



**County of Orange
Health Care Agency
Behavioral Health Services
2010 Cultural Competency Plan
December 30, 2010**

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EXECUTIVE SUMMARY

INTRODUCTION

Orange County has a commitment to providing high quality Behavioral Health Services to the diverse population residing in the County. The goal is to ensure equality in access to and outcomes of the services provided by the County and its contractors. This Cultural Competency Plan (CCP) provides an opportunity to describe the substantial progress made and provide relevant documentation. The CCP is divided into eight domains, each of which is addressed in the Plan. Below is a brief summary of some of the highlights contained within the Plan.

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

Orange County has had a lengthy history of fostering cultural competency and cultural diversity. Moreover, cultural considerations in delivery of service were brought to the forefront in 2004, when California voters passed the Mental Health Services Act (MHSA). To implement the MHSA, comprehensive and inclusionary community planning processes have been utilized to develop plans that would improve access to services for underserved groups and provide a culturally sensitive environment for clients of all races, ethnicities, cultures, and languages. Community input is solicited through a variety of strategies, including focus groups, surveys, advisory committees and public forums.

The County's commitment to serve diverse minority populations is also evident in the outreach programs. These programs employ culturally competent, multi-lingual outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services, but to build on-going community supports that will sustain future efforts in healthy living.

Furthermore, Orange County's focus on cultural competency is documented in Behavioral Health Services (BHS) written policies and is also integrated into contracts with community-based service providers. The job description for the Multicultural Development Program Coordinator (Ethnic Services Manager) also documents the County's comprehensive approach to cultural competency.

There are two standing committees that participate in MHSA planning activities on a monthly basis: the MHSA Steering Committee and the Community Advisory Committee. Each reflects Orange County's ethnic and linguistic diversity. Translators are available for members who have

limited English proficiency. The Community Action Advisory Committee is culturally diverse. Its goal is to assist the Health Care Agency (HCA) in ensuring that services are of high quality, accessible, culturally competent, client-driven, consumer and family-focused, recovery and resiliency-focused and cost-effective.

Capacity building for community organizations providing essential services to the unserved and underserved target populations is another area in which the county demonstrates its commitment to cultural competence. The overall strength-building approach is to provide Technical Assistance and organize incremental development so that each step builds on the prior ones. Along with an emphasis on cultural sensitive delivery, the capacity building effort and activities in Orange County are focused on two general areas: community education and improving community access to behavioral health resources.

Finally, OC has devoted substantial resources dedicated to enhancing cultural competence. Specific resources of about \$3.5 million are expended for translation services, staff cultural competency trainings, and contracts with ethnic-specific service providers. However, this is only considered a minimum estimate since there are staff providing “as needed” translation in all of the BHS programs, and there are activities in each program that are cultural competency-focused.

CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

A detailed analysis of the Orange County general population, Medi-Cal population, and the population less than 200% above the federal poverty level (FPL) minus the Medi-Cal population. This analysis shows that the low income population needing Behavioral Health Services is as a whole underserved in Orange County, Latino and Asian/Pacific Islanders (A/PI) are particularly under-represented in the Medi-Cal population and the population that is less than 200% of the FPL minus the Medi-Cal population. In terms of age groups, Children 0-1 and seniors 65 years of age or older are the most underserved.

Review of the County’s CSS Plan, approved in April 2006, shows that among low income children and youth 0-15 living in Orange County, only 3% of Latinos and 2% of A/PI receive services, compared to the 9% of Caucasian children and youth served. For Transitional Age Youth (TAY), age 16-25, similar results are found, with about 4% of Latino TAY and 2% of A/PI TAY receiving services compared to 8% of Caucasian TAY.

Among low income Adults 26-59, and the Older Adults 60 and older, once again, the two most underserved ethnicities were Latino and A/PI.

The Prevention and Early Intervention Plan identified all six of the Department of Mental Health (DMH) specified underserved priority populations: underserved cultural populations, individuals experiencing the onset of mental illness, children/youth in stressed families, trauma-exposed individuals, children and youth at risk of school failure, children/youth at risk of or experiencing juvenile justice system involvement. The Orange County Plan has 33 distinct sets of activities, grouped into eight programs. Each of these activities is designed for at least one of the specific populations.

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

In general, analysis shows that target populations with disparities are similar across a variety of data sets. These populations include, but are not limited to: ethnic and cultural minorities, such as Latino and Vietnamese, the Deaf and Hard of Hearing community, and the Gay, Lesbian, bisexual, Transgender, Questioning (LGBTQ) community; people with limited English proficiency; homeless individuals and families; frail, isolated older adults; trauma-exposed people (including veterans); Children and TAY involved (or at risk of becoming involved) in the juvenile justice system, at-risk of school failure, aging out of the foster care system, or in stressed families; and individuals experiencing the onset of psychiatric illness.

Orange County has identified strategies to reduce disparities in each of the following MHSA Plans: CSS, WET, PEI, and Innovation. These strategies include, but are not limited to:

CSS Plan

- Establish programs in non-traditional mental health settings. This includes working with primary care facilities in Little Saigon, Garden Grove, Santa Ana and Anaheim and requires development of networks with other healthcare practitioners.
- Outreach to unserved/underserved populations, in particular, local leaders in ethnic communities (cultural brokers), who can assist in the dissemination of materials and information.

- Services must be provided in the languages of the populations served. This is addressed through hiring more bilingual staff and training existing staff in a foreign language through training programs such as Rosetta Stone. Another strategy is providing career pathways for staff already working for HCA and who are proficient in another language such as Spanish or Vietnamese and want to further their education to be able to shift from a support staff position to a clinical staff position.
- A successful method of health education, the promotora model, can be utilized with mental health services to access pockets of the ethnic/linguistic community that are the least likely to access services and the most likely to need them. Using CSS and WET funding, O.C. has developed a Certificate Mental Health Worker program with Pacific Clinics and Santa Ana College.

WET Plan:

- Cultural Competence Training for Staff and the Community, including, topics such as: Understanding Lesbian, Gay, Bisexual and Transgender issues; co-occurring disorders in the Asian/Pacific Islander community; Spanish and Vietnamese language training for staff; and interpreter certification training. A table of Cultural Competency trainings provided in the past few years may be found in the Plan under Criterion 5.
- Holding Conferences such as the 2010 “Understanding Disparity and Disproportionality in Health and Human Services.” It received excellent reviews and will be expanded next year.
- Financial Incentives to Increase Workforce Diversity: AA and BA Stipends and 20/20 Program. This program supports undergraduate and certificate program educational and living costs for members of underserved groups and consumers and family members to attend a certificate program in psychosocial rehabilitation or an undergraduate program in human services, psychology or social work.

PEI Plan:

- Early intervention services to reach groups that are at high risk of developing serious and persistent mental illness. Examples of such groups include stressed families, transitional age youth, and young adults experiencing a first psychotic break.
- School-based services, including outreach to and education for children, youth, families, and school staff to build resiliency, increase protective factors, foster a positive school environment, and reduce stigma.

- Parent education and empowerment programs and projects, such as family to family support, Positive Parenting Program (Triple P), Parent Empowerment Program, and Community Parent Education Programs for Parents (COPE).
- Prevention services such as short-term cognitive behavioral interventions to reduce the likelihood that an individual will develop serious persistent mental illness (Adults) or serious emotional disturbance (Children and Youth).
- Screening and assessment services to identify the existence of a mental illness early in the course of the disease, prior to the deterioration that comes with untreated mental illness.
- Crisis and referral services, including a suicide prevention hotline, a peer-staffed warm line, and a Survivor Support Program for family members/loved ones of individuals who have committed suicide.
- Training for those most likely to be in contact with individuals experiencing their first break. Examples include school teachers, public health nurses, pediatricians/family physicians, faith-based organizations, and caregivers for persons with disabilities.

Innovation Plan

Orange County's Innovation Plan has been approved, but is not yet implemented. Once implemented, it will provide some new strategies to reduce disparities. Examples include:

- A program called "Okay to Be Me," which provides outreach and peer support to members of the LGBTQ community, especially those in the TAY age group who are at risk of suicide from untreated mental illnesses or depression due to coming out without a strong support system.
- "Project, Project Life Coach" is a program for underserved monolingual or Limited English Proficiency Latino, Arab and Asian/Pacific Islanders with mental illness. The goal is to help such mental health consumers to gain employment at local ethnic businesses.
- "Training to Meet the Mental Health Needs of the Deaf Community." This project will utilize an existing accredited mental health worker certificate training program to train individual consumers and family members from the Deaf community using American sign Language (ASL) as the primary language.

- “Vet Connect” will provide one centralized contact/place for community providers to collaboratively interact to educate each other and to maximize access to services needed by veterans.
- Finally, the “Integrated Care Innovation Program” is expected to increase access to care for clients being served in a public mental health clinic or primary care site. This program will provide mental health care at primary medical care community clinics. It will also provide psychiatric consultation to primary care physicians on prescribing medication. At behavioral health sites, clients will be assigned to consumer employees serving as Medical Care Coordinators.

**CRITERION 4: CLIENT/FAMILY MEMBER COMMUNITY COMMITTEE:
INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY
MENTAL HEALTH SYSTEM**

Orange County’s MHSa Community Action Advisory Committee (CAAC) serves as its Cultural Competence Committee. This committee consists of 15 members. It meets monthly and at each meeting there is typically an educational presentation and an update on the current hot topics regarding County Behavioral Health Services, as well as MHSa services/programs. Ideas are solicited from CAAC for MHSa programs and services. All MHSa plans are presented and discussed at committee meetings (often several times) prior to being considered by the MHSa Steering Committee.

The mission of CAAC is to “advise the Health Care Agency on issues related to funding mental health services in Orange County in general and specifically through the Mental Health Services Act (MHSa). The goal is to assist the Health Care Agency (HCA) in ensuring that these services are of high quality, accessible, culturally competent, client-driven, consumer and family focused, recovery and resiliency-focused and cost-effective.”

CAAC has also been very active in guiding and helping HCA/BHS in assessing barriers facing consumers in receiving services at the county behavioral health clinics. In fact, CAAC has developed the evaluation tool, as well as provided and executed recommendations in helping consumers more easily access services in HCA clinics.

One of the CAAC members has been a very active participant in the HCA/BHS electronic health record task force. It is anticipated that the CAAC will have an active role in finalizing HCA’s electronic health system. Another CAAC member participates on the MHSa data and outcome measurement team.

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

The Center of Excellence (COE) has assigned liaisons to each of the service divisions within HCA/Behavioral Health Services. The role of each liaison is to attend all division manager meetings and assist in developing annual trainings that are required for staff professional development, as well as trainings that improve staff skills in providing evidence-based practices to a linguistic and culturally diverse consumer population in Orange County.

The COE also has a designated Continuing Education Program (CEP) Administrator whose job is to ensure HCA/BHS is an accredited CUE/CME provider in good standing for psychiatrists, psychologists, nurses, LCSWs, MFTs, CAADAC, and licensed residential care operators. The CEP Administrator also ensures that all required trainings address cultural and linguistic competency.

The COE is responsible for developing trainings and conferences related to human services and health issues facing the County's linguistic and cultural diverse populations. The COE is in the planning process to bring the California Brief Multi Cultural Scale (CBMCS) Curriculum to Orange County in 2011. In order to ensure system-wide mass effect, the COE plans to select a core group of staff to be trained as trainers. This approach will ensure that the majority of the Health Care Agency staff, contract providers, and stakeholders can receive this training on an annual basis.

OC's Multicultural Development Program Coordinator will be tasked to actively participate in statewide activities initiated by the California Institute for Mental Health's Center for Multicultural Development. The Coordinator will also be tasked to participate in local Human and Health Services training activities where issues related to people living with a behavioral health diagnosis is of concern. The Coordinator will actively participate in Orange County's Prevention and Early Intervention programs, as the Health Care Agency tries to reach local underserved, unserved and at-risk populations.

Information on the numerous Cultural Competency trainings that have been provided in the Health Care Agency from 2007 until September 2010 is presented in a chart located under Criterion 5.

CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

Data from the County's WET Plan was analyzed to provide information on hiring and maintaining a multicultural Workforce.

- **Shortages by occupational category:**
More than twice the number of unlicensed direct care mental health staff is needed compared to licensed mental health staff, reflecting the greater employment of unlicensed staff in the system, particularly in adult and older adult services, as well as the Children and TAY Full Service Partnerships (FSPs). However, the number of hard to fill or hard to retain occupational categories is greater within the licensed category, and this is particularly true for contract agencies.

- **Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:**
The Latino population demonstrates the greatest disparity in terms of workforce race/ethnicity and target population race/ethnicity. Fifty-eight percent of the target population is Latino, while only 28% of HCA staff falls into that ethnic category. Conversely, HCA staff is overrepresented in the White/Caucasian category compared to the target population.

Although the 13% of the staff who are of Asian/Pacific Islander (A/PI) background is comparable to the 14% of the target population who fall into the same category, there are disparities based on the specific A/PI language spoken.

- **Language proficiency:**
The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff in the two Orange County threshold languages of Spanish and Vietnamese and the two emerging languages, Korean and Farsi. No other languages surveyed were the first language of more than .1% of BHS's client population. The analysis of the additional staff that needs to be proficient was based on data from several years ago, when the WET Plan was submitted. It is likely an underestimate of current and future need.

CRITERION 7: LANGUAGE CAPACITY

Orange County has several phone lines that individuals can call to access support and services. All of these phone lines provide access in multiple languages. These include:

- A 24-hour toll-free number (1-800-723-8641) that individuals can call if they believe they have a mental health problem.
- A Suicide Prevention Hotline phone number: 1-877-727-4747 (1-877-7CRISIS). This hotline is available in the OC threshold languages.
- A Warm Line that allows individuals to talk with a trained peer who is under the supervision of a licensed professional. That phone number is: 1-877-910-9276 (1-877-910-WARM). This warm line also employs peers who speak Orange County's threshold and emerging languages.

Evidence that clients are informed in writing of their right to language assistance may be found in the written materials provided to each client. The Client Guide to Services states that Orange County “is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.” Posters are also displayed on the wall at clinic sites.

In addition, evidence that the County accommodates individuals with LEP by providing bilingual staff or interpreter services may be found in the County’s contract for interpreter services. It is also found in the fact that such accommodation is described in the client handbook as a right of each client. In addition, it is mentioned in the section of the handbook on cultural competency. Furthermore, BHS has developed policies requiring that such assistance be provided.

The main lesson learned around providing accommodation to persons who have LEP and have needed bilingual or interpreter services is that a warm, friendly, welcoming environment is important in making people feel comfortable to ask for help. Clinics train staff to have a “customer service” approach when interacting with clients.

CRITERION 8: ADAPTATION OF SERVICES

The County has made a policy decision to provide client-driven services to support recovery, resilience, and wellness. The County has Full Service Partnership programs for each age group. These programs follow the “whatever it takes” approach, and clients in these programs work with members of a team to determine the goals that clients wish to achieve. The Program for Assertive Community Treatment (PACT) teams also use this approach. In traditional outpatient clinic programs, clients also work with a therapist and/or case manager to set up plans that include the achievable goals and objectives of their choice.

Orange County includes cultural responsiveness and client choice in its program evaluation process. By evaluating outcomes in a way that includes consideration of any cultural differences, virtually every outcome measure provides some information in this area. There are extensive outcome data generated in the MHSA FSP programs. County staff review consumer satisfaction surveys for both outpatient and inpatient services, and these results are also reviewed with regard to cultural issues. Clinics are checked to see whether or not materials and or services are available in required languages and clinics are culturally appropriate, etc.

A contractor's ability to provide services that are culturally and linguistically appropriate is also an important factor in the selection of a contract provider and is taken into consideration and scored when reviewing provider proposals. It may also be addressed during interviews with prospective service providers.

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

I. County Mental Health System commitment to cultural competence

A. Policies, procedures, or practices

Orange County has had a lengthy history of fostering cultural competency and cultural diversity. In 1989, a Multi-Ethnic Task force was established by our Mental Health Board. In 1992, a strategic planning goal was adopted to establish program standards to address the availability, accessibility, community acceptance and cultural competency of Behavioral health Programs. Shortly thereafter a Cultural Competency Manager was hired to develop a plan that would establish cultural competency standards in providing client-centered services. The resulting Cultural Competency Plan was implemented in 1994. Over subsequent years, the County Board of Supervisors approved actions that (1) facilitate the implementation of the State cultural competency requirements; (2) assist professional staff in meeting continuing education standards; (3) meet agency training/retraining and education requirements; and (4) establish medication training programs throughout the community. In addition, an ongoing cultural competence training program was provided for all agency staff (clinical, ancillary, supervisory, and management,) contracted agencies, and the community at large.

In 2004, the Mental Health Services Act (MHSA) was passed by California voters. MHSA emphasized a special focus on cultural competency and the expansion of service to ethnic and cultural groups that were unserved or underserved. Community planning processes were utilized to develop plans that would improve access to services for these groups and provide a culturally sensitive environment for clients of all races, ethnicities, cultures, and languages. A Consumer Action Advisory Committee (CAAC) which includes multi-ethnic/-cultural consumers and family members was established in 2005 to replace our Multi-Ethnic Task Force as a formal advisory body with its own by laws. The mission of CAAC is to advise the HCA on issues related to funding mental health services in Orange County. The goal is to assist the HCA in ensuring that these services are of high quality, accessible, culturally competent, client-driven, consumer and family focused, recovery and resiliency-focused and cost-effective.

1. Behavioral Health Services (BHS) Policies

The focus on cultural competency is documented in a number of BHS written policies. These include, but are not limited to:

- BHS Policy 02.01.01 – Cultural Competency, requiring each division to follow the guidelines for cultural competency as established by the State Department of Mental Health’s Cultural Competency Plan.
- BHS Policy 02.01.02. – Meeting Consumer Language Needs at Key Points of Contact, requiring that consumers have access to linguistically appropriate mental health services.
- BHS Policy 02-01.03 – Distribution of Translated Materials, requiring the availability of cultural and linguistically appropriate written information in the County’s threshold languages to assist consumers in accessing specialty mental health services.
- BHS Policy 02.01.04 – Provider List – Cultural/Linguistic Proficiency, requiring that consumers have access to a list of County Mental Health Plan providers of Specialty Mental Health Services that includes alternatives and options for cultural/linguistic services.
- BHS Policy 02.01.05 – Field Testing of Written Materials, requiring written that materials be field tested to ensure comprehension of the information provided.
- BHS Policy 02.07.02 – Informing Materials for Mental Health Consumers, requiring that the County provide appropriate informing materials in the threshold languages and accurately document the provision of these materials as well as the Consent for Treatment and the Advance Directives.
- BHS Policy 03.01.03 – Trainings Specifically Pertaining to Cultural Competency, establishing a uniform method of reviewing the nature and adequacy of BHS trainings that address cultural issues.

2. Behavioral Health Services (BHS) Contracts

Orange County’s commitment to ensure that services are culturally competent is also documented in provisions that have been incorporated into service provider contracts. Although the language varies for specific contracts, below are some relevant examples.

- For example, the contract for the Mental health Services Act (MHSA) Community Services and Supports-funded Wellness Center states that the contractor shall provide a program that is “culturally and

linguistically appropriate.” The contract also states that “The philosophy of the Wellness Center shall draw upon cultural strengths and utilize service delivery and assistance in a manner that is trusted by, and familiar to, many of Orange County’s ethnically and culturally diverse populations. Cultural competence shall be a continuous focus in the development of the programming, recruitment, and hiring of staff that speak the same language and have the same cultural background of the members that are to be served. This inclusion of Orange County’s multiple cultures will assist in maximizing access to services offered at the Wellness Center. The Orange County Health Care Agency will provide training for all staff on cultural and linguistic issues.”

- The contract for TAY Crisis Residential Services includes the requirement that “CONTRACTOR shall include bilingual/bicultural services to meet the needs of threshold languages as determined by COUNTY. Whenever possible, bilingual/bicultural therapists should be retained. Any clinical vacancies occurring at a time when bilingual and bicultural composition of the clinical staffing does not meet the above requirement must be filled with bilingual and bicultural staff unless ADMINISTRATOR consents, in writing, to the filling of those positions with non-bilingual staff.”

In addition, “CONTRACTOR shall provide services pursuant to this Agreement in a manner that is culturally and linguistically appropriate for the population(s) served. CONTRACTOR shall maintain documentation of such efforts which may include, but not be limited to: records of participation in COUNTY-sponsored or other applicable training; recruitment and hiring policies and procedures; copies of literature in multiple languages and formats, as appropriate; and descriptions of measures taken to enhance accessibility for, and sensitivity to, persons who are physically challenged.”

- The Prevention and Early Intervention contract to provide hotline services is also a good example of the type of contract requirements addressing cultural competency. It states: “CONTRACTOR shall provide crisis hotline services as a broad range of personalized social development services that are culturally and linguistically appropriate and consistent with the Prevention and Early Intervention Plan.” In addition “CONTRACTOR shall provide immediate, confidential, and culturally and linguistically appropriate over-the-phone assistance.”

Another provision is that “CONTRACTOR shall provide face-to-face

educational training and outreach, using a variety of methods and customized training materials, to service providers (e.g., medical personnel, law enforcement) and the community at large with special attention to culturally or linguistically isolated or underserved populations, including but not limited to, monolingual non-English speakers (e.g., speakers of Spanish, Vietnamese, and Farsi languages), new immigrants, deaf and hard-of-hearing individuals, lesbian, gay, bisexual and transgender individuals, veterans and older adults.

In that same contract, a commitment to provision of linguistically appropriate services is demonstrated in the following language: “CONTRACTOR shall link non-English speaking callers with counselors, who speak their languages. If no such counselors are available, CONTRACTOR shall offer callers translation services through CONTRACTOR’s or Lifeline’s Language Line services, which also includes operator assisted TTY.”

B. Documents

1. Behavioral Health Services (BHS) Documents to be available at Site Visit
 - Mission Statement;
 - Statements of Philosophy;
 - Strategic Plans;
 - Policy and Procedure Manuals;
 - Human Resource Training and Recruitment Policies;
 - Contract Requirements; and
 - Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

A. Community outreach, engagement, and involvement

Outreach and Engagement Programs increase utilization of mental health services to unserved and underserved Seriously Emotionally Disturbed (SED) children and transitional age youth (TAY), as well as adults in the neighborhoods where they reside or those who are homeless or at risk of homelessness.

There are specific MHSA contract outreach program providers that target

the threshold minority groups in Orange County, such as the Orange County Asian Pacific Islander Community Alliance (OCAPICA), Korean Counseling Services, Vietnamese Community Orange County (VNCOC), and Casa de la Familia. Additionally, the majority of all county outreach workers are multilingual and multicultural and for many, English is not their first language. Outreach staff members come with their own unique and rich experiences and can offer their cultural perspective when engaging individuals from cultures than differ from the mainstream.

The programs promote access to full service partnerships, other mental health services, and/or linkages with needed community resources to reduce stigma regarding mental health services. These programs adhere to a “best practice” model by offering services in a culturally competent, family-focused, strength and community and culturally-based environment that provides opportunities to build trust and encourage the establishment and growth of local support systems.

The programs also employ culturally competent, multi-lingual outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services but to build on-going community supports that will sustain future efforts in healthful living.

Outreach workers also collaborate with, and provide information and training to those employed in community organizations, so these organizations can be ready resources to refer individuals who are in need of mental health services. Outreach workers collaborate and work with many organizations and individuals, including but not limited to:

<ul style="list-style-type: none"> • school employees at schools and colleges 	<ul style="list-style-type: none"> • shelters
<ul style="list-style-type: none"> • libraries 	<ul style="list-style-type: none"> • churches, temples, and other spiritual centers
<ul style="list-style-type: none"> • soup kitchens 	<ul style="list-style-type: none"> • counseling centers
<ul style="list-style-type: none"> • community-based resource centers and other social service agencies 	<ul style="list-style-type: none"> • individuals employed in the child welfare, juvenile justice, and law enforcement systems.
<ul style="list-style-type: none"> • public health agencies and other health care providers 	<ul style="list-style-type: none"> • homeless services providers

B. Diversity in mental health system's planning process for services

There are a variety of ways in which the County demonstrates its current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services. These include its MHSA Steering Committee, Community Action Advisory Committee, multi-faceted planning process, and community-based organizations that provide services to ethnic-specific communities.

1. MHSA Steering Committee

The Mental Health Services Act planning process is guided by a Steering Committee of approximately 65 individuals. The primary functions of the Steering Committee, at a minimum, are to:

- a) Be fully educated about the status of MHSA funding availability and requirements, as well as the status of Orange County MHSA program implementation.
- b) Assist the County to identify challenges in the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges.
- c) Remain informed about current stakeholder meetings and the funding and program recommendations made by members of these groups.
- d) Review all MHSA funding proposals and provide critical feedback to ensure that funding is allocated to services for identified needs and priorities.
- e) Make timely, effective decisions that maximize the amount of funding secured by Orange County and preclude Orange County from losing funding for which it is potentially eligible.
- f) Support the County's ability to meet both State funding requirements and Orange County funding needs.
- g) Make recommendations regarding future MHSA allocations so funds will be used to provide services for identified needs and priorities.

The MHSA Steering Committee reflects Orange County's ethnic and linguistic diversity. Translators are available for members who do not speak English. Members are selected to represent the many different types of community stakeholders, including but not limited to, law enforcement, social services, housing, Medi-Cal, the Mental Health Board, community-based services providers, NAMI, education, substance abuse treatment, the County's major ethnic communities (Latino, Vietnamese, Arab, Iranian), consumers in each age category, family members, the Orange County Regional Center, veterans, cities, faith-based organizations, the Deaf and Hard of Hearing community, the LLGBTQ/Q community, the Hospital Association, the Mental Health the Association, the OC Psychiatric Society, OC Indian Center, and the courts.

