those agencies that have been newly "discovered" through the Children's MHSA Outreach and Engagement Program. For example, the Asian and Pacific Islander collaborative contracted for outreach and engagement will expose a wealth of local resources that have so far gone unused. From these resources will come potential mentors that have the linguistic and cultural capacity to meet the needs of unserved and underserved ethnic groups, such as in the Vietnamese community.

Partnering with an increased number of racially and ethnically diverse community organizations will produce three primary benefits: (1) Act as a potential resource for mentors and volunteers with specific linguistic and cultural skills which will increase the program's ability to match volunteers, (2) Provide unique resources for mentors and volunteers that might otherwise be unavailable to the TAY being served (e.g., tickets to local cultural functions and events), and (3) Broaden the number of community supports available to TAY to make use of once the mentor relationships ends.

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

The TAY Mentoring Program will be inclusive of the target populations in the community, with particular attention paid to the linguistic and cultural needs of the TAY being served. Although many different variables make up a successful mentoring program, the first and foremost criterion for success is that there exist sufficient pools of mentors available to match. Secondly, the mentor pool needs to contain a level of diversity that reflects the TAY being served by CYS so the

soundness of any match is ensured. With this in mind, efforts will be made to recruit volunteer coordinators that are culturally and linguistically knowledgeable and sensitive to, and capable of, interacting with those in the regions being served. Having ethnically and linguistically diverse volunteer coordinators will ensure that the pool of volunteers recruited remains diverse, and that mentors will receive supervision that is meaningful and relevant.

Training of all staff will also be provided in order to address cultural and linguistic issues and ensure that services are provided in a culturally competent manner. The training provided via the Education and Training component of the state approved CSS Plan provides an abundance of training on issues pertinent to the diverse cultural groups in Orange County. The County of Orange will continue to monitor demographic changes in the communities being served. Demographic shifts with regards to differing cultural and linguistic needs will be planned for to ensure continuity of culturally appropriate matches. In addition to threshold languages, attention will be given to emerging languages, a key issue in a rapidly changing county.

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

The TAY Mentoring Program will be sensitive to sexual orientation and gender specific issues. For the past six years, the Cultural Competency Department has provided training on a quarterly basis on lesbian, gay, bisexual, transgender/ questioning (LGBT/Q) issues, such as gay/questioning youth, LGBT/Q, same sex parents, high risk behaviors for LGBT youth, etc. These trainings have been the most requested trainings and will continue to be offered. Trainings focused on issues specific to LGBT/Q TAY are crucial due to the high risk of alcohol/drug problems, homelessness, and suicide. For example, 42% of homeless youth identify as lesbian, gay or bisexual. Additional trainings will be added to meet the needs of the populations being served. Trainings on specific gender issues will also be added.

TAY mentors will be matched by gender when possible and appropriate. In the second and third years of the projects and for later years, specialty staff teams can be developed to address specialty needs such as non-traditional family units and LGBT youth in traditional families. A representative of the Gay Lesbian Bisexual Transgender Center currently serves on the MHSA Steering Committee. This center will serve as a resource to GLBT clients and family members as well as questioning youth.

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

Currently, TAY residing outside of the County can receive mental health services through Pacific Behavioral Health Services (Orange County's Medi-Cal

Administrative Services Organization), or through letter agreements with the county of residence. Mentoring services could be provided through similar letter agreements with host counties if needed.

TAY temporarily residing outside of the county could be also assigned a mentor through the TAY Mentoring Program prior to their return. The mentor could communicate with the TAY while in placement, could meet with them in person when the TAY come home for visits and, of course, could provide additional support during that crucial period after the TAY returns home permanently. This would be done on a case-by-case basis, however, it would be available to all TAY residing out of county.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA.

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

Implementation will follow the timeline:

- Board of Supervisors approval is expected in March 2007
- Requests for proposals will be issued beginning in late March 2007
- DMH approval is expected by July 1, 2007
- It is anticipated that services will commence as early as November 2007

3. Please provide Exhibit 6, Quarterly Progress Goals and Report.

All Exhibit 6 for this application are together in Part 1 starting on page 17.

4. Please explain the County's capacity for implementing this program within the timeframes stated. This is only required from those counties that have not implemented all approved CSS programs.

With the exception of the Adult Crisis Residential Program, Orange County has implemented or will implement by April 1, 2007 all programs included in the State-approved CSS Plan. Implementation of the Adult Crisis Residential Program has faced serious challenges. The main issue is finding a city that is willing to serve as a location for the program. Other arrangements, such buying several group homes, are being considered. The new programs included in this CSS Growth Funding Plan will not be subject to the same problems; thus, Orange County has the capacity to implement them within the proposed timeframes.

EXHIBIT 5a

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF4 | Date: 12/30/06
Program Workplan Name: New Program - Mentoring Program for Transitionalal Age Youth | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 18 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 18 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)			$106,380	$106,380
c. Employee Benefits			$26,595	$26,595
d. Total Personnel Expenditures	$0	$0	$132,975	$132,975
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$57,025	$57,025
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$190,000**	**$190,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$0	$0
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$0**	**$0**
D. Total Funding Requirements	**$0**	**$0**	**$190,000**	**$190,000**
E. Percent of total funding requirements for FSPs				**10%**

EXHIBIT 5b

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF4 | Date: 12/30/06
Program Workplan Name: New Program - Mentoring Services for Transitional Age Youth | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 18 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 18 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Service Chief I	Program Director		0.39		$18,720
Mental Health Worker II	Volunteer Coordinator	0.60	0.60		$19,800
Mental Health Worker I	Mentor/Volunteer	0.50	2.25		$56,160
Office Specialist	Clerical	0.39	0.39		$11,700
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.49	3.63		$106,380
C. Total Program Positions		1.49	3.63		$106,380

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

GF4: New Program - Mentoring Services for Transitional Age Youth, FY 2007/2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

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

2. Personnel Expenditures

As the service provider is not yet known, no detailed data is available at this time. Salaries and employee benefits were estimated, using estimated staffing levels identified by program staff, based on the fiscal year 2006-07 average salary and benefits for comparable County classifications and functions with a COLA applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2006-07 with a COLA applied.

4. Program Management

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

5. Estimated Total Expenditures when service provider is not known

$190,000.

B) Revenues

1. Existing Revenues

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

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2007-08 budget

ADULT PROGRAMS

- **New Program - Program of Assertive Community Treatment (PACT)**
- **New Program - Consumer-Run Wellness/Recovery Center**

PROGRAM 5

Growth Funding 5 (GF5)

New Program - Program of Assertive Community Treatment (PACT)

Total amount of new funding being requested.

$2,107,645

1. Responses to questions 1 – 13 in Section VI of DMH letter 05-05.

Question 1: Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary:

a) A brief description of the program
b) Identification of the age and situational characteristics of the priority population to be served in this program
c) Identification of strategies for which you will be requesting MHSA funds for this program
d) Identification of the funding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.

See Exhibit on next page.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007/2008	Program Work Plan Name: New Program - Program of Assertive Community Treatment (PACT)
Program Work Plan: GF5		Estimated Start Date: July 2007

1. a) Description of Program:
The PACT program currently provides intensive and comprehensive community-based psychiatric treatment services through non-MHSA funding. Services include medication services; individual, group, substance abuse, and family therapy; and linkage to benefits. The existing PACT program is available in one county location to persons with serious and persistent mental illness who have not responded to traditional outpatient services. Using MHSA CSS funding to expand this program will increase the number of persons currently served by 180 and expand the service areas from one to four locations throughout Orange County.

1. b) Priority Population:
The PACT program is for individuals, 18 to 60 years old, who have a severe and persistent mental illness and have not responded to traditional outpatient services. PACT clients may not meet the FSP requirement of being homeless or at risk of homelessness.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
▪ Client self-directed care plans. ▪ Intensive community services and supports teams capable of providing services to clients where they live, including consumers as team members. ▪ Integrated Assessment teams that provide comprehensive mental health and substance abuse assessment, which are strength based and focused on client engagement.	☐	☒	☐	☐	☐	☒	☐

GF5: New Program - Program of Assertive Community Treatment (PACT)

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

The Program of Assertive Community Treatment (PACT) currently provides comprehensive community-based psychiatric treatment in one county location (through non-MHSA funding) to persons with serious and persistent mental illness who have not responded to traditional outpatient services. A multi-disciplinary PACT treatment team provides medication services; individual, group, substance abuse, and family therapy as needed; as well as supportive services such as vocational services, money management training, and linkage to benefits. The target population for PACT is persons with severe and persistent mental illness who typically have cycled through hospitalizations and incarcerations. In addition, clients may have co-existing problems such as substance use and medical issues. Expansion of the PACT Program would increase the number of persons currently served and expand the service area from one to four locations throughout Orange County.