The MHSA Steering Committee operates on a consensus model. The Health Care Agency makes the decisions on MHSA budget items and expenditures. The Steering Committee provides HCA with critical feedback necessary to make these funding and program decisions. Please see **Appendix 1**: MHSA Steering Committee and Membership Roster.

2. Community Action Advisory Committee

The Orange County MHSA program has had a local Community Action Advisory Committee (CAAC) since 2005. This committee is composed of consumers and family members interested in actively participating in planning for MHSA services. Its mission is to advise Orange County Health Care Agency Behavioral Health Services (OC HCA/BHS) on issues related to the delivery of mental health services in Orange County funded through the Mental Health Services Act (MHSA). The goal is to assist the Health Care Agency (HCA) in ensuring that these services are of high quality, accessible, culturally competent, client-driven, consumer and family-focused, recovery and resiliency-focused and cost-effective.

The Committee hears presentations about both current services and those that are proposed. It provides input to the planning process; reviews and comments on draft MHSA plans; and makes recommendations related to MHSA services. Originally, the group consisted of 35-50 individuals. In the summer of 2011, this committee was reorganized to ensure a diversity of perspectives was represented. The categories selected are:

- Care-giver of Mental Health Consumer
- Substance Use
- Veterans
- Older Adults (age 60 or over)
- Hispanic/Latino Community
- African-American Community
- Native American Community
- Consumer

- Family member
- Client of County-contracted clinic
- Incarcerated
- Lesbian, Gay, Bisexual, Transgender, Questioning/Queer
- Transitional Age Youth (18-25)
- Deaf and Hard of Hearing Community
- Asian/Pacific Islander Community

At the same time, committee membership was limited to 16. Others are welcome to attend the meetings, but only committee members are sent to conferences and trainings. This limitation on travel was done to respond to budget constraints. Currently, CAAC provides diverse perspectives representing the groups listed above. The only perspective that is not filled at present is that of African-American. Orange County's population is less than 2% African-American, so filling that slot on the committee is particularly challenging. Please see **Appendix 2**: Community Action Advisory Committee Bylaws, Membership Application.

3. Community Planning Process

All MHSA Plans are developed through a comprehensive, inclusive community planning process. In addition to the roles of CAAC and the MHSA Steering Committee, community input is obtained through a variety of means, including focus groups, key informant interviews, advisory subcommittees, and surveys. Typically the number of focus groups held in developing an MHSA component plan is quite large, 50 – 75. The planning processes for each component included representatives from all major stakeholder groups that were most impacted by the particular component. In addition to planning processes for MHSA components, separate planning groups were formed to advise HCA on particular projects. For example, in developing the Wellness/Peer support Center, both program design and the building which will house the services were designed through consumer and family-member work groups.

4. Community-Based Service Providers

HCA has conducted outreach in the community to bring some ethnic-specific providers into the system of care. For example, Casa de la Familia is a Latino organization that provides Outreach and Engagement services. Another Latino organization, Camino Nuevo, is a contract provider for one of the Recovery Centers. A coalition of three Asian-American organizations provides Outreach and Full Service Partnerships to children and TAY. HCA has also worked closely with a coalition of seven multi-ethnic providers (Multi-Ethnic Collaborative of Community agencies (MECCA) to develop joint projects. MECCA's focus is to reduce ethnic disproportionality and disparity in mental health and social services

C. Capacity building

The County is working on skills development and strengthening of community organizations involved in providing essential services. It is doing this by providing education and technical assistance to organizations serving and/or interacting with same client target populations as BHS. Orange County's Workforce Education and Training (WET) component is one mechanism for strengthening the community's capacity to better serve those needing public mental health services. An example of this is the Crisis Intervention Training (CIT) in the WET component.

This training is offered to law enforcement organizations in Orange County. It is based on the successful specialized CIT training developed by the Memphis Police Department. The mission of this course is to train Law Enforcement officers to handle crisis situations involving people of all ages with serious mental illnesses. It is designed to provide a forum for sharing best practices, building resources and network connections to provide a more effective interaction between the criminal justice and mental health care systems. Recently, the eligibility for taking this class has been expanded to Fire Departments who are also first responders to crisis situations in the community. The course consists of 16 hours of training sessions and is designed to provide first responders (police and firemen) tools to de-escalate situations with mentally ill persons so that they can avoid unnecessary injury and death and can direct these individuals into treatment instead of incarceration. The County has also been participating with the California Institute for Mental Health in developing statewide trainings on topics relevant to this issue. We recently hosted and sponsored the First Southern California CIT Conference on August 11, 2010.

In addition, there are a wide variety of other skills-building trainings offered by BHS that staff of provider organizations can take. These include classes on professional skills for clinical staff, as well as classes on providing benefits information to clients, classes on how to work with different ethnic groups, LGBTQ issues, the mental health needs of the Deaf and Hard of Hearing community, client culture, etc.

There is a strong recognition of the value of data collection and analysis. This past year, work groups have been established for staff of the County's Full Service Partnership Programs (FSPs) to provide technical assistance on how to measure the outcomes of the programs offered by the agencies providing these programs. These workgroups meet on a regular basis to share ideas and problem-solve the answers to technical questions. Technical assistance is also provided to all contract agencies by the program monitor assigned to that program.

Another major effort is the Capacity Building Initiative in the County's Prevention and Early Intervention Component. The purposes of the Prevention and Early Intervention Capacity Building Initiative are to develop and strengthen skills of community organizations and to increase community access to resources. Improving resource access to the currently unserved and underserved populations has been the key objective along with promoting positive outcomes consistent with the Mental Health Services Act (MHSA) and the Prevention and Early Intervention (PEI) guidelines.

The overall strength-building approach is to provide Technical Assistance and organize incremental development so that each step builds on the prior ones. Along with an emphasis on cultural sensitive delivery, the capacity building effort and activities in Orange County are focused on two general areas: Community Education and Improving Community Access to behavioral health resources.

1. Community Education:

Training Activities are designed to impart basic understanding by providing clear definitions of prevention and early intervention to community members and providers. Emphasis is also placed on skills building and recommended best practice models for providers and partners who are implementing prevention and early interventions in the community and health care systems. Conferences and trainings are collaborative in the planning, funding and delivering process to include and present diverse, multicultural, lived-experience perspectives from consumers, family members, veterans, first responders, community providers, and health and behavioral health systems staff with the emphasis on addressing co-occurring issues and providing culturally competent services.

2. Improving Community Access

Consulting Services are funded and retained to provide expert technical assistance for identifying barriers to service access, assessing risks for and preventive approaches to mental illness and co-occurring substance abuse disorders among monolingual underserved populations. Resources are being built and enhanced to make Prevention and Intervention resources information more available to community members and providers.

D. Lessons learned

A key lesson learned is the importance of having programs provided by ethnic- or culturally specific community-based organizations, especially organizations that have been deeply rooted in the community in providing an array of social services. This learning was used in developing the County's Innovation Plan.

The Innovation Plan consists of 10 projects, several of which are targeting specific ethnic or cultural groups, including the LGBT community, veterans, the Deaf and Hard of Hearing community, Asian/Pacific Islanders and Latinos. It is expected that the providers chosen for these programs will be operated and staffed by people from the same groups. Below is a brief description of each of these ethnic specific programs.

1. OK to be Me

The program will assist LGBTQ youth and their families who are in need of mental health services. Services include the utilization of the Promotora Model, where Transitional Age Youth (age 18-25) and adult consumers, who are individuals identified as Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ), and who have been trained as behavioral health services paraprofessionals will be employed as peers to assist individuals and their family members from this unserved and underserved community.

Services to be provided include, but are not limited to: culturally competent outreach, education, and linkages to mental health and co-occurring disorder services both via phone and in person. Peers will provide home visits to engage and assist clients in obtaining services for isolated high-risk (suicide, depression, risky and self destructive behaviors) individuals from the LGBTQ community in Orange County.

2. Vet Connect

The project will provide one centralized contact/place for community providers to collaboratively interact to educate each other and to maximize access to services needed by veterans. The project will demonstrate whether or not co-located services will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those with a dual diagnosis of substance abuse disorders. The bulk of outreach and support services will be provided by employed, veteran, peer mentors who are in recovery from mental health conditions

3. Training to meet the Mental Health Needs of the Deaf Community

Currently, Orange County does not have any training programs that address the mental health needs of the Deaf and Hard of Hearing community. This project will utilize an existing accredited mental health worker certificate training program to train individual consumers and family members from the deaf community using ASL as the primary language. This innovative program is designed to prepare individuals from the Deaf and Hard of Hearing community with the necessary skills to become mental health workers and

peer mentors. This effort is expected to improve outreach to and engagement with consumers from this community. An anticipated outcome is to increase the number of Deaf and Hard of Hearing clients accessing care and improve the quality of existing services

4. Project Life Coach

Project Life Coach is a program for underserved monolingual or Limited English Proficiency Latino, Iranian, and Asian/Pacific Islanders with mental illness. The goal is to help such mental health services consumers to gain employment at local ethnic businesses as a method of maintaining or developing their integration within the community in which they live. This program will use two inter-related strategies to promote employment and improve the functioning of persons with mental illness: (1) family strengthening and counseling approaches, provided by trained consumer and family member peer mentors as paid employees, and (2) community collaboration between and among ethnic businesses and ethnic service providers.

E. County technical assistance needs

None at this time

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM)

A. Designated CC/ESM

Orange County has a designated Multicultural Development Coordinator (MDC, equivalent to the CC/ESM) who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations. This is documented in the job description for the MDC which was recently updated. Please see **Appendix 3** for a copy of the MDC Job Description.

Currently, Clayton Chau, MD, PhD serves as Interim MDC. Due to a prolonged county hiring freeze, the County has not been able to recruit and hire an individual to fill this position on a permanent basis.

B. Responsibilities of the designated CC/ESM

The job description for this position is currently being revised. Below are the draft duties which include, but are not limited to, the following:

1. Plan, assign, review, and evaluate the work of assigned staff. Prepare and sign performance evaluations; hire staff, and recommend and implement disciplinary actions.
2. Participate in the plan and development of county's Consumer Employee Support Network.
3. Develop, implement, and ensure accuracy of verbal interpretation and written translation (transliteration) services and materials into the threshold languages, as well as American Sign Language.
4. Participate in all aspects of Mental Health Service Act (MHSA) program implementation strategies, as well as performing required system evaluation and reports to the CA Department of Mental Health (DMH).
5. Develop, coordinate, and facilitate the implementation of DMH's required Cultural Competency Plan.
6. Provide consultation, evaluation, and training/education for the entire behavioral health system of care, including county and service contractors, to ensure service delivery is culturally and linguistically appropriate and in compliance with local and State mandates.
7. Identify local and regional cultural behavioral health needs of ethnically and culturally diverse populations as they impact county systems of care; make recommendations to department management.
8. Participate in all Center of Excellence (COE) research projects.
9. Maintain an on-going relationship with community organizations, planning agencies, and the community at large.

IV. Identify budget resources targeted for culturally competent activities

A. Budget dedicated to cultural competence activities

A detailed budget for cultural competence may be found in **Appendix 4**.

A review of this budget shows \$554,986 in salaries for County staff providing translation service; \$45,413 for services and supplies for those County staff; \$1,475,643 for contracts with ethnic services providers; \$1,320,752 for County-run Asian/Pacific Islander programs; \$50,000 for contracts with outside translation service providers and \$21,000 for cultural competence training. This comes to a total annual estimate of \$3,467,794. However, this may be considered a minimum estimate since there are staff providing "as needed" translation in all of the BHS programs, and there are activities in

each program that are cultural competency-focused. These include use of appropriate signage and decoration; development of multi-lingual brochures; forms, and educational materials; and team meetings that include cultural issues impacting client care.

B. Discussion of funding allocations

With the exception of funding allocated separately for the Interpreter and Translation Services and the position of a Deaf and Hard of Hearing Coordinator, funding for **all** services within BHS expend resources to achieve the following goals:

1. Reduction of racial, ethnic, cultural, and linguistic mental health disparities.
2. Outreach to racial and ethnic county-identifies target populations.
3. Provision of culturally appropriate mental health services.

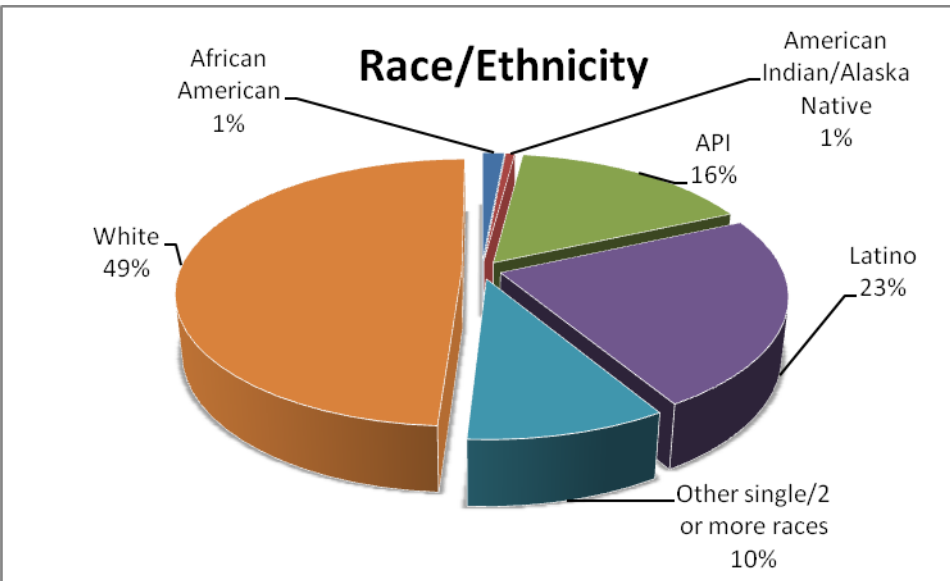
CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

I. General Population Demographics

Below is a general summary of the Orange County population by race/ethnicity, language, age and gender.

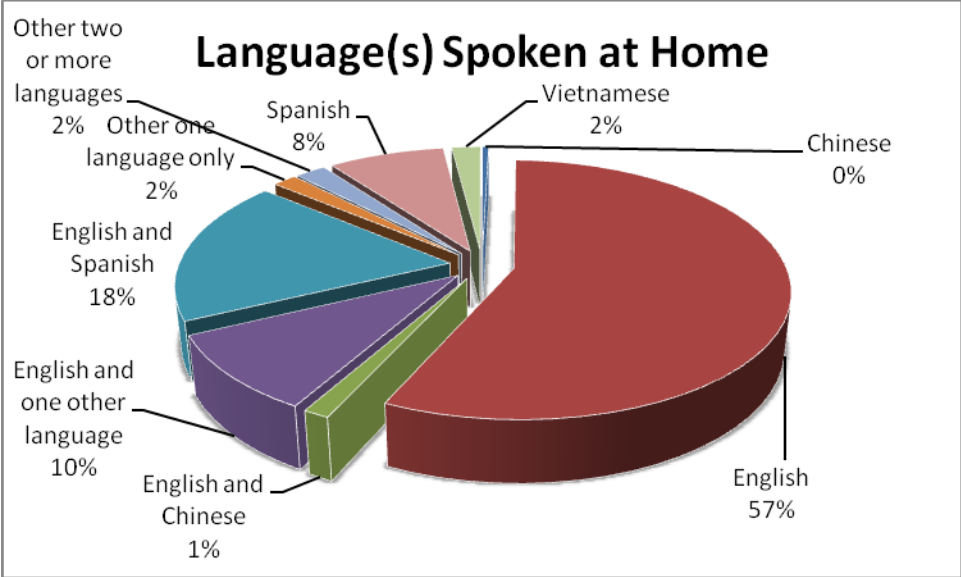
Chart 2.I.1 and Table 2.I.1: Race/Ethnicity for Orange County General Population

General Population Summary from California Health Information Survey 2007 data.



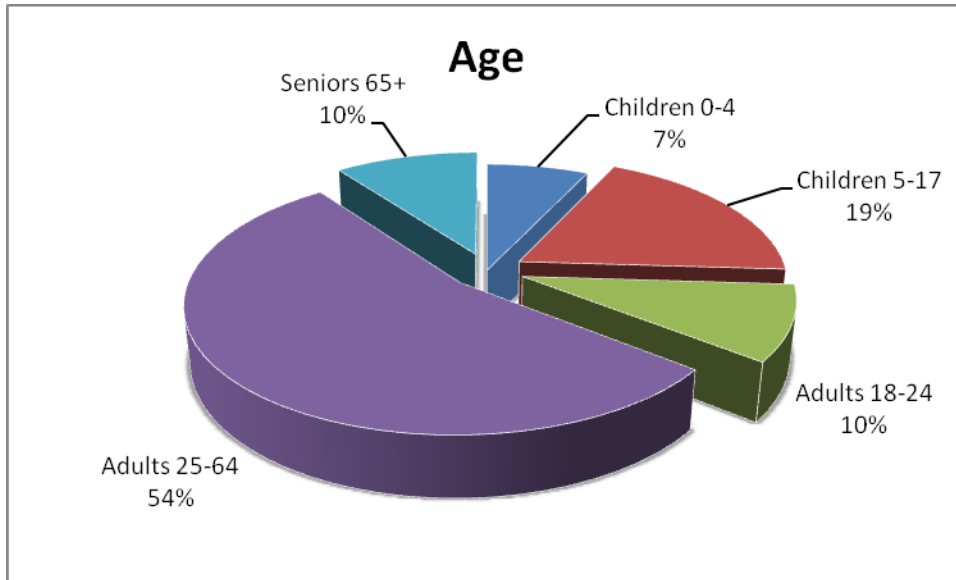
Population by Race/Ethnicity	Number
White	1,495,000
Latino	705,000
Asian/Pacific Islander	493,000
Other single/2 or more races	291,000
Black/African American	45,000
American Indian/Alaska Native	19,000
Grand Total	3,048,000

Chart 2.I.2 and Table 2.I.2: Primary Language for Orange County General Population



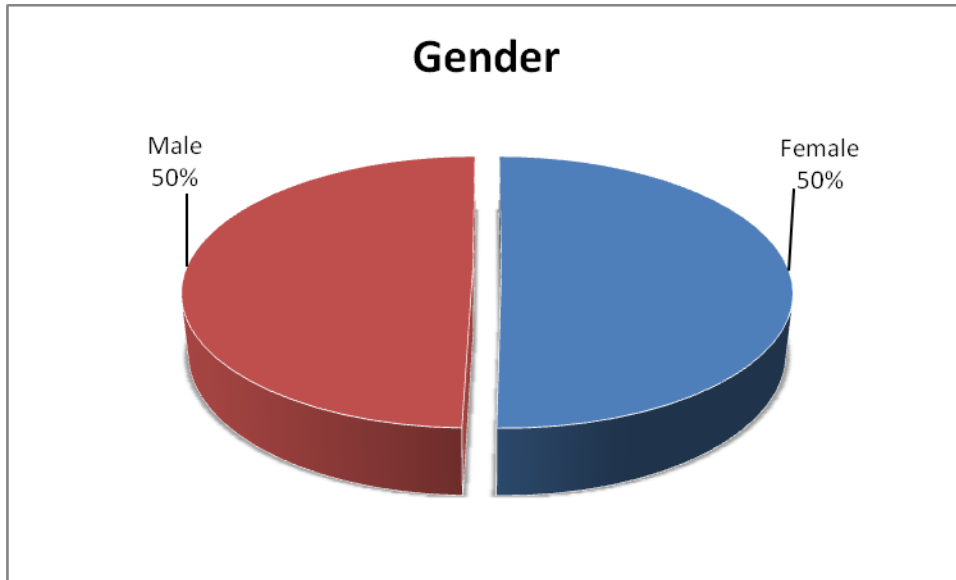
Population by Language(s) Spoken at Home	Number
English	1,721,000
English and Spanish	556,000
English and one other language	294,000
Spanish	247,000
Other two or more languages	65,000
Vietnamese	61,000
Other one language only	51,000
English and Chinese	40,000
Chinese	13,000
Total	3,048,000

Chart 2.I.3 and Table 2.I.3: Age for Orange County General Population



Age Groups	Number
Children 0-4	215,000
Children 5-17	576,000
Adults 18-24	292,000
Adults 25-64	1,653,000
Seniors 65+	309,000
Total	3,045,000

Chart 2.I.4 and Table 2.I.4: Gender for Orange County General Population



Population by Gender	Number
Female	1,535,000
Male	1,513,000
Total	3,048,000

II. Medi-Cal Service Needs

The following tables show penetration rates for Medi-Cal recipients in Orange County who received services from Behavioral Health. The tables are based on two sources: Clients enrolled in Behavioral Health Services in 2009 and California Health Information Survey (CHIS) Medi-Cal clients—estimates for 2007.

In 2009, the Health Care Agency provided mental health services to 14,443 individuals on Medi-Cal. Overall, the penetration rates for people in Orange County who are on Medi-Cal and received services from Behavioral Health Services was 4.1%. All groups were underserved.

Race/Ethnicity

As indicated by **Chart 2.II.1** and **Table 2.II.1** below, over 8% of the population of Native American/Alaska Native and 6% of Black/African American people were served. Penetration rates for White/Caucasian people were 8%. Other racial/ethnic groups and Multi-Racial (a little over 2%). Latino 3% and Asian/Pacific Islander 3%.

Chart 2.II.1: BHS Medi-Cal Clients by Race/Ethnicity

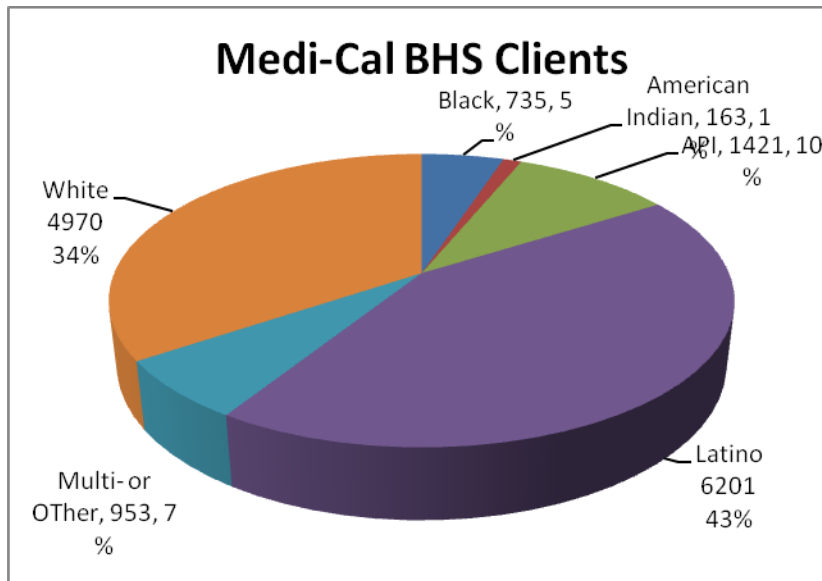


Table 2.II.1: BHS Medi-Cal Clients by Race/Ethnicity as a Percentage of Medi-Cal Clients in Orange County

Race/Ethnicity	Medi-Cal BHS Clients	Medi-Cal Population	% of Medi-Cal Population
Latino	6,201	181,000	3.4%
American Indian/Alaska Native	163	2,000	8.2%
Asian/Pacific Islander	1,421	52,000	2.7%
African American	735	12,000	6.1%
White	4,970	63,000	7.9%
Other Single/2 or more Races	953	39,000	2.4%
All	14,443	349,000	4.1%

Age Group

Chart 2.II.2 and Table 2.II.2 below show penetration rates by Behavioral Health Services for Orange County Medi-Cal clients by age groups. Children between the ages of 0-4 and Seniors 65+ had the lowest penetration rates. Rates for TAY Age Adults (18-25) were around 4%. Rates for Adults 25-64 and Children 5-17 were nearly 6% each. All age groups are underserved.

Chart 2.II.2: BHS Medi-Cal Clients by Age Group

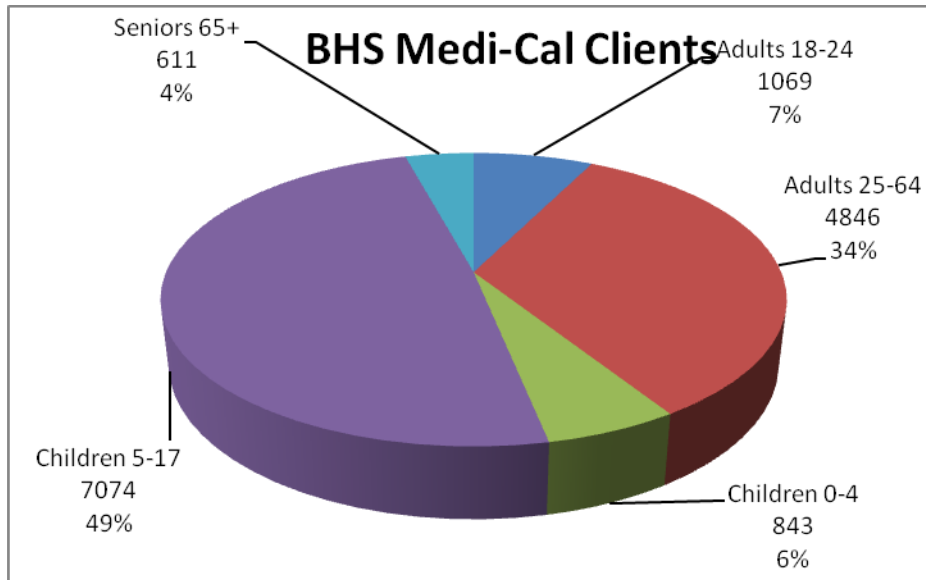


Table 2.II.2: BHS Medi-Cal Clients by Age Group as a Percentage of Medi-Cal Clients in Orange County

Age Groups	Medi-Cal BHS Clients	Medi-Cal Population	% of Medi-Cal Pop
Children 0-4	843	65,000	1.3%
Children 5-17	7,074	123,000	5.8%
Adults 18-24	1,069	25,000	4.3%
Adults 25-64	4,846	91,000	5.3%
Seniors 65+	611	47,000	1.3%
All	14,443	351,000	4.1%

Primary Language

Chart 2.II.3 and Table 2.II.3 below show penetration rates for Behavioral Health Services for Orange County Medi-Cal clients by language spoken at home. The majority of clients in BHS speak English as their primary language; the penetration rate for English speaking Medi-Cal clients in Orange County is 10%. Spanish is the second most common language; the penetration rate for monolingual Spanish speakers is 1.3%.