The Integrated Service Program is the evidence-based model for this program. PACT will be strength-based, with the focus on the person rather than the disease. Multi-disciplinary teams will be established including the client, psychiatrist, Licensed Vocational Nurse, Personal Service Coordinators (PSCs) peer specialists, and family members, whenever possible. PACT clinicians provide treatment that is individually designed with consumers and their families in a collaborative fashion, and offer services that promote successful integration of consumers into the community.

Client services are recovery and harm-reduction oriented to encourage the highest achievable level of client empowerment and independence. PSC's will meet with clients in their current community setting, and will develop a supportive relationship with the individuals served. The PACT team reviews all referrals for admission. The target Consumer/Staff Ratio is 1:12, with a target length of client involvement from 12 to 18 months. The PACT program emphasizes family involvement and culturally competent services as well as socialization and community involvement. PACT services include:

- Vocational and educational supportive services
- Consumer employment
- Money management
- Intensive case management
- Community based Wraparound/Recovery Services
- Illness education and self-management
- Medication support
- Dual diagnosis services
- Linkage to financial benefits/entitlements
- Family and peer support

The expansion of this program will provide 24 hours/7 days a week on-call access for its members. Individuals enrolled in this program will have a single point of contact. A key component of the program will be a Peer Recovery Specialist on the team, who can serve as a mentor. Using engagement and recovery strategies, the team will be able to provide crisis response, alternatives to jail and hospitalization, housing and employment supports. Whenever feasible, the team will use community resources.

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

Providing housing will be a critical element for this program. The PSC will work with the individual served to determine the best options for safe affordable housing based on client need and the expressed desire of the client. Housing strategies may vary over the course of services. Transitional or respite housing may be indicated early on, whereas permanent supportive housing or independent housing is the long-term goal.

An array of housing options provided includes:

- Immediate Shelter: critical access for individuals who are homeless or have no other immediate housing options available.
- Transitional Housing: available for individuals who will benefit from an intermediate step between shelter and permanent housing. Transitional housing is generally time-limited and provides structure and programming in the context of housing such as Board and Care or Room and Board.
- Permanent Housing: Allows residents to have their own unit or bedroom. Shelter Plus Care will also be available for members who qualify.
- The program will build upon existing collaborative relationships with landlords, while seeking out additional landlords who can provide the types of housing needed.

Each individual will have the opportunity to express his/her desire or interest in community programs and activities that result in meaningful use of time and talent. Consumers will be encouraged to consider and to start volunteer work, part time, supported employment or education. Employment services provide the basic skills necessary to assist in the integration of the severe chronic mentally ill homeless individual into the workforce. Many of the clients have minimal work experience or have not worked for a number of years.

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

This is not a Full Service Partnership.

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

This integrated service program is based on a recovery model that is designed to do "whatever it takes" to assist clients in achieving their hopes and dreams while reducing incarceration and recidivism. Rehabilitation and Recovery interventions are client-directed and embedded within the service array. They may include, but are not limited to: individualized wellness recovery action plans, skill development, peer supports, social and recreational activities, and supported housing.

The existing PACT Program has demonstrated effectiveness in engaging and treating individuals with serious and persistent mental illness who have not previously benefited from treatment. These individuals who have been under-served or unsuccessfully served have responded well to PACT services and have demonstrated recovery benefits that include a decrease in incarcerations, and an increase in education enrollments and employment.

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

The PACT Program was not included in the original CSS Plan, and although it isn't new to the County it is a new program for CSS. PACT services are currently available on a limited basis through other funding. The existing PACT program, if expanded, would be able to provide services to an additional 180 new clients served in three additional locations in different areas throughout Orange County. Providing PACT services in four separate locations will ensure access to consumers throughout Orange County and therefore accommodate the needs of many more consumers. In addition, since the program is currently at maximum capacity, the PACT program has had to turn down referrals.

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

Connection to community, family and friends will be a critical element to recovery. The Care Coordinator will work to include consumer's natural support system in treatment and services.

Peers will be hired and peer volunteers recruited to provide support to assist members in their recovery. A key component of the team will be to employ consumers as Peer Recovery Specialists (PRS).

It is recognized that an individual's natural support system including family is essential to their recovery. It is also recognized that this natural system may need support and/or education to be able to provide the best care and support. The County has a Family Advocate that will be utilized by the team. Education and Support groups will be developed for the full service partnership programs. The National Alliance for the Mentally Ill's Family-to-Family education services will also be a resource, as well as the County's "True North" program, which is based on the work of Bill Anthony and his colleagues at Boston University.

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

Our experience with the current PACT program and AB2034 program has demonstrated successful stakeholder collaboration that includes; Orange County Superior Court, hospitals, local homeless providers, local housing authorities, alcohol and drug programs, mental health services providers, law enforcement, the criminal justice system, faith-based community providers, housing providers, health care providers, businesses and education entities. These same community stakeholders will continue to collaborate with the PACT to address the needs of the homeless mentally ill.

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

Expanding the PACT program into different geographic areas that include culturally and linguistically diverse communities was built into the program design. Facilitating easier access to services and promoting a greater community presence and participation will assist the goal of improved penetration and increased services provided to individuals with severe and persistent mental illness living in culturally and linguistically diverse communities.

Cultural Competence will be a continuous focus in the development of this program. Key will be the recruitment and hiring of staff that are culturally and linguistically competent to address treatment disparities. The staff will be sensitive to the client's, and family's level of acculturation or disparity between the two and not just ethnic background. This program will be embedded in the overall Cultural Competency guidelines and expectations for all county services.

Also, we will develop new strategies, resources and training for using "translators" for both linguistic purposes as well as for communicating with the deaf and hearing impaired communities.

In addition, the Cultural Competency Department, a unique asset of the Orange County Health Care Agency, will provide training for all staff. Training will address the provision of care to various cultures in a manner that is appropriate and effective, and will focus on how to work with consumers in a culturally competent manner to access services such as employment and housing.

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

System-wide training to county and contract staff will be provided and focused on services for lesbian/gay/bisexual/transgender consumers. Training related to gender is especially critical when considering and understanding the role gender plays in relation to specific ethnic and culturally diverse populations. The need to be knowledgeable about and considerate of gender-sensitive issues when working with culturally diverse populations will be a focus of the program's training curriculum.

Sexual orientation and gender sensitivity are required expectations and are integrated in the service delivery system. A representative of the Gay Lesbian Bisexual Transgender Center currently serves on the MHSA Steering Committee. This Center will serve as a resource to LGBT clients and family members. The PACT program will continue providing services in a manner sensitive to sexual orientation and gender-sensitive issues.

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

This service will be provided to Orange County residents only. Should members of this program desire to move outside of Orange County or find themselves in a situation that has taken them out of Orange County and they wish to return, the team will work with the appropriate contacts in the new location to effect a successful and safe change back to Orange County.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA.

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

Depending on the ability to recruit, hire, train qualified staff and locate facilities, we hope to implement this program as early as July 1, 2007.

3. **Please provide Exhibit 6, Quarterly Progress Goals and Report.**

All Exhibit 6's for this application are together in Part 1 starting on page 17.

4. **Please explain the County's capacity for implementing this program within the timeframes stated. This is only required from those counties that have not implemented all approved CSS programs.**

With the exception of the Adult Crisis Residential Program, Orange County has implemented or will implement by April 1, 2007 all programs included in the State-

approved CSS Plan. Implementation of the Adult Crisis Residential Program has faced serious challenges. The main issue is finding a city that is willing to serve as a location for the program. Other arrangements, such buying several group homes, are being considered. The new programs included in this CSS Growth Funding Plan will not be subject to the same problems; thus, Orange County has the capacity to implement them within the proposed timeframes.

EXHIBIT 5a

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF5 | Date: 12/30/06
Program Workplan Name: New Program - Program of Assertive Community Treatment | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 180 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 180 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$1,537,728		$0	$1,537,728
c. Employee Benefits	$531,432		$0	$531,432
d. Total Personnel Expenditures	$2,069,160	$0	$0	$2,069,160
3. Operating Expenditures				
a. Professional Services				$0
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures	$11,000			$11,000
e. Rent, Utilities and Equipment	$76,464			76,464
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$87,464	$0	$0	$87,464
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$0
6. Total Proposed Program Budget	**$2,156,624**	**$0**	**$**	**$2,156,624**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)	$48,979		$0	$48,979
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$48,979	$0	$0	$48,979
3. Total Revenues	$48,979	$0	$0	$48,979
C. One-Time CSS Funding Expenditures			**$0**	**$0**
D. Total Funding Requirements	**$2,107,645**	**$0**	**$0**	**$2,107,645**
E. Percent of total funding requirements for FSPs				**10%**

EXHIBIT 5b

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF5 | Date: 12/30/06
Program Workplan Name: New Program - Program of Assertive Community Treatment | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 150 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 150 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Service Chief II			1.00		$74,984
Clinical Social Worker II			9.00		$545,126
Mental Health Specialist			6.00		$249,850
Information Processing Tech.			1.00		$33,760
Behavioral Health Nurse			1.00		$71,156
License Vocation Nurse			2.00		$83,283
Comm. MH Psychiatrist			2.00		$338,124
Mental Health Worker	Consumer/Family Member Support (4 at 10 hr/week)	1.00	1.00		$141,440
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	1.00	23.00		$1,537,728
C. Total Program Positions		1.00	23.00		$1,537,728

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

GF5: New Program - Program of Assertive Community Treatment (PACT), FY 2007/2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

There are no expenditures included in the proposed budget for Client, Family Member and Caregiver Support Expenditures due to the nature of the services provided in this program.

2. Personnel Expenditures

The Personnel Expenditures included in the PACT 2007-2008 budget were estimated based on the FY 2006-2007 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied.

3. Operating Expenditures

Services and supplies expenses, excluding the salary and benefits costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2006-2007 with a COLA applied. In addition to the standard cost per FTE, operating expenditures unique to this program are also budgeted. Lease costs based on standard rates are also included for three offices to house each PACT team.

4. Program Management

This will be a County operated program, so the costs for Program Management are included in the budget. Additionally, administrative and management support will be provided by positions included in the Administration budget.

5. Estimated Total Expenditures when service provider is not known

N/A

B) Revenues

1. Existing Revenues

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

2. New Revenues

It is assumed that some Medi-Cal Federal Financial Participation (FFP) will be generated. This budget assumes that 67% of the costs associated with the program will be eligible for Medi-Cal FFP reimbursement.

C) One-Time CSS Funding Expenditures

N/A

PROGRAM 6

Growth Funding 6 (GF6)

New Program - Consumer-Run Wellness/Recovery Center

GF6: New Program - Consumer-Run Wellness/Recovery Center

1. **Total amount of new funding being requested.**

$1,500,000

2. **Responses to questions 1 – 13 in Section VI of DMH letter 05-05.**

Question 1: **Complete Exhibit 4 (as required under Section IV response). Using the format found in Exhibit 4, please provide the following summary**:

a) A brief description of the program
b) Identification of the age and situational characteristics of the priority population to be served in this program
c) Identification of strategies for which you will be requesting MHSA funds for this program
d) Identification of the funding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.

Please see next page.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY		
County: Orange	Fiscal Year: 2007/2008	Program Work Plan Name: New Program - Consumer-Run Wellness/Recovery Center
Program Work Plan: GF6		Estimated Start Date: July 2007

1. a) Description of Program:

The Wellness Center will fill a gap in the service system by supporting diverse clients with services such as personalized socialization, relationship building, assistance with maintaining benefits, employment and educational opportunities. Community volunteers will provide educational support sessions and a range of weekend, evening and holiday social activities. The ultimate goal is to reduce reliance on the mental health system and increase self-reliance by building a health network of support systems.

1. b) Priority Population:

Services to be provided to SMI adults who are relatively stable who may benefit from activities provided at the Wellness Center.

1. c) Describe strategies to be used, Funding Types requested, Age Groups to be served (check all that apply)	**1. d)**						
	Fund. Type			**Age Group**			
	FSP	SD	OE	CY	TAY	ADL	OA
Although the types of programs and activities at the Wellness Center will be determined by the members, examples of programs that might be provided include: ▪ Client and family peer support groups ▪ Self-help and client run programs ▪ Classes on exercise, nutrition, and recreational activities ▪ Referrals to mental health, physical health, and dental care ▪ Benefits consultation ▪ Substance abuse relapse prevention support groups	☐	☒	☐	☐	☐	☒	☐

GF6: New Program - Consumer-Run Wellness/Recovery Center

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

The Mental Health Services Act provides resources for a transformation of the service delivery system. This effort is about breaking down barriers and building community support services that bridge existing gaps in the recovery continuum. This transformation proposal should facilitate access to a greater array of dependable recovery support options for the most stable service member. The proposed major system change offers an opportunity to establish a solid link between traditional service providers, clients, families, and the diverse community of Orange County. It will also facilitate progress along the road to recovery.

The existing service system is engulfed by overwhelming numbers of clients, many of whom are relatively stable and in search of the final steps to establishing recovery on a solid support base.

The Wellness Center will fill that gap in the service system by supporting relatively stable clients with services such as culturally/linguistically appropriate personalized socialization, relationship building, assistance with maintaining benefits, employment and educational opportunities, community volunteers providing educational support sessions and a range of weekend, evening and holiday social activities. The ultimate goal is to reduce reliance on the mental health system and increase self-reliance by building a healthy network of support systems.

The Wellness Center will be available during hours of the day or weekend when clients find themselves isolated or without healthy supportive social activities. Most often the needs of this relatively stabilized population are overlooked. The initial consumer population, often receiving medication-only services in the traditional treatment setting, will be referred to the Wellness Center. At the Center, these new members will be offered a range of personalized recovery and social development/support activities.

The proposed Wellness Center will be contracted to a community-based organization, which will serve as a fiscal agent for the Center. A consumer-driven advisory board, consisting of at least 51% consumers, will provide policy direction. However, should a qualified client-run organization bid and be selected for this contract, then that will not be necessary. The Wellness Center will use a community model to make many of the decisions on activities and services. Weekly meetings will be held for members, volunteers, and staff. Staff, including management staff, who will be consumers of services, with the support and guidance of one or more licensed professionals who may or may not be consumers of services. The core management staff will have accountability to both the Advisory Board and the Fiscal Agent, if that is necessary.

Although the Wellness Center activities and operations will be developed by the participants, some broad outlines of the type of programs/activities that might be included are described below.

Several categories of activities/programs will be designed. These may include: (1) Community Programs, (2) Educational Programs, (3) Health Programs, (4) Food Services and (5) a Resource Center. Examples of Community Programs are support groups, twelve-step groups, peer navigators, benefit counseling, meditation, and social events. Examples of Educational Programs include classes on nutrition, advocacy, crafts, exercise, and vocational skills. Examples of Health Programs include consultation services regarding mental health, physical health, dental care, substance abuse, and alternative medicine. Examples of Food Service activities include diet planning, food preparation, and provision of meals/refreshments for Wellness Center members. In addition, the model includes a Resource Center with books, internet access, videos, DVDs, tapes and other materials.

A key element of the program is the engagement and support offered by recovered clients. These "Peer Navigators" are not case managers. Their role is to assist/support clients/peers efforts in pursuing/maintaining benefits, applying for housing, setting goals for employment or reengagement of educational goals.

Substance abuse relapse prevention and recovery support groups may also be offered. These self-help groups will meet as often as necessary to provide the avenue for full recovery. The Wellness Center may offer ongoing 12-step groups geared towards clients maintaining their sobriety. Abstinence is the goal, although a "harm reduction" approach will also be utilized to meet specific members' situations. Other community self-help groups will be invited to hold meetings at the Wellness Center.

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

Housing and Employment are not specifically part of this program; however, staff at the Wellness Center will help clients with maintaining housing or moving to more independent housing. In addition, staff will be working with clients to achieve and maintain and employment and provide access to educational opportunities. Other programs that include housing and/or employment components will be available as a referral option.

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

This is not a Full Service Partnership Program.

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

The Wellness Center is based on a recovery model that is designed to assist diverse clients in achieving their hopes and dreams while remaining active in the community. Recovery interventions are client-directed and embedded within the service array to include: individualized wellness recovery action plans, peer supports, social and recreational activities,

Staff will participate in trainings to develop peer empowerment and employment. There will be ongoing training and support in wellness and recovery philosophy and methodology to ensure successful client relationships. Management and supervisory staff will also be responsible for educating, cultivating, supporting, and role modeling the values of recovery.

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

This is a new program for Adult Mental Health Services

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

There will be a client-driven Advisory Board, consisting of at least 51% consumers. However, should a qualified client-run organization bid and be selected, then that will not be necessary. The Wellness Center will use a community model to make many of the decisions on activities and services. Weekly meetings will be held for members, volunteers, and staff. Staff, including management staff, will be consumers, with the support and guidance of one or more licensed professionals who may or may not be consumers of services. Peers will be hired and peer volunteers recruited as peer support to assist members in their recovery. A key component of the team will be to employ consumers as Peer Navigators.

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

Our experience with the AB2034 homeless program and the initial MHSA programs has demonstrated successful stakeholder collaboration that includes: Orange County Superior Court, hospitals, local homeless shelter providers, local housing authorities, alcohol and drug programs, mental health providers, law enforcement, criminal justice agencies, faith-based community providers, housing providers, health service providers, business, and education entities. These same community stakeholders will continue to collaborate with the Wellness Center.