Chart 2.II.3: BHS Medi-Cal Clients by Primary Language

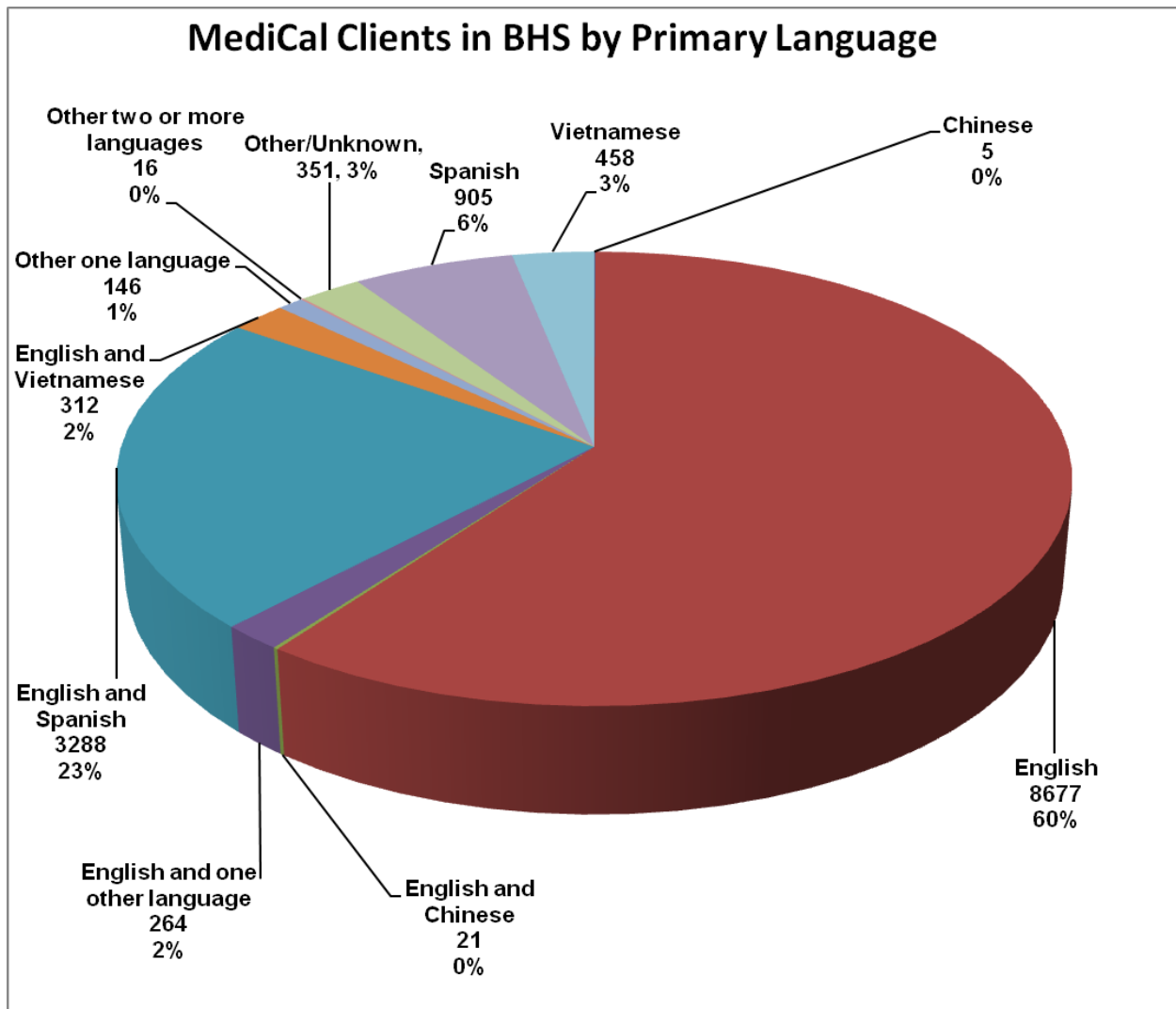


Table 2.II.3: BHS Medi-Cal Clients by Language Spoken at Home as a Percentage of Medi-Cal Clients in Orange County

Language Spoken at Home	Medi-Cal BHS Clients	Medi-Cal Population	% of Medi-Cal Pop
English	8,677	88,000	9.9%
Spanish	905	68,000	1.3%
Chinese	5	1,000	0.5%
Vietnamese	458	23,000	2.0%
Other one language	146	4,000	3.7%
English and Spanish	3,288	137,000	2.4%
English and Chinese	21	1,000	2.1%
English and one other language	264	22,000	1.2%
Other two or more languages	16	6,000	0.3%
English and Vietnamese	312		
Other/Unknown	351		
All	14,443	350,000	4.1%

Gender

Chart 2.II.4 and Table 2.II.4 show penetration rates for Orange County BHS for Medi-Cal clients by Gender. Although females make up a larger proportion of Medi-Cal recipients they receive services in Orange County BHS at a slightly lower rate than males (4% vs. 5%).

Chart 2.II.4: BHS Medi-Cal Clients by Gender

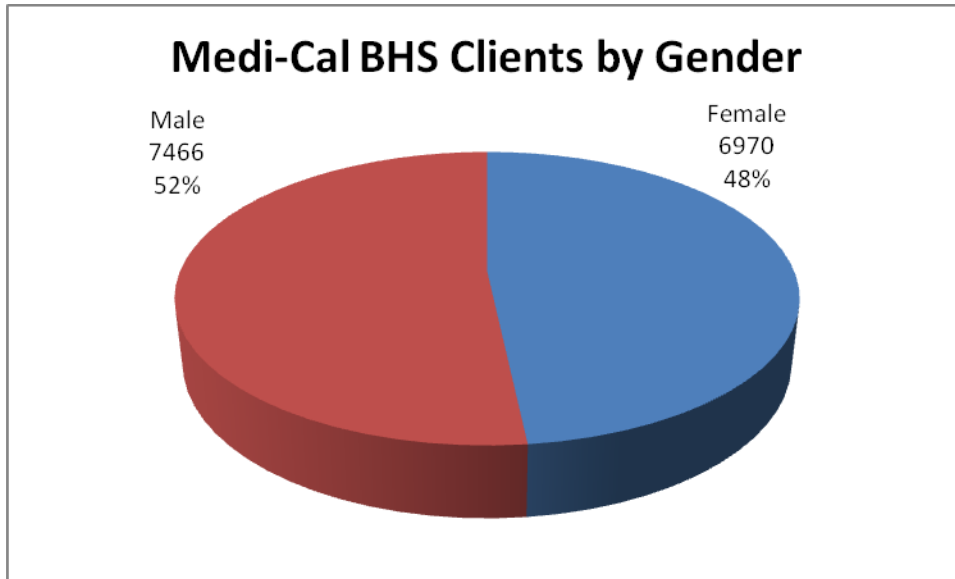


Table 2.II.4: BHS Medi-Cal Clients by Gender as a Percentage of Medi-Cal Clients in Orange County

Gender	Medi-Cal BHS Clients	Medi-Cal Population	% of Medi-Cal Pop
Female	6,970	194,000	3.6%
Male	7,466	155,000	4.8%
All	14,436	349,000	4.1%

III. Demographics of 200% of Poverty (minus Medi-Cal) population and service needs

A. Demographics of the population and client utilization

The following tables show penetration rates for people living at or below the 200% poverty level (minus Medi-Cal recipients) in Orange County who received services from Behavioral Health compared to the prevalence rates Serious Mental Illness (SMI) in Orange County. The tables are based on two sources: Clients enrolled in Behavioral Health Services in 2009 and California Health Information Survey (CHIS) 200% Poverty (minus Medi-Cal clients)—estimates for 2009.

Race/Ethnicity

Table 2.III.1 below shows that people at 200% of the Poverty level (minus Medi-Cal clients) continue to be underserved—approximately 3.7% are in treatment in Behavioral Health Services. The population with the highest level of representation is African American/Black clients—26% of this population is receiving services in Behavioral Health. Approximately 8% of White/Caucasian people meeting these criteria received services in 2009. People from the other race/ethnicity categories are more seriously under-represented: Other Single/2 or more Races—3.9%; American Indian/Alaska Native—2.3%; Latino—2.3% and Asian/Pacific Islander—1.6%.

Table 2.III.1: 200% Poverty (minus Medi-Cal) Population and BHS Clients by Race/Ethnicity

Race/Ethnicity	BHS Clients	200% Poverty (-Medi-Cal)	% of Poverty (-Medi-Cal)
African American	787	3,000	26.2%
White	9,977	125,000	8.0%
Other Single/2 or more Races	3,826	98,000	3.9%
American Indian/Alaska Native	185	6,000	3.1%
Latino	6,624	289,000	2.3%
Asian/Pacific Islander	1,386	88,000	1.6%
All	22,785	609,000	3.7%

Primary Language

English is the primary language of 75% of the clients in Behavioral Health Services from this population (the language spoken most often at home). This accounted for almost 10% of the people at 200% poverty level (minus Medi-Cal clients). People whose main language was something other than English, Spanish, Vietnamese or Chinese (e.g. Farsi) received services at an average rate (3.7%).

Table 2.III.2: BHS Clients By Language Compared to 200% of Poverty (Minus Medi-Cal) Population by Language

200% Poverty (minus Medi-Cal) Population and BHS Clients by Language			
Language Spoken at Home	BHS Clients	200% Poverty (-Medi-Cal)	% of Poverty (-Medi-Cal)
English	17,105	155,000	9.9%
Other one language	426	16,000	3.7%
English and Spanish	2,853	216,000	2.4%
English and Chinese	28	3,000	2.1%
Vietnamese	283	27,000	2.0%
English and one other language*	684	37,000	1.8%
Spanish	1,345	149,000	1.3%
Chinese	3	3,000	0.5%
Other two or more languages	14	4,000	0.3%
Other/Unknown	44		
All	22,785	610,000	3.7%

*English and Vietnamese = 245)

Age Group

People in all of the age groups continue to be underserved—3.7% of people who are at or below the 200% poverty level received Behavioral Health Services. Children (age 0-17) and Seniors (65+) were the most underserved groups (2.9% vs. 1.7% respectively). Young Adults (18-24) and other Adults (25-64) receiving services accounted for 4.4% and 4.1% of these populations.

Table 2.III.3: 200% Poverty (minus Medi-Cal) Population and BHS Clients by Age

Age Groups	BHS Clients	200% Poverty (-Medi-Cal)	% of Poverty (-Medi-Cal)
Children 0-17	3,329	113,000	2.9%
Adults 18-24	3,811	86,000	4.4%
Adults 25-64	14,844	363,000	4.1%
Seniors 65+	801	48,000	1.7%
All	22,785	610,000	3.7%

Men received services at a slightly higher rate than women (4.0% vs 3.4%).

Table 2.III.4: 200% Poverty (minus Medi-Cal) Population and BHS Clients by Gender

Gender	BHS Clients	200% Poverty (-Medi-Cal)	% of Poverty (-Medi-Cal)
Male	13,343	332,000	4.0%
Female	9,421	277,000	3.4%
Other	2		
Transgender	3		
Other/Unknown	16		
All	22,785	609,000	3.7%

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

A. Population Assessment from CSS Plan approved 4/06

1. Children and Youth, age 0-15

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

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

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

2. Transitional Age Youth (TAY), age 16-25

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

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

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

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

3. Adults, age 26-59

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

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

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

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

4. Older Adults, ages 60 and older.

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

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

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

4%. The corresponding percentage for A/PI clients was 3% and for Latinos, only 1%.

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

Chart 2.IV.1: Service Utilization by Race/Ethnicity as Reported in the MHSA CSS Plan approved in April of 2006.

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

* Includes only clients served in county wraparound programs

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

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

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

* Clients served PACT or AB2034 programs

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

* Clients served in AB 2034 programs

B. Analysis of disparities from CSS Plan approved 4/06

1. Children and Youth, age 0-15

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

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

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

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

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

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

Of the 8,911 children seen for mental health services, 3,045 were special education children seen as part of the AB3632 program. Seventy-eight percent (78%) of these children were males. In terms of race/ethnicity, 64%

of these children were Caucasian; 25% were Latino; 4% were Asian-Pacific Islander; 3% African-American and 0.5% Native-American/Indigenous. Caucasian children were over-represented and all other ethnicities under-represented compared to their percentages in the population in terms of children seen for mental health services through this program.

2. Transitional Age Youth, age 16-25

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

Caucasian TAY make up only 25% of the low-income population, but 40% of the clients served. African-American TAY in Orange County are only 1.4% of the low-income population, but represent 5% of the clients served. Native American/Indigenous TAY who make up less than one percent (1%) of the low-income population are a compatible one-half of one percent (.5%) of the clients who receive services.

Approximately 60% of the TAY receiving mental health services from the County of Orange in FY 03-04 were male. English is the primary language of 70% of the TAY seen for County mental health services. Another 10% speak Spanish, and 1% speaks Vietnamese, the two threshold languages spoken in the County. Of TAY who receive mental health services, 17% speak an emerging language (e.g. Cambodian, Laotian, Farsi, Korean) as their primary language.

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

relatively close to the percentage in the low-income population, but below that in the general population. A/PI TAY are under-represented relative to both populations.

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

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

3. Adults, age 26-59

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

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

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

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

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

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

4. Older adults, ages 60 and over

Caucasian clients make up 53% of all the clients over age 60 seen by the County's mental health services. Caucasians also make up over 70% of the older adults in the County's general population, but are only 28% of the low-income, older population. Thus, they are over-represented among County clients in that age range. The next largest group of clients is those with Latino backgrounds, who make up 16% of the older adult clients, though they are 52% of the older adults low-income population. Latino older adults are the most seriously under-represented ethnic group among older adults in terms of receipt of County mental health services. The percentage of Latino older adults receiving mental health services is only 1%, compared to 7% for Caucasians.

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

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

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

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

Within the County's mental health services, specialized mobile mental health services and episodic treatment are provided to older adults, most often in their homes, through programs such as the Senior Health Outreach & Prevention Program (SHOPP), and the Substance Abuse Resources Team (START) for older adults who are misusing alcohol or medications. In FY 04-05 these services reached 1,201 older adult clients, 86% of whom were Caucasian, 8% of whom were of Latino backgrounds, and 5% of whom were A/PI.

V. Prevention and Early Intervention (PEI)

A. PEI priority population(s)

The Orange County Plan has 33 distinct activities, some of which have additional sub-activities. These activities are grouped into eight different programs. Each of these activities is designed for at least one of the specific populations, but because of the large number of activities, all six of the populations are identified to be served in the PEI Plan. A matrix showing the target population for each program was submitted with the PEI plan. Please see **Appendix 5** for a copy of that matrix.

Additionally, every program in the Prevention and Intervention Division makes a concerted and deliberate attempt to reach out to unserved and underserved groups, and in particular those who are culturally and linguistic isolated, as part of the MHSA mission.

With regard to the method by which the populations were identified, the PEI plan was developed through a very extensive community input and discussion process that encompassed many different groups and which is described in detail in the plan. The programs and their target populations grew out of this process.

B. The process and rationale used in selecting priority population(s)

The Mental Health Services Act (MHSA) Prevention and Early Intervention planning process was conducted in three stages.

The first stage began in March 2007 with presentations and information sharing in over 35 meetings with various stakeholders and community representatives in an effort to increase awareness of the MHSA and the PEI component.

The second stage commenced in December 2007 and involved an extensive community planning process, including numerous stakeholder meetings, 75 community focus groups and two surveys (one for providers and another for the community). Of the 75 focus groups, 21 were multicultural in focus. Focus groups were held in a variety of languages: Spanish, Vietnamese, Farsi, Arabic, Korean, American Sign Language (ASL), and English.

Participants in the planning process reflected the diversity of the County's demographics and included stakeholders from a wide variety of organizations and community groups. Moreover, consumers and family members took an active role in all aspects of the planning process.

The third stage of the MHSA Prevention and Early Intervention planning process commenced in July 2008, when the results of the stakeholder meetings, community focus groups and survey data were compiled and presented to the local MHSA Steering Committee for review. This effort led the Steering Committee to establish a PEI Subcommittee to assist in the process of analyzing and translating the community input into the core design of the PEI Plan.

The PEI Subcommittee identified eight PEI project categories, which resulted in the formation of eight corresponding workgroups to further develop and prioritize ideas for the strategies to be included in the PEI Plan. The workgroups were asked to review the community input and make program recommendations that reflected that input. These eight PEI Project categories and corresponding workgroups are listed below.

Prevention	Training
Early Intervention	School-Based Services
Screening and Assessment	Parent Education and Support
Crisis and Referral	Outreach and Engagement

Each workgroup met twice, and a total of 613 stakeholders attended these meetings. Spanish, Vietnamese and ASL translators were used to ensure participation of diverse ethnic/cultural groups.

The workgroups developed specific program recommendations to address the identified needs. A primary target population was identified for each program. These recommendations were then considered and approved by the PEI Subcommittee and then the MHSA Steering Committee. Work group facilitators

and Health Care Agency staff developed written descriptions of these programs, which were then incorporated into the PEI Plan.

The Plan was made available for a 30-day public comment period (December 22, 2008 – January 21, 2009). A Mental Health Board Public Hearing was held on January 22, 2009. Upon Mental Health Board approval, a request to apply for grant funds was sent to the Board of Supervisors and subsequently to the California Department of Mental Health and the Oversight and Accountability Commission (OAC).

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

I. Identified unserved/underserved target populations (with disparities):

A. Target populations, with disparities, in Medi-Cal, CSS, WET, and PEI

The target populations with disparities are discussed in Criterion 2 above. In general, analysis of the different data sources shows that the target populations with disparities are similar across these data sets. These populations include, but are not limited to: ethnic and cultural minorities (e.g., Latino and Vietnamese, the Deaf and Hard of Hearing community, and the Gay, Lesbian, bisexual, Transgender, Questioning (LGBTQ) community); people with limited English proficiency; homeless individuals and families; frail, isolated older adults; trauma-exposed people (including veterans); Children and TAY involved (or at risk of becoming involved) in the juvenile justice system, at-risk of school failure, aging out of the foster care system, or in stressed families; and individuals experiencing the onset of psychiatric illness.

1. The process and rationale used to identify and target the populations with disparities in the PEI Plan

As discussed in Criterion 2, Section V. (B), the MHSA Prevention and Early Intervention planning process was conducted in three stages.

The first stage began in March 2007 with presentations and information sharing in over 35 meetings with various stakeholders and community representatives in an effort to increase awareness of the MHSA and the PEI component.

The second stage commenced in December 2007 and involved an extensive community planning process, including numerous stakeholder meetings, 75 community focus groups and two surveys (one for providers and another for the community). Of the 75 focus groups, 21 were multicultural in focus. Stakeholder meetings were held in a variety of languages: Spanish, Vietnamese, Farsi, Arabic, Korean, American Sign Language (ASL), and English.

Participants in the planning process reflected the diversity of the County's demographics and included stakeholders from a wide variety of organizations and community groups. Moreover, consumers and family members took an active role in all aspects of the planning process.

The third stage of the MHSA Prevention and Early Intervention planning process commenced in July 2008, when the results of the stakeholder meetings, community focus groups and survey data were compiled and presented to the local MHSA Steering Committee for review. This effort led the Steering Committee to establish a PEI Subcommittee to assist in the process of analyzing and translating the community input into the core design of the PEI Plan.

Although there was recognition that the programs selected for the PEI Plan typically benefitted multiple priority populations, an effort was made to identify a **primary** priority population for each program/activity.

II. Identified disparities

Although people from all race/ethnic groups are underserved, in looking at penetration rates, it becomes clear that for some groups, penetration rates are significantly lower than others, particularly Asian/Pacific Islanders and Latinos. Major data sets such as Medi-Cal have not captured information nor provided the basis for analyzing the extent of disparities for some special cultural populations such as LGBT or the Deaf and Hard of Hearing community. However, using data now being collected on clients served, a better basis for estimating these types of disparities may become available.

III. Identified strategies/objectives/actions/timelines

Strategies for reducing disparities are discussed below. Implementation activities and timelines vary by strategy. The strategies proposed in the CSS and WET Plans have all been initiated. Most of strategies proposed in the PEI Plan also have been initiated. By the time the PEI Plan was approved, it was clear that the economy was in a major downturn and that MHSA revenues would decrease in the following few years. Thus, a conscious decision was made to stagger the implementation of PEI programs and activities, so that no programs, once implemented, were likely to fail due to lack of continuing resources. In addition, some PEI programs/activities were designated as short-term because either a different funding source was expected to be available in a few years to continue the program, or the program goals could be accomplished in a shortened timeframe.

A. Strategies for reducing the disparities

CSS Plan:

In the Orange County CSS Plan the following strategies for reducing disparities were proposed:

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

strategies must be utilized to assist in this objective, such as teaching Spanish and Vietnamese to culturally competent staff. Using WET funding, the County has been providing language courses to staff through a contract purchased from the Rosetta Stone Language System.

- The County has a partnership with a local university, CSU Fullerton, to allow tuition reimbursement for staff who would like to pursue a Bachelor's or advanced degree in their Social Work and Marriage and Family Therapist programs. Classes are offered on county sites, in the evening, making it more accessible by staff. To date, many support staff have worked through the program and are now clinicians in the system. This method of "growing our own" staff is particularly important for those Latino and Vietnamese employees who want to further their education and shift from a support staff position to a clinical staff position.
- Develop the consumer/family base from the ethnic populations that are unserved/underserved. This is a population that has been difficult to engage. The use of proven methods such as the "promotora" model, or community health educator model can address the disparities in consumers that work for and are engaged in the mental health system. A successful method of health education, the promotora model, can be utilized with mental health services to access pockets of the ethnic/linguistic community that are the least likely to access services and the most likely to need them. Using WET funding, Orange County has developed a Certificate Mental Health Worker program with Pacific Clinics and Santa Ana College. To date, over 200 consumers and family members have graduated from this training program; and, close to one third have obtained either full time or part time jobs in the mental health field. This class has been conducted in Korean and Arabic for those consumers and family members with limited English Proficiency. Many of these graduates have either volunteered or obtained jobs as promotora.

WET Plan:

Many strategies for reducing disparities were included in the Orange County WET Plan. These include, but are not limited to the following:

- Cultural Competence Training for Staff and the Community

Training supported by one-time funding in the Orange County CSS plan (approved in 2005), included many topics, including cultural competence topics related to Lesbian, Gay, Bisexual and Transgender individuals, co-occurring disorders in the Asian/Pacific Islander

community, Spanish and Vietnamese language training for staff, and interpreter certification training. The WET Plan continues these trainings and also includes additional training about the Latino, Vietnamese, Korean and Iranian cultures; cultural competence courses for nurses; development of educational materials related to training on each of these ethnic cultures; and support for staff to translate materials developed into Spanish and Vietnamese so that monolingual consumers/family members or community members can participate in them. The WET Plan also includes the development of modified training manuals for persons who are Deaf and have limited English or other written language reading skills.

In addition to the need for training public mental health staff, stakeholder meetings identified a need to reach out to underserved communities in their own language, using concepts suitable for their cultures. The goal is to raise awareness about mental illness and resources available for consumers and family members. Such efforts involve collaborating with existing community agencies, such as churches, ethnic-specific clinics, community centers, media outlets, and other health providers, using staff speaking languages other than English, including American Sign Language. The target population includes underserved ethnic client groups and those who represent consumer and family member perspectives.

On November 9-10, 2010, the Health Care Agency had its first Disparities conference entitled “Understanding Disparity & Disproportionality in Human & Health Services as a First Step in Prevention and Intervention.” This conference emphasized the importance of understanding disparities and disproportionalities as a prerequisite to providing effective prevention and early intervention services to help individuals attain and maintain their health. These services include both physical and mental health, substance abuse treatment, and social services. About 350 attendees learned about factors impacting equal access and strategies for overcoming barriers and improving access for the county’s unserved and underserved cultural and linguistically isolated communities. The audience for the conference was consumers, clinicians, educators, administrators and direct providers from our county’s human and health services agencies.

- Training Consumers and Family Members for Employment in the Mental Health System.

As part of the 2005 CSS plan approved for Orange County, one-time funding was provided for a program to develop and support the training

of consumers and family members to work in the mental health system. The goal was to enable them to become service providers or operators of consumer-run services so that the public mental health system in Orange County reflects a meaningful inclusion of consumers and family members as service providers. This program has continued to be funded by WET, and was included in the WET Plan.