Again, the Health Care Agency (HCA) intends to build upon the vast experience it has gained in the past five (5) years with our current programs. HCA will call upon new partners to assist in developing our proposed new Wellness Center.

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

Cultural Competence will be a continuous focus in the development of these programs. The key will be the recruitment and hiring of peers/staff that are culturally and linguistically competent to address clients' needs. This program will be embedded in the overall Cultural Competency guidelines and expectations for all county services.

The philosophy of the Wellness Center draws upon cultural strengths and utilizes service delivery and assistance in a manner that is trusted by and familiar to many of Orange County's ethnically/culturally diverse populations. Attention will be given to utilizing such models as the Promotora model, which uses lay people who are part of the target community, and trains them to be community health workers. This very successful model has been used throughout Mexico and Central America with great success. Utilizing Wellness Center staff that speak the same language and have the same cultural background of the participants will assist in the provision of service in all of the Wellness Center's programs.

The Cultural Competency Department, a unique asset of the Orange County Health Care Agency, will provide training for all staff on cultural and linguistic issues. Training will address the provision of care to various cultures in a manner that is appropriate and effective, and will focus on how to work with consumers in a culturally competent manner to obtain employment, housing, etc.

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

System-wide training focused on services for lesbian/gay/bisexual/transgender (LGBT) consumers will be provided to county and contract staff Sensitivity to gender issues is especially critical when considering and understanding the role gender plays in relation to specific ethnic and culturally diverse populations. Staff will be trained so that they are knowledgeable about and considerate of these issues when working with culturally diverse populations.

The Wellness Center will be a positive, welcoming place for Orange County consumers. For example, LGBT groups will be part of the mainstream groups offered in all aspects of the Wellness Center. The Community Program will offer Peer Support groups for LGBT specific issues. These can include support groups specifically for LGBTs, Men who have sex with men (MSM), and for those just

Coming Out. The same will occur for gender specific issues. These groups will also be tailored to cultural groups. For example, there may be need for an LGBT support group in Spanish for Latinos. As with all CSS programs, the Wellness Center will incorporate a "safe zone" so that LGBT consumers will feel safe and welcome in the Center. This will be accomplished by the previously mentioned trainings of all staff, the display of a small subtle gay flag at the reception windows, brochures, flyers, and pamphlets in multiple languages on LGBT resources such as PFLAG (Parents & Families of Lesbians and Gays), The Center, etc.

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

This service will be provided to Orange County residents only.

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

All of the strategies proposed in this program are listed in Section IV and promote the goals of the MHSA.

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

We hope to develop program solicitation(s) with pre-implementation staff to enable the programs to be put out for bid upon DMH approval. It is expected that a provider will be selected within three months of release of the RFP.

3. Please provide Exhibit 6, Quarterly Progress Goals and Report.

All Exhibit 6's for this application are together in Part 1 starting on page 17.

4. Please explain the County's capacity for implementing this program within the timeframes stated. This is only required from those counties that have not implemented all approved CSS programs.

With the exception of the Adult Crisis Residential Program, Orange County has implemented or will implement by April 1, 2007 all programs included in the State-approved CSS Plan. Implementation of the Adult Crisis Residential Program has faced serious challenges. The main issue is finding a city that is willing to serve as a location for the program. Other arrangements, such buying several group homes, are being considered. The new programs included in this CSS Growth Funding Plan will not be subject to the same problems; thus, Orange County has the capacity to implement them within the proposed timeframes.

EXHIBIT 5a

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF6 | Date: 12/30/06
Program Workplan Name: New Program - Consumer-Run Wellness/Recovery Center | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 100 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 100 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing				
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)				$0
f. Total Support Expenditures	$0	$0	$0	$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				$0
b. New Additional Personnel Expenditures (from Staffing Detail)	$46,196		$312,000	$358,196
c. Employee Benefits	$19,656		$100,000	$119,656
d. Total Personnel Expenditures	$65,852	$0	$412,000	$477,852
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpretation Services				$0
c. Travel and Transportation				$0
d. General Office Expenditures				$0
e. Rent, Utilities and				$0
f. Equipment				
f. Medication and Medical Supports				$0
g. Other Operating Expenses (provide description in budget narrative)			$1,022,148	$1,022,148
h. Total Operating Expenditures	$0	$0	$1,022,148	$1,022,148
4. Program Management				
a. Existing Program Management				$0
b. New Program Management				$0
c. Total Program Management		$0	$0	$0
5. Estimated Total Expenditures (when services providers are unknown)			$0	$0
6. Total Proposed Program Budget	**$65,852**	**$0**	**$1,434,148**	**$1,500,000**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)				$0
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$0	$0
2. New Revenues				
a. Medi-Cal (FFP Only)			$0	$0
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$0	$0
C. One-Time CSS Funding Expenditures			**$0**	**$0**
D. Total Funding Requirements	**$65,852**	**$**	**$1,434,148**	**$1,500,000**
E. Percent of total funding requirements for FSPs				**10%**

EXHIBIT 5b

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF6 | Date: 12/30/06
Program Workplan Name: New Program - Consumer-Run Wellness/Recovery Center | Page 1 of 1
Type of Funding: System Development | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 100 | New or Expanded: New
Existing Client Capacity of Program/Services: 0 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 100 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Program Evaluation Specialist	*Consumer Director*	1.00	1.00		$46,196
Mental Health Specialist	*Consumer Support Staff*	8.00	10.00		$254,035
Staff Specialist	*Clerical*	2.00	2.00		$57,965
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	11.00	13.00		$358,196
C. Total Program Positions		11.00	13.00		$358,196

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

GF6: New Program - Consumer-Run Wellness/Recovery Center, FY 2007/2008

) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

There are no expenditures included in the proposed budget for Client, Family Member and Caregiver Support Expenditures due to the nature of the services provided in this program.

2. Personnel Expenditures

The personnel Expenditures included in the Wellness/Recovery Center 2007-2008 budget for one County position (Program Evaluation Specialist/Consumer Director) were estimated based on the FY 2006-2007 average salary and benefits for existing County classifications with similar functions with a Cost of Living Adjustment (COLA) applied. Estimates for positions to be filled by a provider were based on similar county positions with a COLA applied.

3. Operating Expenditures

As the service provider is not yet known, no detailed data is available at this time. An estimated cost per FTE, excluding the salary and benefit costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2006-07 with a COLA applied.

4. Program Management

The Wellness Center will be managed by the Program Evaluation Specialist/Consumer Director and will receive administrative support from program staff funded in the Administration budget.

5. Estimated Total Expenditures when service provider is not known

$1,500,000.

B) Revenues

1. Existing Revenues

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

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2007-08 budget.

OLDER ADULT PROGRAMS

- **Expansion of Older Adult Mental Health Recovery Service Program**
- **Expansion of Older Adult Supports & Intervention System (OASIS)**

PROGRAM 7

Growth Funding 7 (GF7)

Expansion of Older Adult Mental Health Recovery Service Program

GF7: Expansion of Older Adult Mental Health Recovery Service Program

1. Please provide a description of the proposed program.

The Older Adult Mental Health Recovery Program (OAMHRP), funded by the MHSA Community Services and Supports component, was implemented in July 2006. This proposal, if funded, will expand the existing program to serve additional clients.

The program provides comprehensive behavioral health assessments, including assessments for co-occurring disorders. Additionally, a biopsychosocial evaluation is completed. Medication management services are available. Nurses complete physical health screenings with linkage to appropriate physical health care providers. A pharmacist meets with the clients and family members and/or caretakers to review all medications prescribed for the consumer, discuss medication interactions and side effects, as well as interaction with use of over the counter or herbal remedies. Peer support counselors, called "Life Coaches", outreach to seniors at many sites where seniors congregate. They assist clients and family members and/or caretakers in their understanding of mental illness and the stigma they may feel, and link them to other community resources that the older adults need to maintain stability and health and remain independent in the community.

Orange County has a diverse population. Community input during the planning process emphasized and re-emphasized the need for all services to be culturally, linguistically, gender, and age appropriate. OAMHRP works to meet the cultural and linguistic needs of the clients by requiring that, as much as possible, staffing meet language needs of the population being served. For example, the current languages of the County's unserved, underserved, and inappropriately served older adult population include English, Spanish and Vietnamese, along with the emerging languages of Korean and Farsi. Translation services for unmet language requirements will be available.