This contracted program has been successfully implemented and has trained over 200 consumers and family members, thus far, including some monolingual-speaking Korean and Arabic students. After completing the course work, students are placed in paid internships. This past year, the program was made available to monolingual speakers of Arabic and Korean. The goal is to promote culturally competent service delivery by consumers and family members and reduce disparities in access to services.

- Financial Incentives to Increase Workforce Diversity: AA and BA Stipends & 20/20 Program

This program supports undergraduate and certificate program educational and living costs for members of underserved groups and consumers and family members to attend a certificate program in psychosocial rehabilitation or an undergraduate program in human services, psychology or social work. Recipients are required to repay their support by agreeing to work for the Orange County public mental health system for one year for every year of support received. Current employees of the public mental health system are eligible for support for attending class for field work placement in the form of a 20/20 or 30/10 program (based on amount of time away from work), in which a portion of their salaries are paid for by WET funds.

There is a need for bilingual/bicultural Latino and Vietnamese staff. Thus, there is an emphasis on providing these financial incentives to potential employees who could help meet the need for a more culturally diverse workforce or increase the inclusion of consumers and family members in the workforce. This emphasis is demonstrated either by giving priority to students who might fill the gaps in the current labor force or by providing such applicants a higher level of support.

PEI Plan:

Because the focus of prevention and early intervention is on people who are at high risk of developing mental illness rather than those who are already diagnosed, the types of interventions used to reduce disparities may be somewhat different than those that were identified in the CSS Plan. There is

overlap in the methods used in each Plan, however, the PEI Plan provided some additional strategies, including, but not limited to:

- Early intervention services to reach groups that are at high risk of developing serious and persistent mental illness. These groups include stressed families, transitional age youth and young adults experiencing a first psychotic break, mothers suffering from post-partum depression, isolated adults and older adults, children and youth who have been involved with the juvenile justice system or are at high risk of school failure.
- School-based services, including outreach to and education for children, youth, families, and school staff to build resiliency, increase protective factors, foster a positive school environment, and reduce stigma. This strategy is implemented through provision of programs such as Positive Behavioral Interventions and Supports (PBIS), Violence Prevention Education, School Readiness Program expansion, and integration of mental health professional services into current pediatric and obstetrical clinical support.
- Parent education and empowerment programs and projects, such as family to family support, Positive Parenting Program (Triple P), Parent Empowerment Program, and Community Parent Education Programs for Parents (COPE),
- Prevention services to reduce the likelihood that an individual will develop serious persistent mental illness (Adults) or serious emotional disturbance (Children and Youth. Such strategies include, but are not limited to: short-term cognitive behavioral interventions for children of substance abusers or mentally ill patients (a multilevel, family-centered intervention targeting parents and siblings of youth in the juvenile justice system), youth development programs for youth experiencing involvement with the juvenile justice system, transition services for youth who aging out of the foster care system or moving from school to full-time employment.
- Screening and assessment services to identify the existence of a mental illness early in the course of the disease, prior to the deterioration that comes with untreated mental illness.
- Crisis and referral services, including a suicide prevention hotline and a peer-staffed warm line. This type of strategy also includes a Survivor Support Program for family members/loved ones of individuals who have committed suicide.
- Training for those most likely to be in contact with individuals experiencing their first break. Examples include school teachers, public

health nurses, pediatricians/family physicians, faith-based organizations, and caregivers for persons with disabilities.

By providing the types of services proposed in the PEI Plan, it is expected that people from the unserved and underserved communities will be identified and given assistance, thus avoiding some of the negative consequences of untreated mental illness.

B. Strategies identified

The strategies to reduce disparities are the same as those discussed above for the following populations:

- Medi-Cal population
- 200% of poverty population
- MESA/CSS population

The three populations named above have a great deal of overlap. Orange County strategies to reduce disparities are used to increase client utilization of services for all underserved groups, and there is no distinction among the three named populations that would require different strategies. The groups considered “underserved” or unserved are the same for all low income individuals living with mental illness.

IV. Additional strategies/objectives/actions/timelines and lessons learned

A. New strategies (those not included in the CSS, WET or PEI Plans)

Orange County has recently received approval for an Innovation Plan that provides several projects specifically aimed at high-risk, underserved communities. One example is a program called “Okay to Be Me,” which provides outreach and peer support to members of the LGBTQ community, especially those in the TAY age group who are at risk of suicide from untreated mental illnesses or depression due to coming out without a strong support system.

Another relevant Innovation Project, Project Life Coach, is a program for underserved monolingual or Limited English Proficiency Latino, Arab and Asian/Pacific Islanders with mental illness. The goal is to help such mental health consumers to gain employment at local ethnic businesses as a method of maintaining or developing their integration within the community in which they live. This program will use family strengthening and counseling approaches, provided by trained consumer and family member peer mentors as paid employees, and community collaboration between and among ethnic businesses and ethnic service providers to promote employment and improve the functioning of persons with mental illness.

A third Innovation Project that targets an underserved community is “Training to Meet the Mental Health Needs of the Deaf Community.” Currently, Orange County does not have any training programs that address the mental health needs of the Deaf community. This project will utilize an existing accredited mental health worker certificate training program to train individual consumers and family members from the Deaf community using ASL as the primary language. This program is designed to prepare individuals from the Deaf community with the necessary skills to become mental health workers and peer mentors. This effort is expected to improve outreach to and engagement with consumers from this community. An expected outcome is to increase the number of Deaf and Hard of Hearing clients accessing care and improve the quality of existing services

A fourth Innovation Project also impacts a population that MHSa recognizes as underserved: Veterans. The project will provide one centralized contact/place for community providers to collaboratively interact to educate each other and to maximize access to services needed by veterans. The project will demonstrate whether or not co-located services will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those with a dual diagnosis of substance abuse disorders. The bulk of outreach and support services will be provided by employed, veteran, peer mentors who are in recovery from mental health conditions.

Finally, the Integrated Care Innovation Project is expected to increase access to care for clients being served in a public mental health clinic or primary care site. This project will provide mental health care at primary medical care community clinics, using trained consumer mental health workers supervised by licensed mental health staff. It will also provide psychiatric consultation to primary care physicians on prescribing medication. At behavioral health sites, clients will be assigned to consumer employees serving as Medical Care Coordinators. This project provides two different approaches to integrating physical health, mental health and alcohol/substance abuse treatments. The project also provides an opportunity to compare the outcomes from both approaches. The impact on various race and ethnic groups may vary. One outcome that will be investigated is the extent of the increased access varies by racial/ethnic groups. If so, this project may also reduce disparities.

V. Planning and monitoring

A. Implementation efforts

As mentioned in other sections of this report, the County of Orange Health Care Agency actively involves the community in its planning and monitoring process in order to ensure accountability and stay true to the mission to provide high quality, accessible, culturally competent, client-driven, consumer and family focused, recovery and resiliency-focused and cost-effective services.

HCA also actively participates with other governmental agencies in a countywide effort to reduce health disparities. Several staff from the Behavioral Health Center of Excellence are members of the Eliminating Racial Disproportionality and Disparity Advisory Group, which aims at developing practice change strategies to eliminate disproportionality and disparity in human and health services.

B. Measures and activities used to monitor the reduction or elimination of disparities

There are several measures that are used to monitor the reduction or elimination of disparities. These include, but are not limited to:

- Penetration rates for target populations. Penetration rates compare the percentage of people that have a specific characteristic (such as Latino ethnicity) in the Medi-Cal population who are estimated to have SMI and the percentage of clients being treated for SMI that have that characteristic, Latino ethnicity. For instance, if half of the Medi-Cal population needing mental health services is Latino, but only one-third of clients accessing mental health services is Latino, then the penetration rate is lower than would be expected.

It should be noted that MHSA-funded clients are only a relatively small (though growing) portion of the total number of clients receiving public mental health services. Thus, changes in overall penetration rates for ethnic minorities in county mental health programs may not be apparent.

- Another way to describe the impact on the reduction of disparities is the increase in the number of ethnic-specific programs as a result of MHSA. New MHSA-funded ethnic-specific programs have been created in Outreach and Engagement and Full Service Partnerships.
- Orange County Behavioral Health Services has a work group whose specific task is to design and evaluate outcome measures from all

county services. This work group includes staff from all levels, as well as consumers and family members. One of its main goals is to monitor progress in reaching out to the County's unserved and underserved target populations.

C. County technical assistance needs

None at this time.

**CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE:
INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY
MENTAL HEALTH SYSTEM**

I. The County has a Cultural Competence Committee, or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community

A. Brief description

Orange County’s MHSa Community Action Advisory Committee (CAAC) serves as its Cultural Competence Committee. This Committee was formed in 2005 and was reconstituted this year to ensure that it contained representation from a diversity of perspectives. The perspectives included on this committee include:

Consumer	Family Member
Caregiver	Receiving services from a County-contracted Clinic
Substance Use	Incarcerated
Veterans	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
Older Adult	Transitional Age Youth
Hispanic/Latino Community	Deaf and Hard of Hearing
African-American Community*	Asian and Pacific Islander Community
Native American Community	Iranian community

*The African-American Community perspective is currently vacant.

This committee consists of 15 members. It meets monthly and at each meeting there is typically an educational presentation and an update on the current hot topics regarding County Behavioral Health Services, as well as MHSa services/programs. Ideas are solicited from CAAC for MHSa programs and services. All MHSa plans are presented and discussed at committee meetings (often several times) prior to being considered by the MHSa Steering Committee.

B. Policies, procedures, and practices

The mission of CAAC is to “advise the Health Care Agency on issues related to funding mental health services in Orange County in general and specifically through the Mental Health Services Act (MHSA). The goal is to assist the Health Care Agency (HCA) in ensuring that these services are of high quality, accessible, culturally competent, client-driven, consumer and family focused, recovery and resiliency-focused and cost-effective.”

In the spring/summer of 2010, this Committee was reconstituted to ensure diversity. The policies and procedures were revised as of May 2010 to reflect the new membership policies. A full copy of the Bylaws is included in **Appendix 2**.

The sections of the Bylaws relevant to diversity are quoted below.

“Section II: Membership and Voting Guidelines

- All CAAC members and officers are volunteers.
- All members shall be past or present consumers, family members, or caregivers of consumers of mental health services in Orange County. Family members are those persons considered family by consumers, whether or not related by blood or marriage.
- Fifty-one percent of members shall be consumers and family members who have received services from the County clinics or contract providers. (No more than 49% of the members shall be individuals who have not received BHS county-provided services or contract services.)
- CAAC membership will not exceed 15 members; any membership requests after membership has reached full capacity will be placed on a waiting list.
- To become a member, one must complete an application for review and approval by the HCA/BHS/Center of Excellence and the current Executive Team. S/he must also be actively involved with in the MHSA planning process and other activities/events related to MHSA and/or County Behavioral Health Services.
- Once a person has met the membership criteria and membership is open, S/he will be considered an active member and be allowed to vote.
- Only members will receive a stipend for participating in the CAAC meeting. Guests and members of the public may receive a bus pass or parking validation.”

“Section IV: Limits on MHSA CAAC Membership

- Every attempt will be made to achieve diversity in membership. If there are open membership seats, new members will be recruited from hard to serve or underserved communities such as Vietnamese, Korean, Latino, African–American, American Indians, Iranians, and Deaf and Hard of Hearing.
- Members will include consumers and family members from the County Mental Health clinics and community-based contract providers.
- Members must acquire excused absences to keep a valid membership. A member must obtain an excused absence by contacting the Center of Excellence and the CAAC Executive team with a valid reason for the absence. If a member has two unexcused absences within a one-year period s/he will automatically be dropped from membership following the third absence.
- Membership on the committee can be revoked based on a finding of disruptive or harmful behavior. Every attempt will be made to support members in maintaining appropriate behavior and problem-solving effectively. However, if a member is not able to manage their behavior, the Center of Excellence and the Executive team may officially revoke an individual’s membership.
- Members of the committee are to serve a maximum of a two-year term. Once two years have been served s/he may re–apply to become a member, and put on a wait list if there is one in place.

C. Organizational chart

There is a Chair, Vice Chair, and Secretary for the Committee. There is no sub-committee structure.

D. Committee membership roster

1. Raidel Amieva
2. Tho Be
3. Vu Be
4. Theresa Boyd
5. Apolonio Cortez
6. Chon Cao
7. Denise Cuellar
8. Patricia Mejia
9. Nazee Nazari

10. Khe Ngo
11. Robert Reid
12. Anna Rodriguez
13. Keith Torkelson
14. Joy Torres
15. Ana Linda

II. The Cultural Competence Committee, or other group with responsibility for cultural competence, is integrated within the County Mental Health System

A. Policies, procedures, and practices

Orange County has had a Community Action Advisory Committee (CAAC) since the planning process started for the initial CSS Plan. The Committee was reorganized in 2010. In practice, this committee has historically played an important role in planning for MHSA services and projects. It will continue to do so in the newly reconstituted Committee. For example, members of CAAC and other consumers and family members played a major role in the development of Orange County's Capital Facilities Project. Experts from other California counties and various locations throughout the United States presented models and ideas for the consumer-operated Wellness/Peer Support Center that is included in the Capital Facilities Project. The planning group then set priorities for which services would be available at the Center and what kinds of space should be provided. The group discussed the need for relaxation and social activities and space allocated to a consumer art gallery. It also established the principle that the building would be as "green" as possible. The planning group also held a series of meetings with the architects and county representatives about the building designed.

On October 12, 2010, the County held a groundbreaking ceremony for the new facility. At that ceremony, many consumers were recognized for their role in making this project a reality. Completion of the project is expected to occur at the end of summer 2011. This project is just one example of how a diverse group of consumers has participated in the design and implementation of MHSA-funded programs.

CAAC has also been very active in guiding and helping HCA/BHS in assessing barriers facing consumers in receiving services at the county behavioral health clinics. In fact, CAAC has developed the evaluation tool, as well as provided and executed recommendations in helping consumers find ease in receiving services in BHS clinics.

One of the CAAC members has been a very active participant in the HCA/BHS electronic health record task force. It is anticipated that the CAAC will have an active role in finalizing OC's electronic health system. Another is a member of the MHSAs data and outcome measurement team.

B. Evidence that the Cultural Competence Committee participates in review process

Members of CAAC often sit on county proposal review committees. Each time a Request for Proposals is issued a review committee of four to five people is established to review and rate the proposals. At least two of the people on this committee are from the community. CAAC members have been responsive to the request for community participants. Reviewing proposals is a time-intensive activity, and Orange County appreciates the effort and expertise that CAAC members bring to the task.

C. Annual report of the Cultural Competence Committee's activities

Although the newly reorganized Committee has been in existence for only a few months, CAAC has conducted many site visits to county clinics and MHSAs programs and completed a report on its findings. Please see **Appendix 6** for a copy of the report.

CAAC has also conducted client satisfaction surveys to determine how well the services are meeting the needs of the clients. The findings were reported to BHS Administration. Please see **Appendix 7** for a copy of the report.

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

I. The county system shall require all staff and stakeholders to receive annual cultural competence training

A. Three year training plan for required cultural competence training

1. Advances in science, medicine, evidence-based practices and technology offer the potential to improve health. However, large segments of the population defined by race, ethnicity, geography, gender, socio-economic or any other defined unserved and underserved populations are not deriving equal benefits from these advancements. Furthermore, social, anthropologic and economic studies have shown that individuals living with mental illnesses in the fore-identified communities live on the average 30 years less than the general population due to health disparities. The elimination of health disparities will require a wide spectrum of approaches including continual improvement of cultural inclusion; integration of science, practice and policies; collaboration of consumers and families; and partnerships between county health and social services agencies and community grass root organizations.

The fundamental strategy in understanding and identifying real solutions to health disparities involves the development of best practice models in research, training, career development, clinical intervention, community outreach, and advocacy. In an effort to better serve the ever changing demographic in Orange County, the HCA/BHS, in January 2010, has developed the Center of Excellence in Education, Training, Research and Advocacy for Reducing Health Disparities. The former Cultural Competency Department has been transformed to the current Multicultural Development Program (MDP) within the Center of Excellence (COE). It is our hope that the new MDP will be even more active in working with other county partners, public and private entities, to promote cultural sensitivity and inclusivity in order to provide quality mental health services for all people living in Orange County.

2. The COE has assigned liaisons to each of the service divisions within HCA/Behavioral Health Services. The role of each liaison is to attend all division manager meetings and assist in developing annual trainings that are required for staff professional development, as well as trainings that improve staff skills in providing evidence-based practices to a linguistic and culturally diverse consumer population in Orange County.

3. The COE also has a designated Continuing Education Program (CEP) Administrator whose job is to ensure HCA/BHS is an accredited CUE/CME provider in good standing for psychiatrists, psychologists, nurses, LCSWs, MFTs, CAADAC, and licensed residential care operators. The CEP Administrator also ensures that all required trainings address cultural and linguistic competency. A CEU/CME application is attached in **Appendix 8**.
4. Given the on-going changes in county demographic data, the COE is responsible for developing trainings and conferences related to human services and health issues facing Orange County's linguistically and culturally diverse populations. Understanding the mental health and substance misuse client's cultures, the ethnic cultures of the people speaking the County's threshold languages, and the LGBTQ community, cultural competency trainings are required for all county and contract staff. To be mindful of the ever increasing demands on the workforce (increased work with less employees due to the continuing hiring freeze and expected retirement of current staff), each specific training will be repeated several times within a year to ensure that a large unduplicated number of staff can attend without jeopardizing adequate clinical coverage.
5. The COE plans to bring the California Brief Multi Cultural Scale (CBMCS) Curriculum to Orange County in 2011. To ensure system-wide mass effect, the COE plans to select a core group of staff to be trained as trainers. This approach will ensure the majority of the Health Care Agency staff, contract providers, and stakeholders can receive this training on an annual basis.
6. O.C.'s Multicultural Development Program Coordinator will be tasked to actively participate in statewide activities initiated by the California Institute for Mental Health's Center for Multicultural Development. The Coordinator will also be tasked to participate in local Human and Health Services training activities where issues related to people living with behavioral health diagnosis is of concern. The Coordinator will actively participate in Orange County's Prevention and Early Intervention programs, as the Health Care Agency tries to reach local underserved, unserved, and at-risk populations.
7. In order to ensure our system of care consistently provides competent and quality services for individuals living with co-occurring disorder, the COE has contracted with the UCLA/Integrated Substance Abuse Program to provide technical assistance and consultation to the OC HCA/BHS system to implement the SAMHSA Integrated Dual Diagnosis Treatment model across all of our clinical programs. This contractor has been assisting us in assessing the implementation of a workable co-occurring disorders delivery model using the SAMHSA IDDT Fidelity Scale or the Dual Diagnosis Capability in Addiction Treatment (DDCAT) instrument. In addition,

assessment of fidelity to a recovery-oriented and culturally competent system has been added to these existing fidelity assessments. The COE will develop a series of training for our entire system including our contracted clinical programs based from this evaluation report and recommendations.

II. Annual cultural competence trainings

Below is a chart that provides information on the Cultural Competency trainings that have been provided by the Health Care Agency from 2007 until September 2010.

A. Cultural competence trainings for staff

Please see chart provided under Section II B below.

B. Annual cultural competence trainings topics

Please see chart on following pages.

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
LGBT/Questioning Consumers in Mental Health	Understanding basic LGBT/Q issues and how they may affect ones Mental illness and mental/psychological well-being.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>256</p> <p>137</p> <p>253</p> <p>Total: 623</p>	<p>01/18/07</p> <p>01/22/07</p> <p>02/07/07</p> <p>02/22/07</p> <p>06/18/07</p> <p>06/19/07</p> <p>02/28/07</p> <p>05/16/07</p> <p>05/23/07</p> <p>06/06/07</p> <p>07/10/07</p> <p>07/12/07</p> <p>07/17/07</p>

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
<p>The Older Adult as a Client: Considerations for Effective Diagnosis and Treatment</p>	<p>This intensive training will focus on differences in assessments and how aging impacts the changes DSM diagnostic criteria in elders with Dementia, Depression, Anxiety, and Personality Disorders, Psychotic, Delusional, and Paranoid, Disorders, and Substance, Prescription Medication, and Misuse.</p>	<p>3 Hours-Annually Per Individual</p>	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>16 4 33 Total: 53</p>	<p>03/22/07</p>

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Cultural Guide for Working With Asian-American Families	Training highlights the Asian family systems by detailing their worldview, cultural values and belief systems, concept of self, spiritual as well as family characteristics in terms of socialization, parenting styles, roles & rules, relationship dynamics, communication patterns, and coping mechanisms.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>12</p> <p>6</p> <p>2</p> <p>Total: 20</p>	05/08/07

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Cultural Guide to Working with Vietnamese American Families	Provide family system and clinical perspectives and Cultural consideration in working with Hispanic/Latino families.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>4</p> <p>9</p> <p>Total: 13</p>	09/24/07

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Cultural Guide to Working with Vietnamese American Families	Provide family system and clinical perspectives and consideration in working with Vietnamese immigrant and Vietnamese American Families.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>11</p> <p>4</p> <p>22</p> <p>Total: 37</p>	09/10/07

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Cultural Guide in Working with Human Trafficking Victims	Inform HCA/BHS clinicians of local support services, as well as cultural considerations, case management, and clinical perspectives in providing care for Human Trafficking Victims.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>4</p> <p>2</p> <p>14</p> <p>Total: 20</p>	11/13/07

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Outreach and Engagement to Latino Populations	This presentation explores issues of the Latino culture, acculturation, political climates, religion, self-concept and identity, barriers to treatment, cultural competence and outreach activities. Outreach and engagement, as well as offering interventions are explored with attention to reaching Latino populations and using faith-based communities as a medium for engaging clients.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>3</p> <p>19</p> <p>Total: 22</p>	11/27/07

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Gray and Gay	This training addresses the psychological issues that LGBT Older adults face, and how these issues may affect ones mental health and psychological well being. Older adult LGBT issues with the Coming Out process, relationship/family issues, legal issues, domestic partnerships and end of life issues, etc. are addressed.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>10</p> <p>2</p> <p>29</p> <p>Total: 41</p>	<p>11/13/07</p> <p>11/26/07</p> <p>11/30/07</p> <p>12/11/07</p>

2007 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Co-Occurring Disorders in the Hard to Reach Population of Asian Pacific Islanders	This presentation is to provide comprehensive understanding of Co-Occurring Disorders in the hard to reach population of Asian American Pacific Islanders. Cultural competent and best practice treatment approaches of addiction will be discussed.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>7</p> <p>16</p> <p>Total: 23</p>	12/10/07

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Guide in Working with Cultural Diverse Population	Topics include strategies for enhancing cultural sensitivity in clinical care delivery to mental health clients, as well as increasing effectiveness in the professional interactions of cultural diverse care providers.	2 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p style="text-align: center;">27</p> <p style="text-align: center;">Total: 27</p>	01/09/08

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Guide in Working with Cultural Diverse Population	Enhance cultural sensitivity in clinical care delivery to mental health clients, as well as increasing effectiveness in the professional interactions of cultural diverse care providers.	2 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p style="text-align: center;">27</p> <p style="text-align: center;">Total: 27</p>	01/09/08

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Guide in Working with Human Trafficking Victims	Inform HCA/BHS clinicians of local support services, as well as the cultural considerations, case management, and clinical perspectives in providing care for Human Trafficking Victims.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	1 10 2 8 8 Total: 29	Support Services: 01/15/08: 8 Attendees Direct Services County: 01/15/08: 1 Attendee Direct Services – Contract: 01/15/08: 10 Attendees Administration/Management: 01/15/08: 2 Attendees General Public: 01/15/08: 8 Attendees

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Culturally Competent Service Delivery in Orange County	Tenets of culturally competency with a focus on Orange County demographics and culturally/linguistically competent service delivery.	2 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Admin/Management • Support Services 	2 22 2 3 Total: 29	01/22/2008

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Psychotherapeutic Guide: Asian Family Dynamics and Addiction	Presentation provides family system, multigenerational and cultural competent approach in assessing family relationship dynamics of Asian American with chemical dependence and addiction. Emphasis is also given to chemical dependence as a common dual diagnosis. Culturally sensitive consideration, as well as treatment and prevention/intervention approaches will also be discussed	2 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p style="text-align: center;">4</p> <p style="text-align: center;">4</p> <p style="text-align: center;">Total: 8</p>	01/28/2008

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
A Cultural Guide to Working with Korean American Families	This presentation provides family system and cultural considerations, as well as the clinical perspective of chemical addiction as a dual diagnosis in working with Korean American Families	2 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>6</p> <p>3</p> <p>4</p> <p>Total: 13</p>	02/06/08

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
LGBT/Questioning Consumers in Mental Health	Understanding basic LGBT/Q issues and how they may affect one's mental illness and mental/psychological well-being.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>30</p> <p>57</p> <p>107</p> <p>Total: 194</p>	<p>02/06/08</p> <p>02/13/08</p> <p>02/27/08</p> <p>03/05/08</p> <p>03/19/08</p> <p>04/09/08</p> <p>04/23/08</p> <p>04/30/08</p> <p>05/21/08</p> <p>06/18/08</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
LGBT/Q Transitional Age Youth (TAY)	Designed especially for providers of mental health service in the Orange County community. The training focuses on the special population of Transitional Age Youth (TAY) and LGBT/Q, including such areas as the coming out process, understanding culture as it relates to LGBT/Q, and high risk behaviors for the LGBT/Q.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>7</p> <p>11</p> <p>Total: 18</p>	<p>05/02/08</p> <p>05/05/08</p> <p>05/16/08</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Adult LGBT Client and Their Specific Issues (ages 18-50)	This training includes curriculum designed especially for providers of service in the Orange County community. It addresses those issues that LGBT/Q adults experience, including the coming out process, LGBT and the ethnic communities, same sex parents, and family relationships	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>5</p> <p>11</p> <p>1</p> <p>Total: 17</p>	04/21/2008

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Exploring LGBT Issues Within Childhood	This training includes curriculum designed especially for providers of service in the Orange County community. This special population training will include the following areas for the LGBT/Q children/families such as the coming out process for children/youth and same sex parents	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p style="text-align: center;">16</p> <p style="text-align: center;">Total:16</p>	05/19/2008

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Vietnamese Spiritual Values and their Roles in Mental Health	This training includes curriculum designed especially for direct providers of Behavioral Health Services in Orange County, who work with the A/PI population. This training assists providers in recognizing the role of cultural influences on stress and coping. It introduces the culture of spirituality, including Buddhism and Taoism, as well as collective coping strategies beyond a western cultural perspective.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services 	<p>39</p> <p>23</p> <p>1</p> <p>40</p> <p>Total: 103</p>	<p>04/24/2008</p> <p>05/01/2008</p> <p>05/15/2008</p> <p>07/03/2008</p> <p>11/12/2008</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Co-Occurring Disorders and A/PI Populations	This training focuses on the specific issues of A/PI populations with co-occurring disorders, including mental illness and substance abuse/addiction, sexual additions, and compulsive gambling.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration 	<p>12</p> <p>16</p> <p>4</p> <p>Total: 32</p>	<p>06/06/2008</p> <p>06/30/2008</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Disability Clinical Competency	This training focuses on the specific needs of the physically disabled persons who also suffer with mental illness. Specific skill sets are discussed to enable clinicians to work more effectively with this diverse population.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services 	<p>9</p> <p>6</p> <p>2</p> <p>7</p> <p>Total: 24</p>	<p>06/16/2008</p> <p>06/17/2008</p> <p>06/20/2008</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Meeting the Mental Health Needs of the Deaf and Hard of Hearing	<p>This workshop focuses on addressing the needs of the people who are deaf and hard of hearing who have mental issues. Training is also focused on identifying specific issues confronted by this population and useful interventions. In addition, the workshop presents a culturally sensitive approach in working with this population, as well as clinical considerations.</p>	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services 	<p>11 16 3 5</p> <p>Total: 35</p>	<p>06/09/2008 06/10/2008</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
<p>Cultural Competency Symposium: Recent Developments In the Treatment of Culturally Diverse Programs</p>	<p>The two-day workshop series assists direct providers of mental health services in providing culturally significant and competent mental health services to the diverse consumers in Orange County. Attendees learn the intervening variables in cultural competency and apply skills sets to working with co-occurring disorders of substance abuse and mental illness, for ethnically diverse consumers. Ethno-psychopharmacology and older adults are addressed.</p>	<p>10 Hours-Annually Per Individual</p>	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members • Community Based Org. 	<p>44 53 7 7 19 2 Total: 133</p>	<p>11/18/2008 11/19/2008</p>

2008 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Working with Vietnamese –A Family Member Perspective	This 3 hour training has been created to assist clinicians in recognizing and incorporating family members and caregivers' cultural perspectives into the course of treatment in order to facilitate meaningful treatment strategies that are both effective and culturally appropriate for the Vietnamese American clients. Different cultural perspectives of mental health treatment approaches and coping strategies will be presented and discussed throughout this training.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>8</p> <p>22</p> <p>2</p> <p>1</p> <p>4</p> <p>Total: 39</p>	12/12/2008

2009 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
3 rd Annual Orange County Transitional Age Youth Conference –A Bridge to Independence for Young Adults	This training aims to equip family, transitional age youth (TAY) and clinicians who work with TAY on other issues related to gang activities, domestic violence, business scams, and other crimes.	3 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Members 	<p>86</p> <p>23</p> <p>5</p> <p>6</p> <p>60</p> <p>Total: 180</p>	07/18/2009

2009 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
<p>The Adult LGBT Client and Their Specific Issues (Ages 18-50) Gender and Orientation</p>	<p>This MHSA plan approved training includes curriculum designed especially for providers of service in the Orange County community. Addresses those issues that LGBT/Q adults experience which include the coming out process, LGBT and the ethnic communities, same sex parents and family relationships</p>	<p>3 Hours-Annually Per Individual</p>	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services 	<p>22</p> <p>21</p> <p>9</p> <p>22</p> <p>Total: 74</p>	<p>03/24/2009</p> <p>06/05/2009</p> <p>06/12/2009</p>

2009 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Deaf Cultural Competence Introduction	Overview of deaf cultural competence issues in mental health treatment settings.	1 Hour-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Interpreters 	<p>252</p> <p>10</p> <p>14 (1 per training)</p> <p>Total: 276</p>	<p>04/09/2009</p> <p>04/15/2009</p> <p>06/18/2009</p> <p>07/08/2009</p> <p>09/08/2009</p> <p>09/10/2009</p> <p>09/23/2009</p> <p>09/24/2009</p> <p>11/10/2009</p> <p>11/18/2009</p> <p>11/19/2009</p> <p>12/03/2009</p> <p>12/09/2009</p> <p>12/16/2009</p>

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
<p>Establishing Culturally Sensitive Professional and Supportive Relationship with Iranian Clients</p>	<p>Cultural competence is a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This 3 hour training has been designed to assist clinicians to incorporate the cultural perspective into the course of treatment in order to facilitate mindful treatments that are both effective and culturally appropriate for Iranian American clients.</p>	<p>3 Hours-Annually Per Individual</p>	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors 	<p>11</p> <p>29</p> <p>Total: 40</p>	<p>03/16/2010</p>

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Gender Response Training	<p>This training enhances the capacity to implement gender-responsive programming that reflects the best practices in the field for boys in the dependency system.</p> <p>Training includes an overview of boys' specific risk factors and challenges, a review of Orange County data, and implementation strategies for optimum gender response service delivery.</p>	6 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration 	<p style="text-align: center;">2</p> <p style="text-align: center;">20</p> <p style="text-align: center;">1</p> <p style="text-align: center;">Total: 23</p>	08/27/2010

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Moving Toward Best Practices in Serving LGBT Community in California	This conference is designed for mental health workers (AOD counselors, licensed therapists, and psychiatrists/doctors) providing alcohol and other drug abuse prevention, treatment and recovery support services to LGBT clients.	5 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Support Services • Community Based Organizations • General Public 	27 40 3 3 61 15 Total: 149	06/22/2010

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Deaf Cultural Competence Introduction	Overview of deaf cultural competence issues in mental health treatment settings.	1 Hour-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Interpreters 	237 18 2 13 (1 per training) Total: 252	01/05/2010 01/07/2010 01/12/2010 01/21/2010 02/02/2010 02/03/2010 02/18/2010 03/23/2010 04/07/2010 04/28/2010 06/09/2010 10/05/2010 10/20/2010

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Deaf Cultural Competency Training (2 nd Round)	Working effectively with sign language interpreters in mental health settings	1 Hour-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Interpreters 	<p>104</p> <p>47</p> <p>11</p> <p>11 (1 per training)</p> <p>Total: 173</p>	<p>09/21/2010</p> <p>09/28/2010</p> <p>10/13/2010</p> <p>10/19/2010</p> <p>10/21/2010</p> <p>10/27/2010</p> <p>10/28/2010</p> <p>11/04/2010</p> <p>11/17/2010</p> <p>11/18/2010</p> <p>12/07/2010</p>

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
Crisis Intervention Training: Building Bridges	The mission of this course is to train Law Enforcement officers to handle crisis situations involving people of all ages with serious mental illness and physical and developmental disabilities. Mental health staff including Psychologists, MFT, LCSW , RN and AOD counselors will benefit from this conference	4.5 Hours-Annually Per Individual	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Interpreter 	131 191 3 1 Total: 326	08/11/2010

2010 Cultural Competency Trainings

Training Event	Description of Training	How Long and often	Attendance by Function	No. of Attendees and Total	Date(s) of Training
<p>Understanding Disparity and Disproportionality in Human and Health Services as First Step in Prevention and Intervention</p>	<p>This conference emphasizes the importance of understanding disparities and disproportionalities as a prerequisite to providing effective prevention and early intervention services to help individuals attain and maintain their health. These services include both physical and mental health, substance abuse treatment, and social services. Attendees will learn about factors impacting equal access and strategies for overcoming barriers and improving access for our unserved and underserved target populations. Target audience: clinicians and consumers of human and health services.</p>	<p>13 Hours-Annually Per Individual</p>	<ul style="list-style-type: none"> • Direct Services County • Direct Services Contractors • Administration • Community Member • Support Staff • Interpreter 	<p>145</p> <p>156</p> <p>5</p> <p>10</p> <p>8</p> <p>1</p> <p>Total: 325</p>	<p>11/ 9th&10th/2010</p>

C. Training report

1. Training Rationale: Trainings help to ensure that staff meets all credit requirements for their professional licensing, as well as improving skills in providing evidence-based practices. An educated and well-trained workforce will help reduce the disparities in delivering services to a culturally and linguistically diverse community.
2. Results for Pre/Post Tests: In the past, pre-tests and post-tests have generally not been conducted, except for trainings for substance abuse clinicians as per their requirements. However, all training attendees are asked to complete an evaluation form after the training. The Center of Excellence has restructured its training outcome measurements; a six-month post-training assessment will now be included. This new post-training assessment will be implemented in the beginning of 2011.
3. A sample of the type of course evaluation used is attached as **Appendix 9**. To date, a majority of course evaluations have scored somewhere between 4 and 5 on a five point scale, with five being the best.
4. Currently Orange County is making an effort to monitor advancing staff skills learned in training; BHS has recently implemented a procedure that requires a six month follow-up on training attendees. It is believed that this will provide data to evaluate the long-term impact of the trainings provided.
5. County Protocol to ensure that staff is utilizing the skills learned: Again, it is hoped that the six-month post-training assessment will help to evaluate the effectiveness of each training, as well as assist in modifying future trainings to ensure that staff will utilize the skills learned.

III. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system

A. Annual training on Client Culture

Orange County provides an annual training: "Understanding Client Culture: An Experiential Workshop." This class is taught by an employee who is himself a person living with serious mental illness.

This experiential workshop combines an introductory presentation by the facilitator with personal stories narrated from the perspectives of a panel including both consumers of mental health services and their family members. Panelists discuss their values, beliefs, lifestyles, accommodations and strengths that are molded, in part, by their personal experiences with mental illness, stigma, interaction with mental health systems and their own ethnic and familial

cultures. Please see **Appendix 10** for a copy of the PowerPoint presentation used for the class.

Learning Objectives:

Participants will gain greater understanding of:

1. Consumer and family member's worldviews, self concept, and the relationship dynamics within their cultural and family systems
2. Their resilience and lived experiences of mental illness and recovery
3. The personal and social challenges faced through interaction with mental health care systems as individuals with mental illness, care-givers, parents or other family members.
4. The cultural considerations, sensitivity, communication skills and quality of care required in working with mental health clients and their families.

Core Concepts of Facilitator's Presentation:

1. Definitions of "culture;" application to mental health communities
2. Mental illness and the Recovery Model
3. Social stigma, self-stigma related to mental illness
4. Concept of cultural competence as applied to client culture
5. Value of cultural competence in mental health services delivery
6. Value of consumer/family member lived experience in mental health services delivery

B. The training plan for children, adolescents, and transition age youth

As mentioned above, the Center of Excellence has assigned a staff liaison to the Children and Youth Services Division. Specific trainings have been designed to increase skills for staff providing services to this age group.

In addition, staff is encouraged to attend conferences and trainings that HCA/BHS co-sponsors with other institutions, such as the Department of Education, Child Guidance Center, etc. which also develops training topics related to this age group.

The Center of Excellence has been a major sponsor and planner for Orange County's multi-agency annual Transitional Age Youth Conference. Each year this conference draws around 200 attendees, including human and health service providers in government agencies as well as private practice. Planning is underway for Orange County's 4th annual TAY conference in 2011.

**CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL
WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY
COMPETENT STAFF**

I. Recruitment, hiring, and retention of a multicultural workforce

Continued on next page.

A. Mental Health Services Act (MHSA) workforce assessment submitted for the Workforce Education and Training (WET) component

Table 6.I.A MHSA WET Plan Workforce Needs Assessment

I. By Occupational Category -

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes 0=No	# FTE estimated to meet need in addition to # FTE authorized	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						
				White/Caucasian	Hispanic/Latino	African-American/Black	Asian/Pacific Islander	Native American	Multi Race or Other	# FTE filled (5)+(6)+(7)+(8)+(9)+(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Unlicensed Mental Health Direct Service Staff:				(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only) ↓						
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	52.0	0	4.0							
Case Manager/Service Coordinators	71.8	1	48.0							
Employment Services Staff	8.0	0	16.0							
Housing Services Staff	24.0	0	0.0							
Consumer Support Staff	10.2	1	16.0							
Family Member Support Staff	2.0	0	0.0							
Benefits/Eligibility Specialist	4.0	0	0.0							
Other Unlicensed MH Direct Service Staff	224.0	0	48.0							
<i>Sub-total, A (County)</i>	396.0	2	132.0	172.6	104	9.3	48.5	2.0	47.6	384.0
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only) ↓						
Mental Health Rehabilitation Specialist	175.2	1	54.8							
Case Manager/Service Coordinators	244.1	1	26.0							
Employment Services Staff	12.0	0	0.0							
Housing Services Staff	8.0	0	4.0							
Consumer Support Staff	67.9	1	4.0							
Family Member Support Staff	44.0	1	2.0							
Benefits/Eligibility Specialist	0.0	0	0.0							
Other Unlicensed MH Direct Service Staff	240.4	0	4.0							
<i>Sub-total, A (All Other)</i>	791.6	4	94.8							
Total, A (County & All Other)	1187.6	6	226.8	490.1	351.5	37.0	115.5	6.5	89.3	1089.9

Table 6.I.A MHSW WET Plan Workforce Needs Assessment (Cont'd)

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	26.5	1	4.0							
Psychiatrist, child/adolescent	10.7	1	0.0							
Psychiatrist, geriatric	1.5	1	8.0							
Psychiatric or Family Nurse Practitioner	2.0	1	0.0							
Clinical Nurse Specialist	8.0	1	8.0							
Licensed Psychiatric Technician	6.0	0	0.0							
Licensed Clinical Psychologist	41.5	0	5.0							
Psychologist, registered intern (or waived)	3.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	70.5	1	21.5							
MSW, registered intern (or waived)	28.5	0	6.0							
Marriage and Family Therapist (MFT)	49.5	1	12.0							
MFT, registered intern (or waived)	22.0	0	6.0							
Other Licensed MH Staff (direct service)	8.0	0	0.0							
<i>Sub-total, B (County)</i>	277.7	7	70.5	134.6	34.4	6.9	48.4	0.0	20.3	244.6
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	15.1	1	2.4							
Psychiatrist, child/adolescent	11.3	1	2.4							
Psychiatrist, geriatric	0.5	1	1.0							
Psychiatric or Family Nurse Practitioner	1.6	1	1.1							
Clinical Nurse Specialist	1.0	1	0.0							
Licensed Psychiatric Technician	5.0	1	1.0							
Licensed Clinical Psychologist	14.8	0	1.0							
Psychologist, registered intern (or waived)	9.7	0	1.0							
Licensed Clinical Social Worker (LCSW)	10.1	1	1.0							
MSW, registered intern (or waived)	37.6	1	6.0							
Marriage and Family Therapist (MFT)	16.0	1	3.5							
MFT, registered intern (or waived)	76.6	1	7.4							
Other Licensed MH Staff (direct service)	6.6	0	0.0							
<i>Sub-total, B (All Other)</i>	205.8	10	27.8	66.5	14.2	4.8	52.9	0.0	49.1	187.5
Total, B (County & All Other)	483.4	17	98.3	201.0	48.6	11.7	101.3	0.0	69.4	432.1

(Licensed Mental Health Direct Service Staff; Sub-Totals Only)



(Licensed Mental Health Direct Service Staff; Sub-Totals and Total Only)



Table 6.I.A MHSa WET Plan Workforce Needs Assessment (Cont'd)

I. By Occupational Category -

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)		
C. Other Health Care Staff (direct service):											
County (employees, independent contractors, volunteers):											
Physician.....	2.5	0	0.0								
Registered Nurse	13.0	1	3.5								
Licensed Vocational Nurse	6.0	1	0.0								
Physician Assistant.....	0.0	0	0.0								
Occupational Therapist.....	0.0	0	1.0								
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0	0.0								
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	3.0	(Other Health Care Staff, Direct Service; Sub-Totals Only)							
<i>Sub-total, C (County)</i>	21.5	2	7.5	12.7	0.9	0.0	6.9	0.0	0.0	20.5	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):											
Physician.....	1.0	1	0.0								
Registered Nurse	2.3	1	1.0								
Licensed Vocational Nurse	4.0	1	1.1								
Physician Assistant.....	0.0	0	0.0								
Occupational Therapist.....	2.0	1	0.0								
Other Therapist (e.g., physical, recreation, art, dance)	1.0	0	1.0								
Other Health Care Staff (direct service, to include traditional cultural healers)				(Other Health Care Staff, Direct Service; Sub-Totals and Total Only)							
<i>Sub-total, C (All Other)</i>	10.3	4	3.1	10.0	0.0	0.0	0.0	0.0	0.0	10.0	
Total, C (County & All Other):	31.8	6	10.6	22.7	0.9	0.0	6.9	0.0	0.0	30.5	

Table 6.I.A MHSA WET Plan Workforce Needs Assessment (Cont'd)

Major Group and Positions (1)	Esti- mated # FTE author- ized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/ Cau- casian (5)	Hispanic/ Latino (6)	African- Ameri- can/ Black (7)	Asian/ Pacific Islander (8)	Native Ameri- can (9)	Multi Race or Other (10)		
D. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Totals Only) ↓							
County (employees, independent contractors, volunteers):											
CEO or manager above direct supervisor	11.0	0	1.0								
Supervising psychiatrist (or other physician)	3.0	0	0.0								
Licensed supervising clinician	58.0	0	3.0								
Other managers and supervisors	47.0	0	6.5								
<i>Sub-total, D (County)</i>	119.0	0	10.5	67.1	34.2	0.5	3.6	0.0	5.6	111.0	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓							
CEO or manager above direct supervisor	18.1	1	1.0								
Supervising psychiatrist (or other physician)	3.0	1	0.0								
Licensed supervising clinician	40.1	1	4.5								
Other managers and supervisors	29.3	1	0.0								
<i>Sub-total, D (All Other)</i>	90.5	4	5.5	44.7	12.2	1.1	7.1	0.0	17.0	82.1	
Total, D (County & All Other):	209.5	4	16.0	111.8	46.4	1.6	10.7	0.0	22.6	193.1	
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓							
County (employees, independent contractors, volunteers):											
Analysts, tech support, quality assurance	23.0	0	4.0								
Education, training, research	6.0	0	2.0								
Clerical, secretary, administrative assistants	79.0	0	21.5								
Other support staff (non-direct services)	24.1	0	6.0								
<i>Sub-total, E (County)</i>	132.1	0	33.5	32.3	48.4	9.2	20.2	0.0	7.9	118.0	
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only) ↓							
Analysts, tech support, quality assurance	16.0	0	0.8								
Education, training, research	3.0	0	0.0								
Clerical, secretary, administrative assistants	75.6	0	3.5								
Other support staff (non-direct services)	9.5	0	1.5								
<i>Sub-total, E (All Other)</i>	104.0	0	5.8	26.9	53.2	0.0	9.1	0.0	5.7	94.9	
Total, E (County & All Other):	236.1	0	39.3	59.2	101.6	9.2	29.3	0.0	13.6	212.9	

Table 6.I.A MHSW WET Plan Workforce Needs Assessment (Cont'd)

**GRAND TOTAL WORKFORCE
(A+B+C+D+E)**

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)		
County (employees, independent contractors, volunteers) (A+B+C+D+E).....	946.3	11	254	419.3	221.9	25.9	127.6	2	81.4	878.1	
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	1202.4	22	137	465.6	327.1	33.6	136.1	4.5	113.5	1080.4	
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	2148.7	33	391	884.9	549	59.5	263.7	6.5	194.9	1958.5	

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)							All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)		
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			8199	20410	458	4962	106	1056	35191	

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:			
Consumer Support Staff.....	78.1	1	20.0
Family Member Support Staff.....	46.0	1	2.0
Other <i>Unlicensed</i> MH Direct Service Staff	123.0	1	52.0
Sub-Total, A:	247.1	3	74.0
B. <i>Licensed</i> Mental Health Staff (direct service)	79.5	1	20.4
C. Other Health Care Staff (direct service).....	7.0	1	3.0
D. Managerial and Supervisory	14.0	1	2.0
E. Support Staff (non-direct services).....	14.0	0	11.5
GRAND TOTAL (A+B+C+D+E)	361.6	6	110.9

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. Spanish	Direct Service Staff <u>321</u> Others <u>136</u>	Direct Service Staff <u>139</u> Others <u>10</u>	Direct Service Staff <u>460</u> Others <u>146</u>
2. Vietnamese	Direct Service Staff <u>76</u> Others <u>20</u>	Direct Service Staff <u>21</u> Others <u>33</u>	Direct Service Staff <u>96</u> Others <u>53</u>
3. Korean	Direct Service Staff <u>6</u> Others <u>2</u>	Direct Service Staff <u>6</u> Others <u>4</u>	Direct Service Staff <u>12</u> Others <u>6</u>
4. Farsi	Direct Service Staff <u>19</u> Others <u>5</u>	Direct Service Staff <u>23</u> Others <u>7</u>	Direct Service Staff <u>42</u> Others <u>12</u>
TOTAL, all languages other than English:	Direct Service Staff <u>422</u> Others <u>163</u>	Direct Service Staff <u>189</u> Others <u>54</u>	Direct Service Staff <u>610</u> Others <u>217</u>

The methodology of the needs assessment was a complete electronic survey of every supervisor and employee in the County Behavioral Health Services, the county contract agencies, and individual county contractors. The survey asked for authorized positions by job titles (completed by supervisors), of estimated needs (completed by supervisors) and ethnicity (completed by individual staff members). A return of approximately 90% of the surveys was achieved and the results represent an estimate of the total response based upon that 90%.

A. Shortages by occupational category:

More than twice the number of unlicensed direct care mental health staff is needed compared to licensed mental health staff, reflecting the greater employment of unlicensed staff in the system, particularly in adult and older adult services, as well as the Children and TAY Full Service Partnerships (FSPs). However, the number of hard to fill or hard to retain occupational categories is greater within the licensed category, and this is particularly true of contract agencies. Hard to fill or retain unlicensed positions (in which substantial numbers of staff are needed) include unlicensed rehabilitation specialists, case managers and consumer support staff. In terms of licensed staff, psychiatrists, nurses, social workers and Marriage and Family Therapists are needed. The number of needed staff indicated in this assessment exceeds the expectation for positions to be budgeted in the foreseeable future. Therefore, staff also conducted an assessment of annual staff replacements over the last two years to determine how many positions could be expected to be available, given present levels of funding. According to this analysis, approximately 100 unlicensed positions and 50 licensed positions are estimated to become available. In O.C.'s work detail actions involving career pathways, internships and financial incentives, the county has aimed for providing training and assistance of some kind to provide enough persons to fill approximately half of these vacant positions. This is based on the assumption that this many positions would likely be available, annually, even with unforeseeable budget cuts and hiring freezes.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

The Latino population demonstrates the greatest disparity in terms of workforce race/ethnicity and target population race/ethnicity. Fifty-eight percent of the target population is Latino, while only 28% of BHS staff falls into that ethnic category. Conversely, BHS staff is overrepresented in the White/Caucasian category compared to the target population.

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

Non-English speaking staff is not evenly distributed across job classifications within the public mental health system. Forty-seven percent of BHS support staff are Latino, compared to 32% of BHS unlicensed direct care staff. Moreover, only 11% of licensed direct care staff and 24% of BHS's managers and supervisors is Latino. For the mental health system to adequately represent the ethnicity of the population it serves, it needs to not only hire more Latino staff, but to develop career pathways that lead them into higher direct care and supervisory/management positions. Current support staff could move into these types of positions by taking advantage of the proposed 20/20 financial support programs for staff who want to attend school while working.

C. Positions designated for individuals with consumer and/or family member experience:

There are 78 consumer support positions authorized in the public mental health system. The majority of them are in contract agencies, rather than the County itself, reflecting the use of peer mentors and other similar positions in O.C.'s FSPs. Another 46 family member support staff are authorized, again, mostly within contract agencies. The division between consumer support and family member support is mostly arbitrary, as the majority of the positions under both categories can be occupied by either a family member or a consumer, the major exception being the position of parent partners, which exist within wraparound programs in the children's mental health system. Within county programs, consumers and family members are most often hired into the categories labeled in this analysis as "other unlicensed MH direct care staff." This represents a tendency within the county system to hire consumers into positions that already exist, rather than to create new positions specified as family and consumer positions. This allows consumers and family members to follow the promotional pathways associated with the existing positions. In addition, approximately 80 consumers or family members are licensed mental health professionals working within the system. BHS has also identified another 20 licensed positions to be filled by consumers or family members. This means that the majority of consumer and family member positions that are vacant are those requiring considerable training in mental health, and sometimes licensure. For this reason, in addition to the consumer training program, the County has created career pathways that allow consumers and family members to pursue a variety of undergraduate and graduate educational opportunities so they can be educated to a level necessary to occupy these positions.

D. Language proficiency:

The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff in the two Orange County threshold languages of Spanish and Vietnamese and the two emerging languages, Korean and Farsi. No other languages surveyed were the first language of more than .1% of the client population.