The staff hired to perform these services is reflective of the diversity in Orange County and sensitive to the emerging cultures. It is also understood that services provided for culturally and linguistically diverse older adults must be performed by staff specifically educated and experienced in working with older adults to completely assure adequate assessment, identification of client strengths, and development of a treatment plan. This includes a series of cultural competency trainings for all staff (administrative, clinical and line staff). All treatment planning is performed in tandem with the client, and, whenever possible and appropriate, includes the family and/or caregiver. Families are linked to family support services and given the opportunity to interact with other families in the Orange County chapter of the National Alliance for the Mentally Ill "Family to Family Program."

Wellness is an emphasis for OAMHRP, both in the case of the older adult's physical, as well as mental health. Education regarding their physical illnesses and/or disabilities occurs through meetings with the nurse, who will also facilitate communication between the physical health care providers and the behavioral health team.
Suicide prevention is also an important focus. Older adults are the highest risk group for suicide, particularly Caucasian older males. Strategies to address this issue include:

assessments to identify risks early; education for clients, family members, and community partners on the risk of suicide and the types of resources available; and implementation of a permanent "officer of the day" system for clinicians who are specifically trained to handle crisis in seniors.

Community collaboration has long been established within the senior service delivery providers in Orange County. This has been true in large part due to the paucity of funding available for this population. Collaboration has provided the seniors with richer services and prevents costly duplications. It also allows for resolution of systems issues through diverse input. Such collaboration continues in this program, allowing the older adults access to a wide variety of services, including in-home services, home delivered or congregate meals, social activities, health insurance counseling, elder law attorneys, friendly visitors to reduce isolation, linkage to senior transportation services and respite care for caregivers, to name a few. Linkage to these ancillary services will be seamless to the client.

The program is targeted to serve the frail elderly mentally ill in their homes or site of their choice. The program has been so successful that some of the seniors being served are now willing and able to come out into the community to receive services. Therefore, it is proposed that an office for a geropsychiatrist and a geriatric clinician be developed at the current facility to encourage continued normalization of activity in the lives of these seniors.

At the present time 98 individuals are being served by OA Mental Health Recovery Services. Though program capacity of 164 has not yet been reached, referrals to the program have been three times its capacity. Without the availability of additional staffing, substantial waiting lists will need to be created. Since older adults require detailed and time-consuming assessment, 80 additional clients are in the assessment phase currently. If these 80 clients are assessed as appropriate for services, this would bring program enrollment to over 170 clients, exceeding current capacity and delaying services to the seniors. With the proposed expansion, an additional 160 individuals can be served, reducing the need for other, high cost services and institutionalization.

2. Please provide the number of clients to be served with the additional funding.

The requested funding will be used to serve 160 additional clients. The total expanded program capacity for FY 2007-08 is 324 clients.

3. Please describe the new services to be provided.

This will be an expansion of existing services, but will also include the addition of a small clinic setting for clients now able to emerge into the community to continue their recovery and normalize their activities.

4. Amount of funding being requested for program expansion

$ 788,618

5. Provide proposed start date and implementation timeline.

The start date will be April 1, 2007 for in-home recovery services and approximately August 1, 2007 for continuation services in the clinic setting.

6. Please provide net cost per client. If the net cost per client is higher than previously approved, please explain.

The per-client cost for this proposed expansion program is $4557.50 and is less than the already approved program.

7. Please provide Exhibit 6s, Quarterly Progress Goals and Report.

All Exhibit 6 for this application are together in Part 1 starting on page 17.

8. Describe County's capacity for implementing the program if the original program approved by DMH has not been implemented.

The Older Adult Mental Health Recovery Services Program has already been implemented. Additional staffing can be added upon recruitment in April 2007. Build-out of additional space located adjacent to other Older Adult Services will take approximately 4 months.

PROGRAM 8

Growth Funding 8 (GF8)

Expansion of Older Adult Supports & Intervention System (OASIS)

GF8: Expansion of Older Adult Supports & Intervention System (OASIS)

1. Please provide a description of the proposed program.

The Older Adult Supports and Intervention System (OASIS) is a Full Service Partnership designed to serve seniors age 60 and over in an environment of recovery. It was implemented in June of 2006 with MHSA funding. This proposal, if funded, will be used to supplement the services that can be provided to program clients and to increase the number of clients to 135.

The targeted recipients of service are older adults who are unserved or underserved and homeless or at risk of homelessness. These seniors require intensive services to maintain stability and independence in the community. Services are provided in a culturally/linguistically competent manner, considering language, ethnicity, age, gender and gender identity issues as well as intergenerational issues. The services are provided by staff specially trained and experienced in gerontology and include a comprehensive assessment, biopsychosocial evaluation, substance abuse assessment, mental health services, including services for co-occurring disorders, medication management, and case management and linkage services. Service delivery sites include the client's home, a senior center, a Primary Care physician's office, a faith based organization or other site selected by the client.

OASIS operates within a multidisciplinary team model, with the senior and family or caregiver's participation. Each member of the team offers expertise to the client, being cognizant of the client's cultural, family, age and gender specific issues. This assures that the senior receives whatever assistance is required to meet his/her goals and promote wellness. The expected outcome is to prevent incarcerations, unnecessary hospitalizations or emergency room visits. The program provides 24/7 crisis intervention and intensive services to the client, family members or caregivers, landlords and law enforcement to accomplish this goal.

The overarching goal of the program is wellness and recovery. This is achieved by attaining and maintaining maximum independence for the senior within the community. OASIS provides individualized focus through the use of Personal Service Coordinators (PSC) who work with the client, family members or caregiver to plan and deliver services appropriate to reaching goals set forth by the client and the support system.

Unfortunately, incidents of elder abuse are rising. Orange County has established an Elder Abuse Prevention Coalition, composed of elected officials and other leaders in the community, to begin to combat this phenomenon. For cases in which elder abuse is suspected, OASIS works closely with Adult Protective Services to assure the safety of the senior.

The PSCs do a comprehensive substance abuse assessment and link clients to the SubsTance Abuse Recovery Team (START) when necessary. START is a widely acclaimed model for treating seniors with substance abuse issues. The START team uses evidence-based practices and employs a harm reduction model to engage the client in treatment.

Additional staffing includes Life Coaches (trained peer counselors) who work with older adults and their families regarding outreach and engagement, behavioral health education, stigma reduction, benefits acquisition, and accessing community resources. The Life Coaches reach out to clients at senior centers and other community centers where seniors congregate, as well as local public health Community Clinics.

A pharmacist offers education to clients, families and caregivers through "brown bag" sessions in which all of a client's medications are reviewed. Issues of misuse and side effects are discussed, along with medication interaction with over the counter preparations and herbal remedies.

A nurse performs health screenings. The nurse assists seniors, family members, and caregivers with physical health care issues and linkage to primary health care providers. They also facilitate communication between these providers and the behavioral health team. A Geropsychiatrist assesses the senior's behavioral health needs and provides medication management services. These services are provided in the senior's place of choice. Additional staffing includes a Program Supervisor and two administrative support staff.

A Geriatric Educator works with clients, family members, professionals and the community to assist in decreasing stigma, providing information about the normal aging process versus mental illness, the importance of early identification of mental illness in the elderly, and appropriate assessment of older adult issues.

Should the senior desire to obtain volunteer or compensated employment, assistance will be provided. Pre-employment preparation, job seeking skills and interviewing skills are provided. On site supportive services are available to assure the client's success in this area.

Assistance with housing is available, including assessment for type of housing, rental subsidies, linkage to low-income housing, and housing certificates, and when necessary placement into emergency housing. However, senior-specific emergency housing and ongoing efforts to develop permanent housing for seniors have proved to be very costly; additional funding is needed to provide this type of support.

Resources are available to the older adult through community collaboration for other services, which may include, but not be limited to, other housing assistance, in-home or congregate meals, legal consultations, health insurance information and training, social interactions, friendly visitors and linkage to existing senior transportation within the community, as well as respite for caregivers. Orange County's senior service providers have joined together for many years to coordinate care, assuring no costly duplications and to work collaboratively to resolve systemic issues.

Orange County has wide diversity in ethnicity, cultures and languages. The Health Care Agency recognizes the needs of these diverse populations. OASIS will join in the effort to meet the cultural/linguistic needs of the clients (as much as possible) by requiring staff to meet the language needs of the populations of Older Adults being

served. For example, the current languages of the County's unserved and underserved older adults include English, Spanish, and Vietnamese along with the emerging languages of Farsi and Korean. Translation services for unmet language requirements are available.

To ensure ongoing responsiveness to change, staff will continue to be trained by the County's Cultural Competence Department on the linguistic and demographic changes in the County.

Wellness and recovery are goals of OASIS. Clients are encouraged to proceed at their own pace in achieving their goals, as established in individualized treatment plans. The client plan will be developed on the principle of self-determination and be amended as required.

Clients are encouraged to become fully functional in the community in spite of their mental or physical health disabilities. Hope for the future is the foundational principle.

Additional funding is needed for this program to assure that adequate housing is available and that attention to physical health needs (so prominent in this population) can be effectively addressed. Since seniors are frequently more physically frail than the general adult population, separate and distinct housing arrangements are required to assure safety and health for the senior. Most shelters will not accept the older adults, necessitating that other and more costly arrangements be made. Housing prices in Orange County are very high, and additional funding is required to meet the housing needs of OASIS clients.

Because seniors have more complex physical health issues, as well as declining health, more testing is required to determine physical functioning before necessary medications can be prescribed safely. Additionally, more frequent monitoring of ongoing physical health functioning is required. Those older adults without health coverage must also be monitored and treated, incurring very high costs. Thus, additional resources are needed to fund the increased health care costs of OASIS clients. In the past, these clients have negatively impacted emergency rooms and emergency responders to get their physical health needs met.

2. Please provide the number of clients to be served with the additional funding.

Ten additional clients will be served and increased resources for all clients will be provided.

3. Please describe the new services to be provided.

The program serves the mentally ill seniors in Orange County who are homeless or at risk of homelessness. This is a Full Service Partnership and provides "whatever it takes" to assure recovery of these clients.

The program serves the mentally ill seniors in Orange County who are homeless or at risk of homelessness. This is a Full Service Partnership and provides "whatever it takes" to assure recovery of these clients.

Additional funding is needed for this program to assure adequate housing is available and physical health needs, are effectively addressed. The additional funding will be used to provide enhanced housing and physical health services, both of which are crucial to the clients' well-being and success in recovery. In the past, these clients have negatively impacted emergency rooms and emergency responders to get their physical health needs met.

The above mentioned services can begin immediately upon approval of the expansion proposal.

4. Amount of funding being requested for program expansion.

$286,000

5. Provide proposed start date and implementation timeline.

The additional funding will be utilized beginning in April 2007.

6. Please provide net cost per client. If the net cost per client is higher than previously approved, please explain.

Cost per client at previous funding level was $17,730.55/client/year. With augmented funding to provide enhanced services, the cost per client will be $20,018.55 /client/year. The increase in cost/client is due to the need for housing at increased costs, as well as the high cost of medical care for this population.

Please provide Exhibit 6s, Quarterly Progress Goals and Report.

All Exhibit 6's for this application are together in Part 1 starting on page 17.

7. Describe County's capacity for implementing the program if the original program approved by DMH has not been implemented.

The Older Adult Supports and Intervention System (OASIS) Program has already been implemented and is reaching capacity. As of December 11, 2007 the number of clients enrolled was 41, with an additional 21 referrals to be evaluated.

EXHIBIT 5a

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF8 | Date: 12/30/06
Program Workplan Name: Expansion of Older Adult Supports & Intervention Sys. OASIS | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 135 | New or Expanded: Expanded
Existing Client Capacity of Program/Services: 125 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 10 | Tel. No.: (714) 834-5598

	County MH Dept.	Other Gov. Agencies	Comm. MH Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditure				
a. Clothing, Food and Hygiene				$0
b. Travel and Transportation				$0
c. Housing			$314,293	
i. Master Leases				$0
ii. Subsidies				$0
iii. Vouchers				$0
iv. Other Housing				$0
d. Employment & Education Support				$0
e. Other Support Expenditures (provide detail In budget narrative)			$403,473	$403,473
f. Total Support Expenditures	$0	$0	$717,766	$717,766
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)			$661,591	$661,591
b. New Additional Personnel Expenditures (from Staffing Detail)				$0
c. Employee Benefits			$178,630	$178,630
d. Total Personnel Expenditures	$0	$0	$840,221	$840,221
3. Operating Expenditures				
a. Professional Services				
b. Translation and Interpretation Services			$237,952	$237,952
c. Travel and Transportation				$0
d. General Office Expenditures			$25,192	$25,192
g. Rent, Utilities and			$133,581	$133,581
h. Equipment			$218,836	
f. Medication and Medical Supports			$80,000	$80,000
g. Other Operating Expenses (provide description in budget narrative)				$0
h. Total Operating Expenditures	$0	$0	$695,561	$695,561
4. Program Management				
a. Existing Program Management			$294,002	$294,002
b. New Program Management				$0
c. Total Program Management		$0	$294,002	$294,002
5. Estimated Total Expenditures (when services providers are unknown)			$0	$0
6. Total Proposed Program Budget	**$0**	**$0**	**$2,547,550**	**$2,547,550**
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP Only)			$45,231	$45,231
b. Medicare/Patient Fees/Patient Insurance				$0
c. Realignment				$0
d. State General fund				$0
e. County Funds				$0
f. Grants				
g. Other Revenue				$0
h. Total Existing Revenue	$0	$0	$45,231	$45,231
2. New Revenues				
a. Medi-Cal (FFP Only)			$0	$0
b. Medicare/Patient Fees/Patient Insurance			$0	$0
c. State General fund			$0	$0
d. Other Revenue			$0	$0
e. Total New Revenue	$0	$0	$0	$0
3. Total Revenues	$0	$0	$45,231	$45,231
C. One-Time CSS Funding Expenditures			**$0**	**$0**
D. Total Funding Requirements	**$0**	**$0**	**$2,502,319**	**$2,502,319**
E. Percent of total funding requirements for FSPs				**10%**

EXHIBIT 5b

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange | Fiscal Year: 2007/2008
Program Workplan No: GF8 | Date: 12/30/06
Program Workplan Name: Expansion of Older Adult Supports & Intervention Sys. OASIS | Page 1 of 1
Type of Funding: Full Service Partnership | Months of Operation: 12
Proposed Total Client Capacity of Program/Service: 135 | New or Expanded: Expanded
Existing Client Capacity of Program/Services: 125 | Prepared by: Megan MacDonald
Client Capacity of Program/Service Expanded through MHSA: 10 | Tel. No.: (714) 834-5598

Classification	Function	Client, FM& CG FTEs[a/]	Total No. of FTEs	Salary, Wages & Overtime per FTE[b/]	Total Salaries, Wages & Overtime
A. Current Existing Positions					
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total Current Existing Positions	0.00	0.00		$0
B. New Additional Positions					
Community Psychiatrist	Geropsychiatrist		1.00		$117,268
Service Chief	Supervisor		1.00		$49,362
Pharmacist	Education/Medical		0.50		$26,611
Clinical Social Worker II	Personal Services Coordinator		4.00		$182,393
Office Specialist	Clerical		1.00		$21,326
Mental Health Specialist	Personal Services Coordinator		2.00		$67,649
Public Health Nurse	Linkage to Primary Care		2.00		$101,353
Mental Health Worker	Life Skills Coach	2.00	2.00		$50,631
Clinical Social Worker II	Geriatric Educator		1.00		$45,598
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
	Total New Additional Positions	2.00	14.50		$661,591
C. Total Program Positions		2.00	14.50		$661,591

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

GF8: Expansion of Older Adult Supports & Intervention System, FY 2007/2008

A) Expenditures

1. Client, Family Member and Caregiver Support Expenditures

The existing 2006-2007 contracted OASIS budget includes $27,250 in housing support funding as well as $101,525 in flexible funds. Growth funding in the amount of $51,500 is being requested to support housing needs for additional OASIS clients.

2. Personnel Expenditures

Personnel expenditures for the OASIS program are based on the contractor's budgeted amounts for program staff in FY 2006-07. Personnel costs and staffing levels will not increase with growth funding.

3. Operating Expenditures

Operating expenditures for the OASIS program are based on the contractor's budgeted amounts for various expenditures in FY 2006-07. An additional $20,000 has been included in FY 2006-07 for additional medical needs expected with the increase in OASIS client capacity.

4. Program Management

Program management is provided by the approved Contractor, College Community Services.

5. Estimated Total Expenditures when service provider is not known

N/A

B) Revenues

1. Existing Revenues

The services rendered to seniors in this program are field-based or extensions of case management and are not reimbursable by Medicare. In addition, the provider administrating the program is not a Medicare provider. However, it is anticipated that Medi-Cal, as the payor of last resort, will provide a small amount of revenue (2%) which has been included in the budget.

2. New Revenues

It is assumed that the services provided in this program will not be eligible for Medi-Cal Federal Financial Participation (FFP) reimbursement.

C) One-Time CSS Funding Expenditures

No one-time CSS funding requests are included in the FY 2007-08 budget.