The analysis of the additional staff that needs to be proficient was to meet the *current needs* based on the current client population, rather than the target population based on prevalence of SMI/SED within the County. So, because BHS under serves both Latino and A/PI groups, this analysis underestimates the language proficiency needed to serve our future client population. The lack of Spanish language proficiency is the most severe (in terms of both current and future needs.) BHS is better represented in terms of Spanish Language proficiency within our support staff than within our direct care staff (the opposite is true for other non-English languages). For this reason, the County has placed a great deal of emphasis on its proposed actions to create 20/20 programs that will allow current support staff to go to school and pursue mental health careers. There has also been an emphasis on high school career pathways targeted to mostly Latino school districts, to encourage more Spanish-speaking students to consider mental health careers.

E. Other, miscellaneous:

N/A

B. Comparison of the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data

Workforce Education and Training (WET) Plan Workforce Assessment Needs: Race/Ethnicity of members of the agencies workforce compared with the general Orange County population, Medi-Cal population, and 200% of poverty data.

Population by Race/Ethnicity	Grand Total HCA Workforce	% of HCA Workforce	OC General Population	% OC General Population	Medi-Cal in OC	% Medi-Cal in OC	200% Poverty in OC	% 200% Poverty in OC
White	885	45%	1,495,000	49%	63,000	18%	125,000	21%
Latino	549	28%	705,000	23%	181,000	52%	289,000	47%
Asian/Pacific Islander	264	13%	493,000	16%	52,000	15%	88,000	14%
Other single/2 or more races	195	10%	291,000	10%	39,000	11%	98,000	16%
Black/African American	60	3%	45,000	1%	12,000	3%	3,000	<1%
American Indian/Alaska Native	7	<1%	19,000	1%	2,000	1%	6,000	1%
Grand Total	1,960	100%	3,048,000	100%	349,000	100%	609,000	100%

As can be seen from the chart above, the workforce of the Health Care Agency (HCA) is roughly in line with the general population. The greatest disparities emerge when comparing the HCA workforce with the Medi-Cal and 200% Poverty populations. Latinos make up a greater proportion of Medi-Cal recipients (52%) and 200% Poverty population (47%) than in the general population (28%). Whites are underrepresented in these two populations (Medi-Cal 18% and 200% Poverty 21% vs. 45% of the general Orange County population).

C. Response to the cultural consultant technical assistance recommendations

Not Applicable

D. Targets reached in growing multicultural workforce in rolling out WET

The HCA continued to have a hiring freeze for the past few years; therefore, the county staff composition essentially remains unchanged. The BHS contract providers continue to exert tremendous effort in hiring a culturally and linguistically representative workforce that is a proportional ratio to the consumer population. There is high staff turn-over in BHS's contracted programs/FSPs, particularly those that are bilingual and bicultural, due to the limited number of trained clinicians compared to positions available of this specific workforce.

As part of the Orange County WET plan, the HCA has implemented a Tuition Pilot Program for county and contract employees, and the graduates of the County's Consumer Training Program to attend school in human services, psychology, and social work. There is a need for bilingual/bicultural Latino and Vietnamese staff. Thus, the program emphasizes providing these financial incentives to potential employees who could help meet the need for a more diverse work force or increase the inclusion of consumers and family members in the workforce. WET is currently paying for 41 students. Of these students, 13 are completing an Associate of Arts (AA) degree; 2 are completing Bachelor's of Arts or Science (BA/BS) degrees; and 26 are completing Master's (MA) degrees. Please see **Appendix 11** for a flyer describing the Tuition Payment Program.

WET Student Tuition Pilot Program Funding – Ethnic Make up

Total Students currently funded = 42

Hispanic/Mexican = 22

Caucasian = 9

Iranian = 1

Am. Indian = 1

Filipino = 2

Vietnamese = 4

Caucasian/Japanese = 2

Caucasian/Mexican = 1

Also Included in the WET plan, is the Consumer Training Program, which is contracted through Pacific Clinics and Santa Ana College. This training program is designed to provide training to consumers/family members to successfully work in the public mental health system as service providers or support staff. The Program includes student placement in Temporary Work Experience (TWE) assignments, which are part-time mental health field jobs designed to train students in job skills related to working within

the mental health system. Currently, PAC program provides training to 25 consumers and family members annually. To date, there are 200 graduates from this program. The program has also made efforts in recruiting consumers and family members who are bicultural and bilingual in the County's threshold languages (English, Spanish, Vietnamese and Farsi) and from the emerging languages (Korean, Chinese, and Arabic.) Below is the demographic profile of program graduates to date. . Please **Appendix 12** for a copy of the Pacific Clinics Training Program flyer.

**Pacific Clinics Consumer Training Program –
Demographic Statistics - Classes I-VII**

Student Ethnicity	Graduated Totals	
Caucasian	84	42%
Hispanic/Latino	55	28%
Vietnamese	13	7%
Korean	6	3%
African American	15	8%
Pacific Islander	6	3%
Native American	12	6%
Other	5	3%
Iranian	3	2%
Chinese	1	1%
Totals	200	100%

E. Lessons learned

Due to high demand and the competitive employee market, it has been difficult to hire and retain mental health clinicians who are bicultural and bilingual. Despite efforts in training consumers and family members to work in the mental health system, the County has not been able to hire any of the graduates from the Consumer Mental Health Worker training program due to the County's long-standing hiring freeze. Although the contract providers are not restricted by the hiring freeze, they have only hired about ¼ to 1/3 of the graduates due to multiple factors. These include, but are not limited to:

1. Most consumers have not been in the workforce for many years. Hence, working a full time job is a difficult step at first. Starting with part-time jobs is an easier strategy for reentering the labor force.
2. Most positions are full time.
3. Part-time work, when available, may jeopardize eligibility for Medi-Cal and Medicaid services for consumers who are currently receiving SSI benefits. The client returning to the labor force is often deterred by the fear of losing their existing benefits.

To this end, WET has also funded a full-time employee whose job is to provide benefit training to all of BHS staff, as well as to consumers and family members. This has helped the clinicians and consumers to better understand the complexity of finance and health care insurance when an individual is considering going back to work after being a SSI recipient.

F. County technical assistance needs

None at this time.

CRITERION 7: LANGUAGE CAPACITY

I. Increase bilingual workforce capacity

A. *Dedicated resources and strategies*

In the Orange County Workforce Education and Training Plan, the County acknowledged the need to increase the staff capacity to address language needs of the community. Please see quote below.

“The need for additional staff proficiencies in languages other than English emerged for both direct care and support staff in the two Orange County threshold languages of Spanish and Vietnamese and the two emerging languages, Korean and Farsi. No other languages surveyed were the first language of more than .1% of the client population.

The analysis of the additional staff that needs to be proficient was to meet the *current need* based on the current client population, rather than the target population based on prevalence of SMI/SED within the County. So, because Orange County (O. C.) under serves both Latino and A/PI groups, this analysis underestimates the language proficiency needed to serve its future client population. The lack of Spanish language proficiency is the most severe (in terms of both current and future needs.). The County Health Care Agency (and its contractors) is better represented in terms of Spanish Language proficiency within its support staff than within its direct care staff (the opposite is true for other non-English languages). For this reason, the County has placed a great deal of emphasis on its proposed actions to create a tuition pilot program that will allow current support staff to go to school and pursue mental health careers. O. C. has also emphasized high school career pathways targeted to mostly Latino school districts, to encourage more Spanish-speaking students to consider mental health careers.”

There have been no updates of either the CSS or WET Plan that include more recent data on the number of bilingual staff who speak the languages of the target populations.

The total annual costs included in the budget for interpreter services are: \$554,986 in salaries for County staff providing interpreter/translation services; \$600,000 for services and supplies for County staff. This is likely an underestimate of the actual amount spent since many staff members informally provide interpreter services.

Using WET funds, the County has contracted with the Rosetta Stone Learning System to provide online language learning for staff. To date, 100 staff members are actively learning the threshold languages via this easy to use and accessible learning system.

II. Interpreter services for persons who have Limited English Proficiency (LEP)

A. Policies, procedures, and practices

Orange County has several phone lines that individuals can call to access support and services. All of these phone lines provide access in multiple languages. These include:

1. A 24-hour toll –free number (1-800-723-8641) that individuals can call if they believe they have a mental health problem.
2. A Suicide Prevention Hotline phone number: 1-877-727-4747 (1 877-7CRISIS). This hotline is available in the O. C. threshold languages.
3. A Warm Line that allows individuals to talk with a trained peer who is under the supervision of a licensed professional. That phone number is: 1-877-910-9276 (1-877-910-WARM). This warm line also employs peers who speak the County's threshold and emerging languages.

The protocol used for implementing language access through the county's 24-hour phone line with state-wide access is provided below.

Connecting to an Interpreter

- **Dial a “9”** for an outside phone line (if applicable).
- Dial your assigned, dedicated **toll free number: call 877-353-9133.**
- The call will be answered by an **Operator**, who will say: **Please provide your access code. Please say your access code. 9134**
- The Operator will next ask what language is needed. **Specify the language needed and you will be connected to your interpreter within a few seconds.**
- Proceed with the conversation by talking with your Limited English Proficiency (LEP) Client directly (i.e., always in the first person – for example, “How are you feeling today?”) and “pretend the Interpreter does not exist” as they are merely an extension of your voice.
- **When finished** with the need for an Interpreter:
 - **Announce “End of Call”**
 - **Thank the Interpreter**
 - **Hang Up**

Training is provided to staff who may need to access the 24-hour language phone line in order to as to meet the clients linguistic capability. All staff has

been required to learn how to use this language line provided by LinguaLinx Language Solutions, the County's contractor.

In addition, a poster placed in each of the clinic waiting rooms assists consumers in asking for an interpreter in their own language. Please find a copy of this poster on **Appendix 13**.

B. Clients are informed in writing, in their primary language, of their rights to language assistance services

In the written materials provided to each client, it states that Orange County "is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Verbal and oral interpretation of your rights, benefits and treatments is available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges." The written materials are available in Spanish and Vietnamese, Farsi, as well as English.

C. Use of bilingual staff or interpreter services for people with LEP

Evidence that the County accommodates individuals with LEP by providing bilingual staff or interpreter services may be found in the County's contract for interpreter services. It is also found in the fact that such accommodation is described in the client handbook as a right of each client. In addition, it is mentioned in the section of the handbook on cultural competency. Furthermore, BHS has developed written policies requiring that such assistance be provided.

The main lesson learned around providing accommodation to persons who have LEP and have needed bilingual or interpreter services is that a warm, friendly, welcoming environment is important in making people feel comfortable to ask for help. Clinics train staff to have a "customer service" approach when interacting with clients.

D. Challenges

It has always been a challenge to hire sufficient bilingual staff to meet the needs of clients with low English proficiency. The ability to hire the needed mix of staff is the best strategy for meeting the needs of these clients. Having interpreter services available is a necessary alternate strategy.

Another challenge is the growing ethnic/ and language diversity in Orange County. In Orange County, more than half of the population is "minority." According to the California Department of Finance, between 2000 and 2008

the percentage of Orange County residents who are Hispanic increased from 30.88% to 35.11%. For Asians, the percentage of the population increased from 13.88% to 17.67% during the same time period. For Whites, the percentage declined from 51.51% to 42.60%

In the last couple of years, Farsi has emerged as a threshold language in Orange County, and Korean will likely become a threshold language soon. Hiring a behavioral health workforce that is consistent with changing county demographics presents an ongoing challenge.

E. Technical assistance needs

None at this time.

III. Provide bilingual staff and/or interpreters for the threshold languages

A. Availability of interpreter and/or bilingual staff

Evidence of availability of interpreter and/or bilingual staff may be seen in county posters and flyers displayed in the behavioral health clinics. As previously mentioned, BHS policies and sections of the client handbook also support the existence of interpreter or bilingual services.

B. Interpreter services are offered and provided to clients and the response to the offer is recorded

BHS Policy # 02.01.07 was revised in November 2010 to require that the offer of the Provider List to new clients must be documented on the Advisement Check list. A copy of BHS Policy # 02.07.01 is included as **Appendix 14**

C. Evidence that Staff are linguistically proficient in threshold languages

Bilingual staff in the County's threshold languages is eligible to receive additional bilingual pay. In order to receive this additional pay, staff has to be certified via testing by the Human Resources Department.

D. Process to ensure that interpreters are trained and monitored for language competence

Staff members may be tested to determine their proficiency in languages other than English. Qualified office staff employees are paid an additional forty (40) cents per hour (approximately sixty-nine [69] dollars per month.) To become qualified, employees must be certified as qualified by the Human Resources Director. Tests are administered to determine certification. This includes specialized communication skills, such as sign language.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system

A. Policies, procedures, and practices

Below is a copy of Orange County's policy on accessing interpreter services for Low English Proficiency clients.

Connecting to an Interpreter

- **Dial a “9”** for an outside phone line (if applicable).
- Dial your assigned, dedicated **toll free number: call 877-353-9133.**
- The call will be answered by an **Operator**, who will say: **Please provide your access code.**
- **Please say your access code. 9134**
- The Operator will next ask what language is needed.
- **Specify the language needed and you will be connected to your interpreter within a few seconds.**
- Proceed with the conversation by talking with your Limited English Proficiency (LEP) Client directly (i.e., always in the first person – for example, “How are you feeling today?”) and “pretend the Interpreter does not exist” as they are merely an extension of your voice.
- **When finished** with the need for an Interpreter:
 - **Announce “End of Call”**
 - **Thank the Interpreter**
 - **Hang Up**

Hints on Most Effectively Utilizing an Interpreter:

- When you are first connected with the Interpreter, briefly let them know who you are and why you need them. For example, “Hi, I’m a counselor at Children’s Cabinet and I need to ask a non-English speaking child a few questions to determine how to help them.”
- Let the Interpreter know, should this be the case, that a Speakerphone is being used, and that both you and your LEP client can hear the interpreter at the same time (this will alert the Interpreter that there is no time delay needed as if you were handing a single handset phone back and forth between you). **May not apply to your situation.**
- If there are other people (such as family) in the room with you, ask them not to speak unless they are directly addressed (as random voices will make the Interpreter’s job more difficult and will elongate the call, which will thus make it more expensive). You may have to ask the Interpreter to repeat this request in the family’s language.
- Always talk to the limited English proficiency (LEP) person in the first person, i.e. “Bruce, how are you feeling today?” and never ask the Interpreter to ask the patient a question, i.e. “Interpreter, please ask Bruce how he is feeling today.” This will make for a smoother conversation that flows more easily and also shortens the call - which helps save money.
- The Interpreter’s job is solely to take what you say in English and turn it into as close to word-for-word as possible in the Target Language and then take what the LEP person says and turn that as closely as possible into English. They will never add or delete anything and will not express opinions or advice – they are simply an extension of your voice. If the LEP person says they don’t understand – that’s what the Interpreter will tell you.
- If you need to have several short conversations with a LEP person over an extended time, get an interpreter for each segment and don’t keep the original interpreter on the line when you don’t need to directly interface with the LEP person; merely call for a new interpreter whenever you need to converse with the

LEP person. YOU DO NOT NEED THE SAME INTERPRETER because the interpreter does not need to know what was discussed in prior conversations.

B. Plan for how clients who do not meet the threshold language criteria are assisted to secure, or linked to culturally and linguistically appropriate services

Clients who do not meet the threshold language criteria are served via the 24-hour language phone line. Training to use the language line is mandatory for all staff.

C. Policies, procedures, and practices that comply with title VI of the Civil Rights Act of 1964 requirements

Overview of Title VI of the Civil Rights Act of 1964

Title VI, 42 U.S.C. § 2000d et seq., was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.

Page 31 of the Guide to Medi-Cal Mental Health Services states that the MHP is required to follow Federal and State laws such as Title VI of the Civil rights Act of 1964. This guide is given to all individuals who apply for MHP services.

In addition, each contract between the County and service providers includes a non-discrimination provision, which states that the “contractor shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation of facilities on the basis of ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over) sexual orientation, medical condition, or physical or mental disability.”

V. Required translated documents, forms, signage, and client informing materials

The county shall have the following available for review during the compliance visit:

A. Cultural and linguistically appropriate written information for threshold languages

B. Evidence in the clinical chart that clinical findings/reports are communicated in the clients’ preferred language

C. Consumer satisfaction survey translated in threshold languages

D. Mechanism for ensuring accuracy of translated materials

E. Ensuring translated materials are at an appropriate reading level (6th grade)

CRITERION 8: ADAPTATION OF SERVICES

I. Client driven/operated recovery and wellness programs

A. *Health Care Agency's client-driven/operated recovery and wellness programs*

The County has made a policy decision to provide client-driven services to support recovery, resilience, and wellness. The County has Full Service Partnership programs for each age group. These programs follow the “whatever it takes” approach, and clients in these programs work with members of a team to determine the goals that clients wish to achieve. The Program for Assertive Community Treatment (PACT) teams also use this approach. In traditional outpatient clinic programs, clients also work with a therapist and/or case manager to set up plans that include the achievable goals and objectives of their choice.

An outstanding example of a client driven program is the Wellness Center. This Center opened in October of 2009. The Wellness Center is client-driven and client operated. It currently serves about 1,000 individuals with serious mental illness who are relatively advanced on the road to recovery.

It supports relatively stable clients with 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 in order to help consumers fully integrate into the community where they live. Please see **Appendix 15** for a copy of a sample calendar showing activities for a one-month period.

At the Center, members are offered a wide range of personalized recovery and social development/support activities. There is a consumer-driven advisory board, consisting of at least 51% consumers, which provides policy direction.

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.

II. Responsiveness of mental health services

A. Availability of alternatives and options

Orange County has compiled a list of providers that includes a diverse range of ethnicities, languages spoken and cultural backgrounds. This list is provided to new clients. Please see **Appendix 16** for the provider list.

B. Evidence that the county informs clients of the availability of alternatives in its member services brochure. *A copy of the "Guide to Medi-Cal Mental Health Services is included as Appendix 17. Pages 10-16, provide notice of available services.*

C. Policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services

The following BHS policies directly apply to the requirement that Orange County inform all Medi-Cal beneficiaries of available services.

BHS Policy 02.07.01 – Informing Materials for Mental Health Consumers, requiring that the County provide appropriate informing materials in the threshold languages and accurately document the provision of these materials as well as the Consent for Treatment and the Advance Directives.

BHS Policy 02-01.03 – Distribution of Translated Materials, requiring the availability of cultural and linguistically appropriate written information in the County's threshold languages to assist consumers in accessing specialty mental health services.

D. Assessment of factors and development of plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services

The Orange County CSS plan supports a team of bilingual mental health workers providing outreach and engagement directly to the County's culturally and linguistically diverse populations in their community centers, places of worship, and local community human service organizations that have been providing services in these communities for many years. These outreach staff have also been participating in many community health and cultural fairs/events providing information and disseminating educational materials on mental health conditions and available care resources. The Center of Excellence staff has also frequently provided educational trainings regarding mental health conditions and evidence-based practices to all of Orange County. Health Care Agency partners, community organizations and school/colleges upon request. Several BHS staff appear regularly on ethnic radio and television educational shows speaking on topics related to mental health and available care resources.

III. Quality of Care: Contract Providers

A. How a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers

A contractor's ability to provide services that are culturally and linguistically appropriate is an important factor in the selection of a contract provider. It is one of many factors taken into consideration. All providers are required to serve consumers that fall under the threshold languages established for OC (Spanish, Vietnamese, Farsi, and English), and have the ability to serve other threshold languages (e.g., Korean) as required. Also, providing the appropriate settings for the target populations to be served is another key factor.

Provider facilities should offer an environment that represents and honors the cultural beliefs of the populations they serve. Another factor is that provider staff must be appropriately matched to the target population. To the extent possible, staff should come from the same culture as the population being served. This includes not only ethnicity and language capability, but age group as well. For example, in the Vietnamese population, matching up a younger staff person with an older adult is not a good practice, as the younger person may not be taken seriously by the older adult, and that young person may not be able to relate to the issues that the older generation faces on a daily basis, or has dealt with in the past. All of these factors are considered and scored when reviewing provider proposals. They may also be addressed during interviews with prospective service providers.

IV. Quality Assurance

A. Culturally relevant consumer outcome measures

Orange County includes cultural responsiveness and client choice in its program evaluation process. By evaluating outcomes in a way that includes consideration of any cultural differences, virtually every outcome measure provides some information in this area. There are extensive outcome data generated in the MHSA FSP programs. County staff review consumer satisfaction surveys for both outpatient and inpatient services, and these results are also reviewed with regards to cultural issues. Clinics are checked to see whether or not materials and/or services are available in required languages and clinics are culturally appropriate, etc.

A Consumer Facility Survey is administered periodically. This survey was conducted in early 2010. The Facility Survey was administered to 1,953 consumers. The survey consists of ten questions, rated on a seven-point scale

with anchors at 1 (poor), 4 (average), and 7 (excellent). Several of these questions are relevant to cultural competency. (See those in bold font below.) The ten questions are:

1. How would you rate the hours of operation for this clinic?
2. How conveniently is the clinic located to you?
3. How accessible is the clinic to public transportation?
4. How comfortable and inviting is the clinic waiting area?
5. **How well does the clinic reflect your culture (i.e., art, magazines, kid's books)?**
6. **How would you rate the availability of written materials in your language?**
7. **How would you rate the clinic's ability to provide services in your language?**
8. **How would you rate the level of respect and dignity that you receive at this clinic?**
9. How would you rate your symptoms or current problems?
10. How would you rate your quality of life?

Clients were also asked to indicate the language in which they prefer to receive services, and the name and city of their clinic. The survey was provided in three languages, English, Spanish, and Vietnamese. A rating scale of one to seven was used, with seven the best rating. The results are presented below.

Satisfaction ratings

Item	N	Mean	Std. Deviation
Hours	1938	5.8	1.3
Location	1939	5.5	1.6
Access	1861	5.7	1.5
Waiting Room	1942	5.5	1.5
Reflects Culture	1930	5.1	1.7
Written Materials	1929	5.9	1.4
Service in Pref Language	1927	6.2	1.3
Respect	1930	6.1	1.3
Symptoms	1898	4.9	1.6
Quality of Life	1922	5.1	1.6
Valid N (list wise)	1753		

Analyses of responses by ethnic group were also conducted. Clinic qualities, such as hours, location, and waiting room comfort were favored by clients whose preferred language was Spanish. Spanish speakers also gave higher ratings to the level of “respect and dignity” that they received at the clinic. Clients who spoke a language other than the three threshold languages rated cultural and language accomodation markedly lower than did clients preferring one of the threshold languages.

B. Staff satisfaction

The BHS facility survey has historically included both a consumer version and a staff version. In 2005, the results of the facility surveys were analyzed to compare ratings of clients and staff. Separate but parallel satisfaction surveys were administered to mental health clients and staff at County outpatient mental health clinics. The items were chosen to reflect client satisfaction with clinic accessibility, and with language and cultural accommodation, from the staff and client points of view. The survey items are shown in Table 1 below:

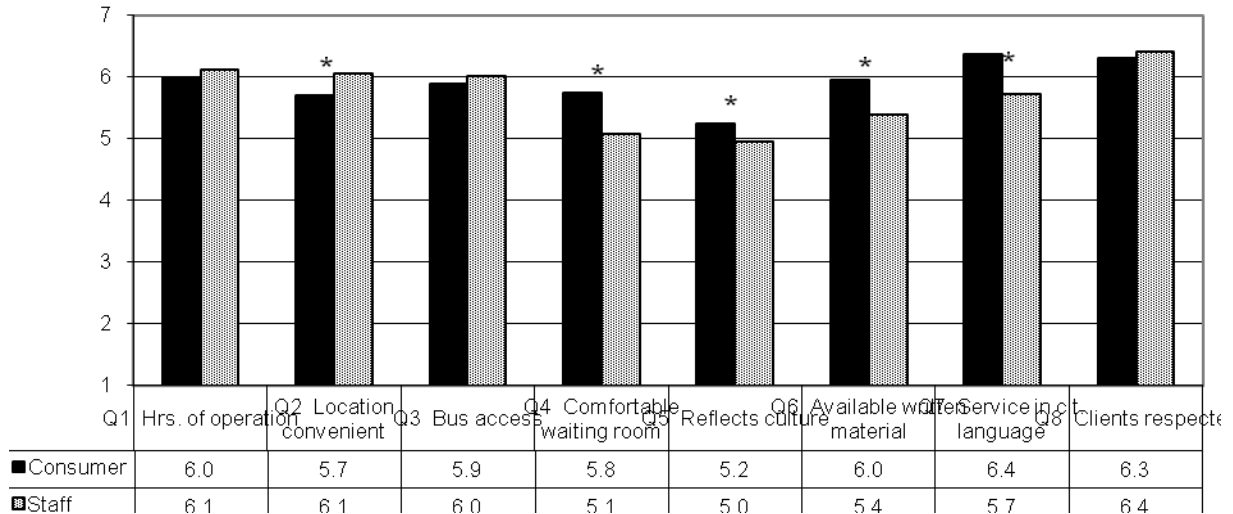
Table 8.IV.1. Items on the provider and client surveys

	Staff Survey	Client Survey
Q1	How would you rate the hours of operation for this clinic?	How would you rate the hours of operation for this clinic?
Q2	How conveniently is the clinic located to the clients you serve?	How conveniently is the clinic located to you?
Q3	How accessible is the clinic to public transportation?	How accessible is the clinic to public transportation?
Q4	How comfortable and inviting is the clinic waiting area?	How comfortable and inviting is the clinic waiting area?
Q5	How well does the clinic reflect the culture (i.e., art, magazines, kids books) of the clients you serve?	How well does the clinic reflect your culture (i.e., art, magazines, kids books)?
Q6	How would you rate the availability of written materials in the language/s of the clients you serve?	How would you rate the availability of written materials in your language?
Q7	How would you rate the clinic's ability to provide services in the language/s of the clients you serve?	How would you rate the clinic's ability to provide services in your language?
Q8	How would you rate the level of respect and dignity that clients receive at this clinic?	How would you rate the level of respect and dignity that you receive at this clinic?
Q9		How would you rate your symptoms or current problems?
Q10		How would you rate your quality of life?

Each item was rated on a 1 (Poor) to 7 (Excellent) scale. Items 9 and 10 asked for personal self-assessments by clients, and so there were no equivalent items on the provider instrument.

Figure 1 shows the mean responses to items 1 through 8 by clients and by staff:

Figure 1. Satisfaction: Staff vs. Client Ratings



*Note: $p < .01$

Staff slightly overestimated the degree to which clients were satisfied with the convenience of clinic location (Q2). On the other hand, staff underestimated clients' satisfaction with language and cultural accommodation (Q5, Q6, and Q7) and with waiting room comfort (Q4).

C. Grievances and complaints

A brochure describing the grievance process is in the patient information packet given to each client. The brochure explains what a grievance is; how a grievance is filed; how to file an appeal; and what happens during the grievance process. The brochure also states that clients will not be subject to discrimination or any other penalty for filing a grievance. Grievances are reviewed and reported to the Behavioral Health Services Community Quality Improvement Committee quarterly, and an annual report is completed as well. The grievance process is open to non-Medi-Cal clients as well; the process is the same as for Medi-Cal.

Grievances may be filed by clients for any dissatisfaction related to, but not limited to, the clinic's staff, services, location, or environment. Clients may file a grievance through any of the following methods: 1) completing and mailing in a Grievance Form, 2) calling a toll free number and speaking with a Quality Improvement and Program Compliance staff, or 3) informing the clinic staff

that they would like to file a grievance. Once a grievance is filed, clients will receive a decision within 60 days of the original filing.

Client Grievance data is analyzed by division in which the grievance was generated, type of grievance (see list below) length of time to investigate and resolve the grievance, and outcome of the grievance. The most recent grievance analysis that is currently available is that for FY 2008/09. In that time period there were 86 grievances. The categories used to determine the type of grievance are:

- Mistreatment by Staff
- Quality of Care
- Access to Care
- Access to records
- Involuntary Holds
- Breach of confidentiality
- Other

For 43% of the 86 grievances filed, it was found that the grievance was unsubstantiated. No separate analysis of grievance by ethnicity was conducted.

Appendices

APPENDIX 1

MHSA STEERING COMMITTEE

OPERATIONS GUIDELINES AND ROSTER



County of Orange Behavioral Health Services Mental Health Services Act

Steering Committee Operations Guidelines

2009/10

Mental Health Services Act (MHSA) Steering Committee

2009/10 Operations Guidelines

Purpose of 2009/10 Guidelines:

- To maintain existing effective Steering Committee policies and practices and institute new ones that will enable the Steering Committee to evolve to the next level of professionalism.
- To position the Steering Committee for timely, effective decision-making so that it can maximize the County's ability to secure as much MHSA funding as possible and ensure that the funding is allocated for identified county needs and priorities.

The Steering Committee Guidelines :

- A. Role of the Steering Committee
- B. Administration
- C. Size and Composition
- D. Meeting Attendance
- E. Decision-Making
- F. Role of Stakeholder Focus Groups
- G. Role of Community Action Advisory Committee (CAAC)
- H. Role of MHSA Office
- I. Role of MHSA Training Department

Steering Committee Guidelines

A. Role of the Steering Committee:

The primary functions of the Steering Committee, at a minimum, are to:

1. Be fully educated about the status of MHSA funding availability and requirements, as well as the status of Orange County MHSA program implementation.
2. Assist the County to identify challenges in the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges.
3. Remain informed about current stakeholder meetings and the funding and program recommendations made by members of these groups.
4. Review all MHSA funding proposals and provide critical feedback to ensure that funding is allocated to services for identified needs and priorities.
5. Make timely, effective decisions that maximize the amount of funding secured by Orange County and preclude Orange County from losing funding for which it is potentially eligible.
6. Support the County's ability to meet both State funding requirements and Orange County funding needs.
7. Make recommendations regarding future MHSA allocations so funds will be used to provide services for identified needs and priorities.

B. Administration:

The Health Care Agency (HCA) will make the decisions on MHSA budget items and expenditures. The Steering Committee will provide HCA with critical feedback necessary to make these funding and program decisions.

The HCA Contract Development and Management division will be responsible for developing, soliciting, negotiating, and administering all human services contracts for HCA. Its objective is to provide for the fiscal and operational integrity of HCA by utilizing the competitive bidding process to obtain the most cost-effective services;

providing effective and efficient contract development and administration; and providing oversight of contract services to safeguard the County's financial resources.

C. Size and Composition:

The Behavioral Health Director shall appoint a 62 member Steering Committee to represent the broad interests of the citizens of Orange County concerning the MHSA. The Behavioral Health Director shall be the sole party to appoint and remove members from the Steering Committee consistent with MHSA community planning requirements.

1. Maintain the existing 62 positions on the committee and expand the number as appropriate to ensure the broadest representation possible.
2. Each organization serving on the Committee must have a designated representative and no more than one assigned alternate.
3. Should an organization wish to appoint a different representative, it must contact the MHSA Office before the membership can be changed.

D. Meeting Attendance:

1. The designated representative or the alternate must be present at all meetings and attend the meeting in its entirety.
2. The designated representative must attend the majority of the meetings. Meetings are held on the first Monday of the month barring a County Holiday.
3. One excused absence per organization per year is acceptable. If both the designated representative and alternate will be absent for a meeting, it is mandatory that you notify the MHSA office at MHSA@ochca.com.
4. Representatives must sign-in prior to being seated at the committee tables and must display their identification to participate in discussions and in the decision-making process.
5. Meetings will be professionally facilitated and will start and end at designated times.

E. Decision-Making:

1. Decisions will normally be made via consensus.

2. Consensus is defined as agreement of all committee members that they will either support the decision or at least not block it from going forward.
 - A “yes” means that the decision will be actively supported or at a minimum nothing will be done to undermine the success of the decision.
 - The goal in effective consensus decision-making is to find ways to say “yes” wherever possible and to say “no” only when absolutely necessary and when a member is prepared to stop the proposed decision [as stated] from moving forward.
 - If consensus cannot be reached, a vote will be taken of members present and a majority (51%) will move the decision forward.
3. Only those representatives officially designated to participate in decision-making by their organization may participate in discussions/decisions and sit at the Committee tables.
4. There will be time for Public Comment at the end of each meeting. Each comment should be related to MHSA business and last no longer than three minutes.

F. Role of Stakeholder Focus Groups:

1. Work with HCA staff in identifying service needs and priorities, funding gaps and potential programs.
2. Develop funding and program recommendations for consideration and review by the Steering Committee.

G. Role of Community Action Advisory Committee (CAAC):

1. Remain informed on MHSA funding availability, provide feedback, and make recommendations to HCA and the Steering Committee on funding MHSA services.
2. Assist HCA in ensuring that these services are high quality, accessible, culturally competent, client-driven, client and family-centered, recovery and resiliency-based, and cost-effective.

H. Role of MHSA Office:

The MHSA Office will provide support for Steering Committee meetings and other MHSA-related events; have oversight and responsibility for the planning processes for the MHSA Community Services and Supports (CSS), including any new Growth Fund planning, as well as the Capital Facilities and Technological Needs component, and the Integrated Plan when it is developed. The MHSA Office will also provide support for the Prevention and Early

Intervention and Innovation components and will ensure the coordination and timely submission of all MHSAs plans, reports, and other required documents.

I. Role of MHSAs Training Department:

The MHSAs Training Department will have oversight and responsibility for the planning process for the Workforce Education and Training component and the Innovation component. Plans developed under either of these two components will be presented to the Steering Committee for approval. In addition, the MHSAs Training Department will present periodic reports of progress to the Steering Committee related to both the Workforce Education and Training and the Innovation components as these plans are implemented.

MHSA Steering Committee Roster

Last Name	First Name	Category	Agency/ Organization	Address	Phone	Email	Fax
Allen	Nancee Lee	NAMI	NAMI Orange County	1810 East 17th St. Santa Ana, CA 92705	(714) 544-8488	nallen@namioc.org	
Becerra	Isabel	Coalition of Orange County Community Clinics	Coalition of Orange County Community Clinics	17701 Cowan, Ste. 220 Irvine, CA 92614	(949) 486-0458, x. 224	ibecerra@coccc.org	(949) 486-0425
Bidwell	Julia	Housing & Homeless Prevention	Housing and Community Services Department	1770 North Broadway Santa Ana, CA 92706	(714) 480-2991	julia.bidwell@occr.ocgov.com	
Boyd	Theresa	Recovery Arts Committee	Consumer at Large			tmonet60@hotmail.com	
Bracho	America	Latino Community Health services	Latino Health Access	1701 N. Main St., Suite 200 Santa Ana, CA 92706	(714) 542-7792 x. 3122	americab@latinohealthaccess.org	
Bridgewaters	Dave	Law Enforcement, Local Agency	Administrative Services Bureau Westminster Police Department	8200 Westminster Blvd. Westminster, CA 92683	(714) 898-3315, x 342	dbridgewaters@ci.westminster.ca.us	
Brough	Wendy	Orange County District Attorney		401 Civic Center Dr. West Santa Ana, CA 92701	(714) 569-2210	wendy.brough@da.ocgov.com	
Burela	Carlos	Supportive Employment Program	Goodwill Employment Works		714-638-1741 714-501-5324 cell	carlosb@ocgoodwill.org	

Cameron	Helen	Housing Community Provider	HOMES Inc.	4341 Birch St.Ste. 213 Newport Beach, CA 92660	(949) 851- 2766	hcameron@jamboreehousing.com	(949) 851-2767
Waetjen. Ed.D	Daria	School & Community Services	Orange County Department of Education	200 Kalmus Dr., B1007 Costa Mesa, CA 92626	714-327-1050	d.waetjen@ocde.us	(714) 549-2657
Chau	Clayton	Cultural Competency	Health Care Agency	405 W. 5th St., 405 Santa Ana, CA 92701	(714) 480- 6767	cchau@ochca.com	
Cuellar	Denise	Pacific Clinics Consumer Graduate	Pacific Clinics Consumer Graduate		(714)892-4200	dcuellar@pacificclinics.org	
Daly	Dianna	CalOptima	CalOptima	1120 West La Veta Orange, CA 92868	(714) 246- 8702	ddaly@caloptima.org	(714) 246-8492
Dillon, Ph.D.	Cecile	Mental Health Board	Mental Health Board		(714) 964- 3030	Cecile.dillon@ibhcorp.com	
Drake- Jackson	Norma Jean	Community Support Mental Health	DBSA Depression Bipolar Support Alliance	8251 La Palma Ave. #390 Buena Park, CA 90620	(714) 858- 9734	njdrako5353@gmail.com	
Edwards M.D.	Alan	HCA Behavioral Health Services	Behavioral Health Services	405 W. 5th St. Santa Ana, CA 92701	(714) 568- 5756	aedwards@ochca.com	
Gallagher	Ray	Social Services Agency	Intervention and Prevention Services	888 North Main St. Santa Ana, CA 92701	714-704-8850	ray.gallagher@ssa.ocgov.com	

Gillo	Rowena	Community Provider, Adults	Pacific Clinics Orange County Programs	13950 Milton Ave., Ste. 306 Westminster, CA 92683	(714) 514-4306	rgillo@pacificclinics.org	
Gonzalez	William	Adult Consumer, Latino		605 Willow Rd. Brea, CA 92821	(714) 599-2569	wgonzales@pacificclinics.org	
Nazari	Nazee	Consumer/Family Member, Farsi Speaking			949-859-6866 949-307-8197 cell	nazarinazee@yahoo.com	
Handler, M.D.	Eric	Public Health Services	Health Care Agency	405 W.5th St., 7th Floor Santa Ana, CA 92701	(714) 834-3155	ehandler@ochca.com	
Henderson	Geoff	Alcohol and Drug Services, Provider	Phoenix House Orange County	1207 E. Fruit St. Santa Ana, CA 92701	(714) 953-9373, x 4811	gghenderson@phoenixhouse.org	
Davidds	Yasmin	Hispanic Substance Abuse Providers	California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHCADA)	2101 Capital Ave. Sacramento, CA 95816	(714)479-0120 x 11	ydavidds@chcada.org	
Matthis	Jane	California Community Colleges - Santa Ana College			714-564-6264		
Hull	William	Older Adult, Consumer		c/o Tampico Hotel 120 State College Blvd., #120 Anaheim, CA 92806	(714)774-3606, rm 120	Hull7131@yahoo.com	
Tran	Kelly	Vietnamese Community Based Organizations	Orange County Asian and Pacific Islander Community Alliance	12900 Garden Grove Blvd., Ste. 214A Garden Grove, CA 92843	714-636-9095	ktran@ocapica.org	

Kirkwood	Carolyn	Juvenile Justice	Orange County Juvenile Court	Lamoreaux Justice Center 341 The City Drive Orange, CA 92683	657-622-5502	ckirkwood@occourts.org	
Kayali	Nahla	Arab American Service Provider	Access California Services Family Resource Center Arab-American & Muslim Community	2180 West Crescent Ave., Ste. C Anaheim, CA 92801	(714) 917-0440	nkayali@accesscal.org	
Kelly	Ed	Community Provider, Deaf and Hard of Hearing	Orange County Deaf Equal Access Foundation	6022 Cerritos Ave. Cypress, CA 90630	(714) 826-9793 (866) 582-6727 Relay Operator	edkocdeaf@aol.com	
Reid	Robert	Consumer, Adult	Community Action Advisory Committee	15520 Tustin Village Way, #69 Tustin, CA 92780	Work: 714-836-8682 Cell:	-	
Lam	Tony	Vietnamese Community	Vietnamese Community Business Leader	14132 Wynn St. Westminster, CA 92683	(714) 721-8941	tnylam411@yahoo.com	
Lindley	Wendy	Superior Court	Central Justice Center	700 Civic Center Drive West Santa Ana, CA 92701	657-622-5801	windley@occourts.org	
Mastrianni	Alyce	Children & Families Commission	Children and Families Commission of Orange County	17320 Redhill Ave., #200 Irvine, CA 92614	(714) 834-3916	alyce.mastrianni@cfcoc.ocgov.com	
McCullough	Kathryn	City Government	City of Lake Forrest	25550 Commercentre Dr., Suite 100 Lake Forest, 92630	(949) 770-1299	kmccullough@ci.lake-forest.ca.us	
Mejico	Dominic	Law Enforcement, Orange County Sheriff's Department	Orange County Sheriff's Department	550 N. Flower St. Santa Ana, CA 92703	(714) 647-4513	dmejico@ocsd.org	

Munoz	Andrew	Workforce Investment Board	Workforce Investment Board	1300 South Grand Ave., Bldg B Santa Ana, CA 92705	(714) 567-7370	andrew.munoz@hcs.ocgov.com	
Nguyen	George	Vietnamese Family Member	Vietnamese Mental Health Association	4117 W. McFadden, St. 16 Santa Ana, CA 92704	(714) 531-1917	ocavmhas@gmail.com	
Nguyen	Tricia	Family Member, Korean Community	Korean Community Services - Vietnamese American Wellness Center	8633 Knott Ave. Buena Park, CA 90620	(714) 527-6561	ttnghuyen@thevncoc.org	
O'Brien	Brett	Alcohol and Drug Administrator	Alcohol and Drug Advisory Board	405 W. 5th St. Santa Ana, CA 92701	(714) 834-2011	bobrien@ochca.com	
O'Connell	William	Homeless Service Provider, Mother's and Children	Colette's Children's Home	17301 Beach Blvd., Ste. 23 Huntington Beach, CA 92647	(714) 596-1380	coletteschildren@aol.com	
O'Connor, R.N.	Mary	Community College District	Regional Health Occupations Resource Center Golden West College	15744 GoldenWest St P.O. Box 2748 Huntington Beach, CA 92647-2748	(714) 895-8975	moconnor@gwc.cccd.edu	(714) 895-8976
O'Connor	Mary	Community Provider, Children & Families	FACES	505 E. Commonwealth Ave., Ste. 200 Fullerton, CA 92832	(714) 879-9619	maryoconnor@facescal.org	(714) 897-2041
Lummus	Shelly	Alcohol and Drug Advisory Board	Alcohol and Drug Advisory Board	1 Civic Center Dr. Irvine, CA 92623	(949) 283-8735 (cell)	Slummus@StraightTalkCounseling.org	
Puentes	Julie	Hospital Associations of Southern California	Hospital Association of Southern California	12399 Lewis St., Ste. 103 Garden Grove, CA 92840	(714) 663-0294	jpuentes@hasc.org	(714) 663-2053

Reyes	Gloria	Community Services & Education Provider	Abrazar Community Service & Education Center	7101 Wyoming St. Westminster, CA 92683	(714) 893-3581, x. 107	gloria.reyes@abrazarinc.com	
Robles	Maureen	Veteran's Services	Orange County Behavioral Health Services	600 W. Santa Ana Blvd., Ste. 510 Santa Ana, CA 92701	(714) 667-5631	maurobles@ochca.com	
Rodriguez	Julian		TAY Consumer	Wellness Center & CAAC	13924 Taft St # 2 Garden Grove CA 92843	(714) 539-1178	
Romero	Alex	Community Provider, Families & Youth	Behavioral & Developmental Health YMCA Community Services	1633 E. Fourth St., Ste. 184 Santa Ana, CA 92701	(714) 852-6024	aromero@ymcaoc.org	
Roper	Karen	Orange County Community Services	Orange County Community Services	1770 North Broadway Santa Ana, CA 92706	(714) 480-2805	Karen.Roper@occr.ocgov.com	
Schumacher, Ph.D.	Michael	Juvenile Justice Commission	Juvenile Justice Commission	341 The City Dr South Orange, CA 92868	(714) 935-7896 AO: Arelene Burt	aburt@occourts.org	
Bieber	Chris	Orange County Probation Department	Orange County Probation Department	1535 E. Orangewood Ave. Anaheim, CA 92805	(714) 937-4707	chris.bieber@prob.ocgov.com	
Sharps, M.D.	Donald	Orange County Psychiatric Society	Orange County Psychiatric Society	300 S. Flower Orange, CA 92868	(714) 978-3016	dsharps@ochca.com	
Smith	Linda	Family Member, Children & Youth		Family Support Network 181 W. Orangethorpe Ave., Suite D,	(714) 854-7762	fsnca@sbcglobal.net	(714) 590-0028

				Placentia CA, 92870			
Strickland	Gerry	Special Education Services	Education, Adult Transition, Capistrano Unified School District	31576 El Camino Real San Juan Capistrano, CA 92675	949-234-5302	gstrickland@capousd.org	949-493-6457
Sweeney	Sister Mary Therese	Faith Based Organizations	Sisters of St. Joseph	Santa Ana, CA 92706	(714) 347-7785	msweeney@stjoe.org	
Thrash	Jeff	Mental Health Association, Orange County	Mental Health Association of Orange County	822 Town & Country Rd. Orange, CA 92868	(714) 547-7559, x. 107	thrash@mhaoc.org	(714) 543-4431
Truong	Peter	Adult Consumer, Vietnamese		6352 Navajo Rd. Westminster, CA 92683	(714) 891-6792 (714) 901-4629 wk	petersun64@hotmail.com	
Tutila	Ana	Family Member, Adults		1729 W. 2nd St Santa Ana, CA 92703	(714) 605-8233		
Upham	Charles	Community Provider, American Indian	Southern California Indian Center	10175 Slater Ave., Ste. 150 Fountain Valley, CA 92708	(714)962-6673	cupham@indiancenter.org	
Watson	Sue	Network of Mental Health Clients		11742 Esplanade St. Orange, CA 92869	(714) 745-6584	suewatson@yahoo.com	
Grody, Ph.D.	Harvey	Older Adults		787 Oakwood St. Orange, CA 92869	(714) 633-6288	hpgrody@yahoo.com	

White, Ed.D.	Janis	Regional Center of Orange County	Regional Center of Orange County	801 Civic Center Drive West Santa Ana, CA 92701	(714) 796-5256	jwhite@rcocdd.com	
Wilkinson	Jean	Public Defender	Orange County Public Defender's Office	14 Civic Center Plaza Santa Ana, CA 92701	(714) 834-2144	jean.wilkinson@pubdef.ocgov.com	
Woodard	Frank	Family Member, Transitional Age Youth	NAMI	5475 Calle Sonora Yorba Linda, CA 92887	(714) 348-1831 (cell)	frank@frankwoodard.com	
Hanh	Ginger	Lesbian, Gay, Bisexual, and Transgender Community	The Center, Orange County		714-953-5428	_	

APPENDIX 2

MHSA COMMUNITY ACTION ADVISORY

- **Committee By Laws**
- **Membership Application**



ORANGE COUNTY

BEHAVIORAL HEALTH SERVICES

MENTAL HEALTH SERVICES ACT (MHSA)

COMMUNITY ACTION ADVISORY COMMITTEE

CAAC BYLAWS

Revised May 4, 2010

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**MENTAL HEALTH SERVICES ACT
COMMUNITY ACTION ADVISORY COMMITTEE
(CAAC)**

MISSION STATEMENT

The mission of CAAC is to advise the Health Care Agency on issues related to funding mental health services in Orange County through the Mental Health Services Act (MHSA). The goal is to assist the Health Care Agency (HCA) in ensuring that these services are of high quality, accessible, culturally competent, client-driven, consumer and family focused, recovery and resiliency-focused and cost-effective.

ARTICLE I MHSA-CAAC FUNCTIONS

Section I: Activities

It is the function of the MHSA CAAC Executive Team and CAAC members to serve as an advisory committee and develop recommendations regarding the use of MHSA funds. To accomplish this, CAAC officers and members must:

- A. Be fully informed about the status of MHSA funding availability and requirements
- B. Assist the County to identify challenges in the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges
- C. Remain informed about current stakeholder meetings and the funding and program recommendations made by members of these groups
- D. Review all MHSA funding proposals and provide critical feedback to ensure that funding is allocated to services for identified needs and priorities
- E. Make recommendations regarding future MHSA allocations so funds will be used to provide services for identified needs and priorities

Section II: MHSA CAAC Schedule

The MHSA CAAC will meet once a month, on the first Tuesday of the month. The committee will hold an Executive Business Meeting, in which members will advise and develop recommendations to the MHSA Office.

Section III: MHSA Office

The MHSA Office will provide program support for CAAC. Decisions regarding meetings, logistics, and agenda will be managed by this office.

ARTICLE II MEMBERSHIP

Section I: Non-Discrimination Policy

The Community Action Advisory Committee shall not discriminate on the basis of age, gender, sexual orientation, race, creed, disability, religion, or lack of religion, ethnicity, nation of origin, or language.

Section II: Membership and Voting Guidelines

- All MHSA CAAC members and officers are volunteers.
- All members shall be past or present consumers, family members, or caregivers of consumers of mental health services in Orange County. Family members are those persons considered family by consumers, whether or not related by blood or marriage.
- Fifty-one percent of members shall be consumers and family members who have received services from the County clinics or contract providers. (No more than 49% of the members shall be individuals who have not received BHS County-provided services or contract services.)
- MHSA CAAC membership will not exceed 15 members; any membership requests after membership has reached full capacity will be and placed on a waiting list.
- To become a member, one must complete an application for review and approval by the MHSA office and Executive Team. He / she must also be actively involved with in the MHSA planning process and other activities / events related to MHSA.
- Once a person has met the membership criteria and membership is open, his or her name shall be placed on the list of members and be allowed to vote.
- Only members will receive a stipend for participating in the CAAC meeting. Guests and members of the public may receive a bus pass or parking validation.

Section III: Staff Advisors

- Staff of the Behavioral Health Services and other Health Care Agency staff will provide assistance and advice to MHSA CAAC members.
- Individual County staff may be asked to serve as an advisor to the Committee on a regular basis.
- Advisory staff has no voting privileges.
- Staff Advisors may include individuals from: MHSA, CQIC, Patient's Rights, Co-occurring disorders/Alcohol and Drug, Education and Training, Cultural Competency, and others as

requested.

Section IV: Limits on MHSA CAAC Membership

- Every attempt will be made to achieve diversity in membership. If there are open membership seats, new members will be recruited from hard to serve or underserved communities such as Vietnamese, Korean, Latino, African–American, American Indians, Iranians, and Deaf and Hard of Hearing.
- Members will include consumers and family members from the County Mental Health clinics and community-based contract providers.
- Members must acquire excused absences to keep a valid membership. A member must obtain an excused absence by contacting the MHSA office with a valid reason for the absence. If a member has two unexcused absences within a 1year period he/ she will automatically be dropped from membership following the third absence.
- Membership on the committee can be revoked based on a finding of disruptive or harmful behavior. Every attempt will be made to support members in maintaining appropriate behavior and problem-solving effectively. However, if a member is not able to manage their behavior, the MHSA Office may officially revoke an individual's membership.
- Members of the committee are to serve a maximum of a 2 year term. Once 2 years have been served he/ she may re – apply to become a member, and put on a wait list if there is one in place.

Section V: Attendance by Guests

Meetings are open to the public. A list of meetings dates and times will be posted on the MHSA website.

Section VI: Resignation

Any MHSA CAAC member may resign at any time by giving written and/or verbal notice to the MHSA Office or CAAC Executive Team.