MHSA ADMINISTRATION

BUDGET SHEETS AND BUDGET NARRATIVES

EXHIBIT 5c – Admin. Budget Year 1

Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County: Orange Fiscal Year: 2007/2008

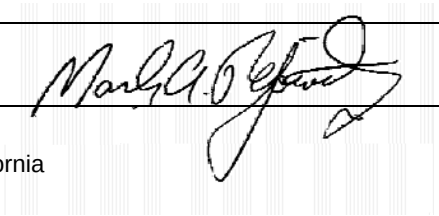
Date: 01/30/07

	Client, FM & CG FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. Administration			$0.00
i. System Programmer Analyst – IT		1.00	$71,156.00
ii Service Chief II – IT		1.00	$85,924.00
iii Office Specialist – Access		2.00	$69,180.00
iv Buyer II – Purchasing		1.00	$52,852.00
v Administrative Manager I – Contracts		1.00	$74,256.00
vi Senior Accountant/Auditor I		1.00	$76,168.00
		0	$0.00
		0	$0.00
		0	$0.00
		0	$0.00
		0	$0.00
		0	$0.00
		0	$0.00
		0	$0.00
d. Total FTEs/Salaries	0.00	7.00	$429,536.00
e. Employee Benefits			$174,360.00
f. Total Personnel Expenditures			$603,896.00
2. Operating Expenditures			
a. Professional Services			$0.00
b. Travel and Transportation			$0.00
c. General Office Expenditures			$91,445.00
d. Rent, Utilities and Equipment			$0.00
e. Other Operating Expenditures (provide desc. in budget narrative)			$0.00
f. Total Operating Expenditures			$91,445.00
3. County Allocated Administration			
a. Countywide Administration (A-87)			$659,219.00
b. Other Administration			
c. Total County Administration			$659,219.00
4. Total Proposed County Administration			$1,354,560.00
B. Expenditures			
1. New Revenue			
a. Medi-Cal (FFP only)			$0.00
b. Other Revenue			
2. Total Revenue			$0.00
C. Start-UP and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			**$1,354,560.00**

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 01/30/07 Signature



Executed at Santa Ana, California

MHSA Administration Budget, Fiscal Year 2007-2008

A) Expenditures

1. Personnel Expenditures

With the additional funds being provided in the growth funding allocation, additional administrative resources will be required to effectively implement and expand new and existing MHSA programs. The Administration budget includes the addition of two staff, one Systems Program Analyst and one Service Chief II to provide IT support and leadership in analyzing data and managing the IRIS reports associated with MHSA programs. Additionally a Buyer II position is being requested to handle all MHSA program purchasing needs, along with a Senior Accountant/Auditor I who will ensure compliance with state and County fiscal reporting requirements. An additional Contract Administrator is also requested to oversee new planning and request for proposals associated with new and expanded programs.

The personnel Expenditures included in the Administration 2007-2008 budget were estimated based on the FY 2007-2008 average salary and benefits for existing County classifications with a Cost of Living Adjustment (COLA) applied.

2. Operating Expenditures

Services and supplies expenses, excluding the salary and benefits costs, are based on the actual average cost for services and supplies per Behavioral Health Services FTE for fiscal year 2007-2008 with a COLA applied.

3. County Allocated Administration

A 29.1% allocation for indirect costs associated with the entire growth funding amount of $9,030,400 was calculated based on standard County indirect costs rates for FY 2006-2007 and included in the 2007-2008 Administrative budget.

4. Total Proposed County Administration Budget

The total 2007-2008 County Administration Budget is $1,354,560. Funding for the three months of enhanced Administrative services will not be provided by growth funds, but will instead use unspent one-time and planning funds.

B) Revenues

1. New Revenues

N/A

2. Total Revenues

N/A

C) Start-up and One-Time Implementation Expenditures

$90,045 in one-time funds is included for office expenditures and build-out for MHSA administrative office expansion.

D) Total County Administration Funding Requirements

APPENDICES

Appendix 1 – Steering Committee Agenda & Minutes

Appendix 2 – Mental Health Board Agenda & Minutes

Appendix 3 – Board of Supervisors Approval

Appendix 4 – Exhibit 2 Program Work Plan Listing (Growth Funding Programs Only)

APPENDIX 1

STEERING COMMITTEE AGENDA & MINUTES

COUNTY OF ORANGE
HEALTH CARE AGENCY

BEHAVIORAL HEALTH SERVICES

Excellence
Integrity
Service

JULIETTE A. POULSON, RN, MN
DIRECTOR

MARK A. REFOWITZ
DEPUTY AGENCY DIRECTOR
BEHAVIORAL HEALTH SERVICES

DOROTHY HENDRICKSON
MENTAL HEALTH SERVICES ACT
PROP. 63 ADMINISTRATOR

MAILING ADDRESS:
405 W. 5th STREET, Ste. 502
SANTA ANA, CA 92701

TELEPHONE: (714) 834-2907
FAX: (714) 834-5506
E-MAIL: dhendrickson@ochca.com

Mental Health Services Act
Steering Committee Meeting Minutes
November 20, 2006

Present:

Alan Edwards	Fredric Richmond	Norma Grech
Alisa Drakodaidis	Geoff Henderson	Paula Burrier-Lund
Rep. for Andy Hall	Gerry Strickland	Paula Starr
Arlene Burt	Gloria Reyes	Peter Truong
Bill Daniel	Helen Cameron	Rafael Canul
Carole Mintzer	Jean Wilkinson	Rowena Gillo-Gonzales
Donald Sharps	Linda Esser	Theresa Kasprzyk
Doug Boeckler	Linda Smith	Theresa Boyd
Rep. for Ellin Chariton	Mark Refowitz	Wendy Lindley

Call to Order

The Steering Committee meeting was called to order at 2:10 PM by Sharon Browning, the facilitator. Browning indicated that the primary purposes of the meeting were: (1) to provide the Steering Committee with a status report on the implementation of MHSA programs and (2) to act on recommendations for the allocation of Orange County's $8 million in CSS growth funds.

Dean Sunderland and Sarah Strickland shared their respective experiences as consumers and told how mental health services have helped them cope. Both emphasized the important role that meaningful and continued employment has played in helping them stabilize their health and lives.

MHSA Program Implementation Update

Dorothy Hendrickson, MHSA Administrator, emphasized that "lives are being saved one- life at-a-time and that we must be patient." She reviewed the MHSA CSS program update information as of 11/07/06 [pages 6-8 of the meeting handouts.] The Steering Committee celebrated that the City of Anaheim approved, Diamond Isle, a housing

project for those with psychiatric disabilities. While there is great interest and need for a crisis residential Program in Orange County, the County is having difficulty in finding a city that will issue a permit for such a facility. Staff training in cultural competency is scheduled for December 12 and on December 13 a workshop on mental health recovery is being conducted. More than 250 consumers, family members and stakeholders are expected to participate.

Hendrickson announced that Orange County's portion of the state's increased revenue will amount to approximately $8 million, bringing the total funding for the first phase of the MHSA CSS from $25.5 million to over $33 million. She explained the three-year funding by age group allocation model. Since the "growth funds" are an extension of the funds approved for Orange County under its original CSS proposal, the funding formula previously agreed to by the Steering Committee will be applied to allocation of the growth funds. Therefore, the Steering Committee does not need to revisit the age group allocation formula, but will consider the programs to which the funds are allocated.

Hendrickson reviewed the process used at the Community Stakeholder meeting to develop consensus on program recommendations. There were over 350 attendees at that meeting, and more than 250 were consumers and family members.

The criteria used for identifying programs recommended for additional funding included:

- The status of the 16 programs already receiving funding
- The three-year funding by age group percentage allocation model already approved by the Steering Committee
- State-approved strategies [which will receive automatic approval from the state.]
- Expert input from BHS Managers (based on last years priority issues, per age group, and current service gaps)

The consensus process consisted of dividing stakeholder participants into work groups according to the CSS funding age categories. There were two Adult Age work groups, one Older Adult work group and one combined Children and TAY workgroup. Prior to the meeting, BHS Managers reviewed what the Community Stakeholder groups and Steering Committee identified in 2006 as their priority issues. They also reviewed the status of the 16 programs approved by the Steering Committee for funding in 2006 and the state approved strategies for each age group. Based upon this information and the Manager's practical and professional experience, the Managers prepared 2-3 recommended programs for each age group. Each age work group reviewed the recommended programs and generated additional program ideas. Based upon the criteria, the groups then worked to achieve consensus on the program priorities for their respective age groups.

Hendrickson noted that if the Steering Committee approved the recommended programs at this meeting, services could start before the July 1, 2007 official funding date. If existing programs are recommended, there will be little delay by the state. If new

programs are recommended, implementation will take longer as the programs will have to go through the state approval process.

MHSA CSS Funding
Mark Refowitz, BHS Deputy Director, presented a brief update on CSS funding. He noted that the state formula will probably be modified to reflect an upward adjustment in the affordability index and updated census data. He also noted that funds for Prevention/Early Intervention and Workforce Development/Education & Training should be available in spring 2007.

Growth Funding Workshop Recommendations
Alan Albright, BHS Division Manager, and Kevin Smith, BHS Division Manager, presented the programs recommended for growth funding:

- ***Children and youth (age 0-15) and TAY (age 16-25)***
  - ✓ Full Service/Wraparound Program for Juvenile Offenders [$1.3 M]
  - ✓ Expansion of Full Service Wraparound Program for TAY [$1.3M]
  - ✓ Expansion of Mentoring Services for Children and TAY [$500K]

- ***Adults (age 26 – 59)***
  - ✓ Expansion of the Program of Assertive Community Treatment [$2.26M]
  - ✓ Consumer-Run Wellness/Recovery Center [$1.5M]

- ***Older Adults (Age 60 and above)***
  - ✓ Expansion of Older Adult Mental Health Recovery Services Program [$834K]
  - ✓ Expansion of Older Adult Support and Intervention System [$286K]

Following presentation of the recommended programs and their rationale, Albright and Smith responded to questions.

Growth Funding Program Recommendations Steering Committee Approval
Following presentation of the program recommendations and follow-up questions the facilitator led the Steering Committee in a discussion of the proposed programs. Generally, Steering Committee members were in agreement with the recommended programs.

Question was raised about the Adult program expanding TAY services from one staff to a dedicated PACT team. The concern was that this might be a diversion of Adult funds to TAY. Additionally, the Steering Committee was reminded that when it originally adopted the three-year funding model there was agreement that if extra funds became available they would be devoted to Adult programs. It was noted that the entire COLA for FY2007-08 was added to the budgeted amount for the Adult FSP Program.

The Steering Committee agreed that a commitment had been made to allocate a portion of additional funds to Adult services. However, there was not agreement about whether or not the growth funds are “additional funds” or an extension of the first

funding phase. Also, there was not agreement that TAY services can be segmented entirely from Adult services since there is considerable "cross-over" in services and the age categories. Some members questioned if the age categories might be too arbitrary and in time may not be useful as a funding allocation guideline.

Others were concerned that if the Steering Committee did not approve the recommended programs at this meeting that Orange County would be delayed in receiving its funds, and therefore, important programs would not move forward and receive funding in a timely manner. It was also noted that the dollar amounts proposed are based on estimated Growth Funds. Once the State provides the actual amount that Orange County will receive, these amounts will likely need to be adjusted.

Following lengthy discussion, the Steering Committee agreed that more data is needed to help everyone understand precisely what age categories are actually receiving services. [This was an affirmation of a previous Steering Committee decision that reliable data must be collected on an on-going basis and that decisions be based upon sound data.] Accordingly, staff was directed to ensure that accurate and complete data is available after the end of the fiscal year, (June 30, 2007) at which time the Steering Committee will consider the question of funding for each of the age groups and what adjustments, if any, are required.

CONSENSUS DECISION: The Steering Committee approved, by consensus, the programs and level of funding recommended for the estimated $8M growth funds. It approved the recommendations with the caveat that usage data will be compiled and provided after the end of the fiscal year, at which time the need for adjusting funding for age groups will be evaluated.

Public Comment
One member from the public suggested that, due to the great need for affordable housing for those with psychiatric disabilities, the Steering Committee be expanded to include individuals and companies with development and home building experience.

Adjournment
The meeting was adjourned at 4:35 PM. The next meeting of the Steering Committee is scheduled for January 3, 2007. However, since the Steering Committee was able to achieve consensus today, the January 3rd meeting can be cancelled. The next meeting will be held on January 17th. It will be devoted to a MHSA training.

Recorded and submitted by Sharon M. Browning.

APPENDIX 2

MENTAL HEALTH BOARD AGENDA & MINUTES

County of Orange
Mental Health Board

405 W. 5th Street, Room 501
Santa Ana, CA 92701
TEL: (714) 834-6623 / FAX: (714) 834-4586
Email: lcardwell@ochca.com

Thursday, March 22, 2007
11:30 a.m. – 2:30 p.m.

Delhi Community Center
505 East Central Street
Santa Ana, CA 92707

AGENDA

11:30 a.m. to 12:00 p.m. - Lunch will be served.

I. Opening Remarks — **Dorothy Hendrickson/ Mark Refowitz**

II. MHB Call to Order — **Theresa Boyd, Chair**
- March Mental Health Board Meeting

III. Roll Call — **Lucy Cardwell**
Behavioral Health Services

IV. Approval of Minutes — **Lucy Cardwell**
- February 2007

V. Open Public Hearing — **Theresa Boyd/Sharon Browning**
- Mental Health Services Act: CSS Growth Funds

VI. Close Public Hearing — **Theresa Boyd**
- Action Item: Call for the Vote, MHSA CSS Growth Plan

VII. Public Comments (on matters not previously discussed)
At this time members of the public may address the Chair regarding any item within the subject matter of this board's authority provided that no action be taken on off-agenda items unless authorized by law. Comments shall be limited to three-five (3-5) minutes per person.

VIII. Meeting Adjourned

Next Meeting: The next Mental Health Board meeting will be held on April 25, 2007 from 9:00 a.m. to 10:30 a.m., 10 Civic Center Plaza, Hall of Administration, Planning Commission Hearing Room.

Persons wishing to address any of the above agenda items or speak under Public Comments must complete the "**Public Comment Speaker Form**" available on each table. Submit the form to staff at their request. Public wishing to speak will only be called if a form is completed.

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Santa Ana, CA 92707

MINUTES

The regular meeting of the Orange County Mental Health Board was held on Thursday, March 22, 2007, at the Delhi Community Center, 505 East Central Street, Santa Ana, California, 92707

During the regular meeting, a Public Hearing was held to consider the Mental Health Services Act CSS Growth Funding Plan. There were approximately 250 people in attendance with 16 individuals providing public comments.

At the conclusion of the Public Hearing the Mental Health Board, with 13 in attendance voted 12 ayes and 1 abstention in favor of approving the Mental Health Services Act CSS Growth Funding Plan as written and authorized that the plan be submitted to the Orange County Board of Supervisors for approval.

Officially Submitted by:

Lucy Cardwell for Judy Griset
Mental Health Board Staff Support

Next Meeting: The next Mental Health Board meeting will be held on April 25, 2007 from 9:00 a.m. to 10:30 a.m., 10 Civic Center Plaza, Hall of Administration, Planning Commission Hearing Room.

APPENDIX 3

BOARD OF SUPERVISORS APPROVAL

07-000434

ORANGE COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

March 27, 2007

Submitting Agency/Department: HEALTH CARE AGENCY

Authorize submission of Mental Health Services Act Community Services and Supports Growth Funding Plan to State Department of Mental Health for planned program funding, 7/1/07 - 6/30/08 ($9,030,400); and authorize Director or designee to execute related documents - All Districts

The following is action taken by the Board of Supervisors:

APPROVED AS RECOMMENDED ☒ OTHER ☐

Unanimous ☒ (1) NGUYEN: **Y** (2) MOORLACH: **Y** (3) CAMPBELL: **Y** (4) NORBY: **Y** (5) BATES: **Y**

Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order

Documents accompanying this matter:

- ☐ Resolution(s)
- ☐ Ordinances(s)
- ☐ Contract(s)

Item No. 56

Special Notes:

Copies sent to:

CEO
HCA – Mark Refowitz
Auditor

I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.
DARLENE J. BLOOM, Clerk of the Board

By: _____
Deputy

1

APPENDIX 4

EXHIBIT 2: PROGRAM WORK PLAN LISTING
(Showing Only Growth Funding Programs for FY 07/08)

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING – Growth Funding Programs Only

County: Orange Fiscal Year: 2007-2008

PROGRAM INFORMATION		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
No.	Program Work Plan	Full Service Partnership	System Development	Outreach & Education	Total Requested	Children & Youth	Transitional Age Youth	Adult	Older Adult
GF1	Expansion of Children's Full Service/Wraparound Program	1,246,789.00			1,246,789.00	1,246,789.00			
GF2	Mentoring Services for Children		310,000.00		310,000.00	310,000.00			
GF3	Expansion of TAY Full Service/Wraparound Program	1,246,789.00			1,246,789.00		1,246,789.00		
GF4	Mentoring Services for TAY		190,000.00		190,000.00		190,000.00		
GF5	Program of Assertive Community Treatment (PACT)		2,107,645.00		2,107,645.00			2,107,645.00	
GF6	Consumer-Run Wellness/Recovery Center		1,500,000.00		1,500,000.00			1,500,000.00	
GF7	Expansion of Older Adult Mental Health Recovery Program		788,618.00		788,618.00				788,618.00
GF8	Expansion of Older Adult Support and Intervention System	286,000.00			286,000.00				286,000.00
ADMIN	Administration				1,354,560.00				
TOTAL MHSA PLAN FUNDING REQUEST:					**9,030,400.00**				