ARTICLE III: BUSINESS PROCESS

Section I: Quorums:

- A minimum of 50 % plus one of the members on the active membership list shall be present to establish a quorum.
- A quorum must be present to approve any motions, including the election of officers.

Section II: Decision-making Process

- Business must be done in a fair and respectful manner
- The Committee will strive for consensus in all its actions.
- Consensus is defined as agreement by all members present.
- If a consensus cannot be obtained, a vote will be taken on the issue. A majority (50% +1) of those present (assuming there is a quorum) is needed for approval.

Section III: Maintenance of Documents

The following documents shall be maintained and available to all MHSA CAAC members and advisors upon request.

1. Previous Months Agenda
2. Current Roster
3. Bylaws
4. Previous Months Meeting Minutes

Section IV: New Members

- New members will be given a copy of their application and the CAAC Bylaws. They will then be asked to sign and date a Membership Agreement verifying that they have read and agreed to follow the CAAC Bylaws.
- 12 month conflict of interest disclosure: Members must complete the conflict of interest statement in the application (Pg. 4 section A & B on application)
- The Statement Agency Representation approval shall become valid immediately and shall remain in effect until changed by the committee and agency.

ARTICLE IV: OFFICERS

Section I: Election Process

- Elections of executive MHSA CAAC team shall be held in June unless a vacancy occurs
- To be nominated, officers must be MHSA CAAC voting members
- Officers shall be nominated from within the MHSA CAAC active member list
- Nominees must be present, willing to serve, and possess the skills necessary to fulfill the obligations of the position.
- A majority (50% +1) vote will determine the winner of the election.
- Voting will be done by secret paper ballot, unless there is only one candidate nominated.

Section II: Terms of Office

- MHSA CAAC officers shall be elected to a one-year term.
- Officers may be elected to the same office not more than two consecutive terms. Elections will be announced in writing in May, one month prior to the election in June.
- Officers will begin their service at the July meeting.

Section III: Duties of Officers

- Officers will work closely with the MHSA Office to coordinate staff support, advisors, speakers and MHSA updates.

A. The Executive Team:

- The Executive Team will consist of the current President, Vice President, and Secretary.
- The Executive Team will participate in preparing the meeting agendas working closely with the MHSA Office and incorporating recommendations from the MHSA CAAC general meetings.
- The MHSA Office will be the liaison between MHSA CAAC and the Orange County Health Care Agency, Behavioral Health Services Department.

B. President:

- The President will facilitate the general meetings.
- The President will meet with the Vice President, Secretary, and MHSA Staff, prior to general meetings to prepare draft meeting agendas.

C. Vice President:

- The Vice President will perform the duties of the President when he or she is absent.
- The Vice President will meet with the President, Secretary, and MHSA Staff, prior to general meetings, to prepare draft meeting agendas.

D. Secretary:

- The Secretary will aid the MHSA office in tracking the MHSA CAAC membership and mail and/or email notices and information to the MHSA CAAC members.
- The Secretary will meet with the President, Vice President, and MHSA Staff, prior to general meetings, to prepare draft meeting agendas.

Section IV: Special Elections

- If an office is vacated, a special election shall be held.
- An office will be vacated by
 1. Written or verbal resignation given to the MHSA Office or the Executive Team
 2. Unexcused absence from three consecutive committee meetings and/or Agenda Planning Meetings.
- At least one month's notice must be given before a special election can be held. A special election must be approved at a general meeting.

ARTICLE V: ORGANIZATION STRUCTURE

Section I: Meetings

- MHSA CAAC will meet once a month.
- The meetings will be held on the first Tuesday of each month, barring a County holiday. In the case of a County holiday, the meeting will be rescheduled.

Section II: Agenda

The Agenda for Executive Business Meetings may use the following format:

- Call to order
- Introductions
- Agenda
- Approval of Minutes
- Health Care Agency Staff Report
- Speakers or Special Presentations
- Old Business/New business
- Announcements
- Adjournment

ARTICLE VI: ETHICS

Section I: Trust Agreement

The Trust Agreement will be utilized to help provide a safe and productive meeting.

A Trust Agreement

- All Committee members are expected to treat others with dignity, respect, and courtesy
- Loud and unruly behavior, swearing, and personal attacks/threats are unacceptable
- One person speaks at a time; avoid interrupting, side conversations, and cross-talk
- “Share the floor” during discussion time – balance sharing and listening
- Use “I” statements, speak from your own experience
- All ideas have value - even if you don’t agree with them
- Confidentiality must be maintained – what’s said here stays here
- Stay on topic - only matters directly related to MHSA CAAC will be discussed at Executive Business Meetings
- It is every participant’s responsibility to speak up respectfully when we are forgetting about the Trust Agreement

Section II: Code of Conduct

- A. All Committee members are expected to treat others with dignity, respect, and courtesy.
- B. Confidentiality must be maintained for all information shared at meetings.
- C. For safety reasons, no Committee member, guests or members of the public will be admitted to a meeting and asked to leave the premises if they are visibly under the influence of alcohol or illicit drugs (slurred speech, difficulty walking/standing, smelling like alcohol, aggressive behavior, etc.).
- D. Loud and unruly behavior, swearing, and personal attacks/threats are unacceptable. These are grounds for having an individual’s membership revoked and if the behavior continues, the individual will be required to leave the meeting. If the behavior continues, they will be asked to leave the premises and law enforcement will be contacted if necessary.
- E. No threat to the safety and health of Committee members, staff, or members of the public will be tolerated.
- F. No Committee member may exercise the rights of Committee membership for personal gain.
- G. Only matters directly related to the MHSA CAAC will be discussed at Executive Business Meetings.
- H. Written minutes shall be kept of all meetings.

ARTICLE VII: AMENDMENTS TO THE BYLAWS

Section I: Procedures to Amend the Bylaws

- The bylaws may be amended as the MHSA Office deems necessary.
- Members may propose amendments to the bylaws. The proposed amendments shall be made in writing at a Business meeting and presented to the Executive Team.
 - Should the MHSA Office approve of the amendment a vote on the proposed amendment will take place at the following month’s meeting.

- A majority vote (50%+1) is required to amend the bylaws.
- All amendments will be inserted into the proper article and sections.
- The dates that the amendments are approved will be recorded.
- When the amendment passes, it will become effective at the MHSA CAAC Business Meeting following the month that the vote was taken.



MHSA COMMUNITY ACTION ADVISORY COMMITTEE (CAAC)

APPLICATION FOR MEMBERSHIP (Please Type or Print)

Contact Information

Applicant's Name: _____ Date: _____
Address: _____

Email: _____

Fax: _____

What is your preferred contact phone number? _____

May we leave a message at the above contact phone number? [] Yes [] No

May we fax mental health-related materials to the above fax number? [] Yes [] No

May we email mental health-related materials to the above email address? [] Yes [] No

CITY OF RESIDENCE (Check one)

- [] North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
[] Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
[] South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

PLEASE SELECT ALL MEMBERSHIP CATEGORIES YOU ARE QUALIFIED AND WILLING TO REPRESENT

- [] Consumer (see the Protected Health Information disclosure on page 5)
[] Care-giver of mental health consumer
[] Substance Use
[] Veterans
[] Older Adults (age over 60)
[] Hispanic/Latino Community
[] African American Community
[] Native American Community
[] Receiving services from a County contracted clinic
[] Incarcerated
[] Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
[] Transitional Age Youth (age 18-25)
[] Deaf & Hard of Hearing Community
[] Asian & Pacific Islanders Community
[] Iranian Community
[] Family member

Print Name: _____
Signature: _____ *Date:* _____

AFFIRMATION OF MEMBERSHIP COMMITMENT

I commit to:

- Participate in all committee meetings from beginning to adjournment.
- Participate in the Membership and/or other subcommittees.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations *considering the community as a whole rather than just special interests or personal perspectives.*
- Disclose any conflicts of interest I may have relative to issues that come before the committee.
- Follow the Rules of Trust Agreement as addressed in the by-laws (attached)

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the MHSA Community Action Advisory Committee.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, is used for the purpose of this committee.

Print Name: _____
Signature: _____ *Date:* _____

APPENDIX 3

MULTICULTURAL DEVELOPMENT

COORDINATOR

JOB DESCRIPTION

Class Title: Multicultural Development Coordinator

Class Code: R01057

Salary:

DRAFT

This is an HCA Service Chief II position that manages the MDP (Multicultural Development Program) within the Center of Excellence in Education, Training, Research & Advocacy for Reducing Health Disparities.

Distinguishing Characteristics:

This is a single position classification responsible for administering, implementing, maintaining and evaluating all direct services for the MDP and supervising and training program staff. This position reports to the Director of the Center of Excellence (COE).

Examples of Duties:

Duties may include, but are not limited to, the following:

1. Plan, assign, review, and evaluate the work of assigned staff. Prepare and sign performance evaluations; hire staff and recommend and implement disciplinary actions.
2. Participate in the plan and development of county's consumer employee support network.
3. Develop, implement and ensure accuracy of verbal interpretation and written translation (transliteration) services and materials into the threshold languages as well as American Sign Language.
4. Participate in all aspects of Mental Health Service Act (MHSA) program implementation strategies as well as performing required system evaluation and

reports to the state DMH.

5. Develop, coordinate and facilitate the implementation of the state Department of Mental Health's required Cultural Competency Plan.

6. Provide consultation, evaluation, and training/education for the entire behavioral health system of care, including county and service contractors, to ensure service deliveries are culturally and linguistically appropriate and in compliance with local and State mandates.

7. Identify local and regional cultural behavioral health needs of ethnically and culturally diverse populations as they impact county systems of care; make recommendations to department management.

8. Participate in all COE research projects.

9. Maintain an on-going relationship with community organizations, planning agencies, and the community at large.

10. Provide vacation and temporary relief as required.

cmp: 04-04-06

Representation Unit:

Management

Salary Range:

Minimum Requirements:

APPENDIX 4

CULTURAL COMPETENCY BUDGET

Cultural Competency Budget

R07462	Christy Castiglione	Office Specialist	\$44,814	\$22,746	\$67,560
		subtotal S& EB	\$417,731	\$137,255	\$554,986
S&S	Lease Costs		\$21,413		
	Misc S&S	\$4,000 per FTE	\$24,000		
	Subtotal		\$45,413		
	Total for County Staff		\$600,399		
Contracts	Name	Service	Amount		
	OCAPICA	FOCUS FSP	\$1,000,000		
	OCAPICA	TAY O&E	\$117,344		
	Korean Community Services	Children O&E	\$133,299		
	Casa de La Familia	Adult O&E	\$225,000		
		Total	\$1,475,643		
County Programs	Pacific Asian Unit -2100		\$637,163		
	Pacific Asian Unit -2200		\$683,589		
Translation Services	Contractor	Amount			
	Various		\$50,000		
Training			\$21,000		
Total Cultural Competency			\$3,467,794	Estimate per year.	

APPENDIX 5

PEI ACTIVITIES BY PRIMARY TARGET

POPULATIONS

Orange County PEI Plan Attachment

The six priority populations:

1. Trauma Exposed Individuals
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement
6. Underserved Cultural Populations

The eight project categories:

1. EI: Early Intervention
2. SBS: School-Based Services
3. O/E: Outreach and Engagement
4. PES: Parent Education Services
5. PS: Prevention Services
6. SAS: Screening and Assessment
7. CR: Crisis and Referral
8. Training Services

Primary Priority Target Populations By Program

Project	Program	Service Type	Age Group	Primary Priority Population
6	EI Mentors for Youth	peer mentors	5-26	Juvenile Justice Involvement
7	EI Peer Support Groups	peer mentors	all	Juvenile Justice Involvement
4	PS Youth Resiliency Clubs	train., consult.	youth	Juvenile Justice Involvement
	PS Services to Justice Involved Families	intervention	all	Juvenile Justice Involvement
5	PS Transition Services	mentoring	youth	Juvenile Justice Involvement
	EI 1st Onset Services	intervention	all	Onset of Serious Psychiatric Illness
3	CR Law Enforcement Partnership	intervention	0-21	Onset of Serious Psychiatric Illness
3	TS Fitness and Nutrition Education	training	18 +	Onset of Serious Psychiatric Illness
5	EI Socialization for Older Adults	friendly visitor	18+	Onset of Serious Psychiatric Illness
1	TS Training and Technical Assistance	train., consult.	all	Onset of Serious Psychiatric Illness
1	PS Mental Health Consultants	consultant	all	Onset of Serious Psychiatric Illness
2	SBS Positive Behavioral Supports	system change	5-18	Risk for School Failure
4	SBS School Readiness	consultation	5-18	Risk for School Failure
3	SBS Violence Prevention Education	multi MH service	5-18	Risk for School Failure
3	SBS School Mental Health Services	multi MH service	5-18	Risk for School Failure

5	PES	COPE Model Parent Training	training	0-18	Stressed Families
2	PES	Family to Family	peer support	0-18	Stressed Families
4	PES	Parent Empowerment	training	0-18	Stressed Families
1	PES	Promotoras	consultation	0-18	Stressed Families
1	PES	Triple P	intervention	0-18	Stressed Families
1	EI	EI for stressed families:	intervention	all	Stressed Families
1	SAS	Tools and Training	train assessment	all	Trauma Exposed Individuals
3	SAS	Mobile Assessment team	assessment	all	Trauma Exposed Individuals
2	SAS	Professional Assessment	assessment	all	Trauma Exposed Individuals
2	PS	Children of SMI and ADAS Parents	intervention	0-18	Trauma Exposed Individuals
4	TS	Stress Management	train., consult.	all	Trauma Exposed Individuals
4	CR	Survivor Support	peer led groups	all	Trauma Exposed Individuals
	CR	Crisis Hotline/Warmline	phone tx	all	Underserved Cultural Populations
2	CR	Crisis Intervention Network	intervention	all	Underserved Cultural Populations
2	TS	Child Development Consultation	train., consult. supported phone	0-18	Underserved Cultural Populations
1	O/E	Information and Referral	line	all	Underserved Cultural Populations
2	O/E	Outreach and Engagement	outreach teams	all	Underserved Cultural Populations
5	TS	Stigma Reduction	training	all	Underserved Cultural Populations

APPENDIX 6

COMMUNITY ACTION ADVISORY COMMITTEE

SITE VISIT REPORT

MHSA CAAC Recommendations for Full Service Partnerships

Tours were conducted on November 19, 2007, 9am – 4pm

And December 3, 2007, 9am – 4pm

(To avoid crowdedness during the tours the committee was divided into two separate days)

Telecare at Orange

TAO, an adult FSP which operates with the principle “with change comes harmony,” just celebrated their one year anniversary. The warm and approachable staff includes nurses, a housing specialist, and four treatment teams with such inspirational names as “kindness” (this particular team specializes in outreach). Team members spend approximately 85% of their time in the field. TAO uses their funding to pay for housing, social activities, meals, psychological care, emergency hotel vouchers and respite crisis beds for clients. The Housing Specialist, Carrie, visits and evaluates all of the R&Bs before any of their clients are placed there to ensure their suitability. Additional services at the site include a Supply Room where clients can get donated clothing, shoes, toiletries, etc. and Wellness Center that includes a computer station, television and VCR, couches, client telephone, microwave, and refrigerator with donated/ purchased food items. To encourage client input and involvement, they have formed a regularly meeting Advisory Council comprised of consumers. They have collaborative roles with USC Social Workers, American Career College, Cypress CPT, O.K., and Pacific Clinics.

Biggest challenge identified by staff: Housing

MHSA – CAAC Recommendations:

- Provide an activities calendar for consumers and include local events (perhaps a consumer can be in charge of this with staff oversight).

Project RENEW

Project RENEW, a children's FSP, currently has 130 families enrolled and a capacity of 142. The staff includes 14 PSCs, a Housing Coordinator, and an Employment / Educational Specialist. 50 % of their clients are Spanish speaking and 60 % of the staff speaks Spanish. Project RENEW also has two youth and two parent partners. Approximately 85% of their work is in the field. Family team meetings include discussing family member strengths and success, brainstorming between clinicians and the family, and providing referrals to a doctor for general health concerns and /or Mariposa for nutrition counseling. In early 2008 they plan to develop an Advisory Board to increase family member input.

MHSA – CAAC Recommendations:

- Provide activities to keep children busy in the waiting area and for times when parents are meeting with the staff.
- Make the meeting rooms warmer and more inviting with comfortable seating / textures and color. This would allow consumers to feel more at ease.
- Provide primary written materials in threshold languages other than English.
- Hire staff that can speak threshold languages other than Spanish.
- Provide an activities calendar for consumers and include local events (perhaps a consumer can be in charge of this with staff oversight).

OASIS

OASIS, an older adult FSP, currently has 115 consumers enrolled with a 135 capacity. The staff includes 6 PSCs and 1 lead PSC and a medical team consisting of a nurse practitioner, a psychiatrist for 8 hours per week and a registered nurse. In addition, they have two life coaches who are consumers. There are two vans that are available to transport consumers to and from the clinic and / or appointments. The Ambassador Group was established with consumer representatives to increase consumer input. Additional services include an art / activity room and a computer station where consumers and sign – up lessons.

Biggest challenge identified by staff: Motivating clients

MHSA – CAAC Recommendations:

- Provide all primary written materials in threshold languages other than English.
- Provide an activities calendar for consumers and include local events (perhaps a consumer can be in charge of this with staff oversight).

STAY

Staff includes 18 PSCs, an Educational / Vocational Specialist, 2 clinical staff, 3 team leaders (6 in each team), a Housing Coordinator, an office manager, 3 administrative assistants, and a psychiatrist that works 10 hours per week which are versatile, but hard to find. Staff case load is an impressive 1:10 enabling case managers to address all aspects of treatment. Of the 300 referrals, 75 have received or are receiving services. An additional service that they offer on site is the NAMI Family to Family class.

OCAPICA

MHSA CAAC members were most impressed with this program. Although, they primarily service the API community, staff includes case worker who speak several other languages including the other threshold languages. Staff appeared to be very dedicated to their work. The environment was warm and welcoming when we entered the lobby; there was an easel and toys for children to play with as well as reading materials for all ages. The meeting rooms were furnished with comfortable, warm – colored couches and chairs and also had toys and books to occupy children's attention when necessary.

O.K.

Opportunity Knocks, is an FSP for Adults. The CAAC Member recommendations consist of the following: The site needs storage to organize and house the nay donations that they receive. In addition, the space could be better organized into stations (ie, computer arts and crafts, employment, program, and community activities, calendar etc.) with relevant information on the walls.

WIT

What ever It Takes, is an FSP for Adults who have been in trouble with the law but have a mental health condition. Additional services include regular recovery focused education meetings and various support groups.

Biggest challenge identified by staff: interruptions during work day by clients who “just want to talk or need help with supplies”

MHSA – CAAC Recommendations:

- To address the interruption, it was recommended that a peer mentor who would be on site and available be there to assist consumers in accessing supplies or to talk with consumers regarding matters that are non- essential.
- CAAC was informed that there had previously been a peer mentor, however, when the mentor left the program, no one else was assigned as a replacement. It is recommended that re-staffing this position is beneficial. In addition, CAAC believes that some consumer should benefit from peer mentorship by a program graduate or other consumer who has dealt with similar legal and addition issues.

Telecare at Orange (TAO): TAO uses their funding to pay for housing, social activities, meals, Psychological care, emergency hotel vouchers and respite crisis beds for clients. Additional services at the site include a Supply Room where clients can get donated clothing, shoes, toiletries, etc. and a Wellness Center that includes a computer station, television and VCR, and couches.

Strengths:

- Warm and approachable staff
- Team members spend approximately 85% of their time in the field

Challenges: Providing housing

Project RENEW: Project Renew, a children's FSP, currently has 130 families enrolled and a capacity of 142. The staff includes fourteen Personal Service Coordinators, a Housing Coordinator, and an Employment/Educational Specialist. Project Renew also has two youth and two parent partners.

Strengths:

- Over half of the staff speak Spanish
- Inclusion of families

Older Adult Support and Intervention System (OASIS): OASIS, an Older Adult FSP, currently has 115 consumers enrolled with a 135 capacity. The staff includes 6 PSC and 1 lead PSC and a Medical team consisting of a Nurse Practitioner, a Psychiatrist for 8 hours per week and a Registered Nurse.

Strengths:

- Two vans that are available to transport consumers to and from the clinic and/or appointments
- Art/Activity Room and a computer station where consumers can sign-up for lessons

Challenges: Motivating clients.

Support Transitional Aged Youth (STAY): Staff includes 18 Personal Service Coordinators, an Educational/Vocational Specialist, 2 Clinical staff, 3 Team leaders (6 in each team), a

Housing Coordinator, an Office Manager, 3 Administrative Assistants, and a Psychiatrist that works 10 hours per week. Of the 300 referrals, 75 have received or are receiving services.

Orange County Asian Pacific Islanders Community Alliance (OCAPICA): Although they primarily service the API community, staff includes case workers who speak several other languages including Spanish.

Strengths:

- Staff appeared to be very dedicated to their work.
- The meeting rooms were furnished with comfortable, warm-colored couches and chairs and also had toys and books to occupy children's attention when necessary.

Opportunity Knocks (OK)

Opportunity Knocks serves people who are suffering from a persistent mental illness and have a high recidivism rate within the judicial system.

Whatever it Takes (WIT)

Whatever It Takes aids people with a Mental Illness when they are referred by the Superior Court of Orange County. Priority is shown to clients that are at risk of being homeless or are homeless.

Strengths:

- Regular recovery focused education meetings and various support groups

Challenges: Clients who just want to talk and chat or need help with supplies

FSP Recommendations:

1. Provide activities to keep children occupied when parents and staff meet at STAY

2. Make the meeting rooms warmer and more inviting with comfortable seating at RENEW
3. Hire more staff that speaks Vietnamese at TAO
4. OK could be better organized into stations (e.g., computer, arts & crafts, employment, and program and community activities calendars)
5. WIT could use a peer mentor who would be on site and available to assist consumers in accessing supplies or to talk with consumers regarding matters that are not critical
6. Provide written materials in threshold languages other than English
7. Provide an activities calendar that includes local events. (possibly a consumer position)

APPENDIX 7

REPORT ON CONSUMER SATISFACTION

Appendices
CAAC Report
Mental Health Service Act Awareness
By: Keith Edward Torkelson, MS, BS, PpMHW

Appendix Contents

Appendices Selected for Brief Report (Each 1-page)

- ✓ Appendix Bios – Investigator’s Biography
- ✓ Appendix PM – Addresses: Baseline Report Delivery Efficiency
- ✓ Appendix QRA – Quantitative Results Aggregate (Template)
- ✓ Appendix Standard – SAMSHA Standard

Appendix Bios – Investigator’s Bios

Keith E. Torkelson has been volunteering for the Orange County Health Care Agency (HCA) since July 1, 2009. He graduated from the University of California at Davis (UCD) with a BS degree in Avian Sciences/Biology. In addition, he graduated from UCD with an MS in Pathology with a focus on research. He is an active member of the HCA: Mental Health Services Act (MHSA):

Community Action Advisory Committee (CAAC)
Technology Advisory Committee (TAC)
Data Outcomes Advisory Committee (DOAC)
& The Wellness Center

He is a 2009 graduate of the Pacific Clinics/Santa Ana College’s certified Paraprofessional Mental Health Workers program. He has been very active in independently measuring and appraising MHSA and other related Performance Measures and Outcomes.

Appendix Standard – SAMSHA Standard

RFP 283-07-1000

The Contracting Officer and the Task Order Officer (TOO) shall together determine whether a product/service is delivered on time and within budget. If it is deemed to be on time and within budget, it will be evaluated for quality by an Award Fee Evaluation Group (Group). Each Group will consist of the TOO, the Contracting Officer or his/her designee, and approximately one other government officials or non-government personnel (depending on specific expertise) specified by the TOO, and approved by the Contracting Officer. The composition of the Group may change from task to task.

Each member of the Group will evaluate the quality of the task using a numerical rating scale from 0 to 100. The scale will be defined as follows:

Definition of Rating	Adjective Rating	Numerical Rating	Fee %
<u>Superior</u> - Contractor's performance exceeds standards by substantial margin, the monitor can cite few areas for improvement, all of which are minor.	Superior	90 - 100	100%
<u>Excellent</u> - Contractor's performance exceeds standard, and although there may be several areas for improvement, these are more than offset by better performance in other areas	Excellent	80 - 89	80%
<u>Satisfactory</u> - Contractor's performance is standard and area's for improvement are approximately offset by better performance in other areas.	Satisfactory Plus Satisfactory	70 - 79 61 - 69	40% 0%
<u>Unacceptable</u> - Contractor's performance is less than standard by a substantial margin, and the monitor can cite many areas for improvement which are not offset by better performance in other areas. Less satisfactory performance would be unacceptable.	Unacceptable	Below 60	Unacceptable Performance Reduces Fee by \$1,000 per 12 month period per unacceptable task (this can affect base fee)

Each member of the Group will give the product a numerical rating and those ratings will be averaged. An Average of less than 60 (Unacceptable) will result in a reduction in the base fee of \$1,000 for that six month rating period. An average score between 61-69 (Satisfactory Performance) will result in Award of 0%, an average of 70-79 (Satisfactory Plus) will result in Award of 40%, an average of 80-89 (Excellent) will result in Award of 80%, and an average of 90 through 100 (Superior) will result in Award of 100%.

Table: Appendix 1 - Source: Department of Health & Human Services: Substance Abuse and Mental Health Services Administration. SAMHSA: Request For Proposal (RFP): No. 283-07-1000. Issued: September 13, 2006.

“The Contracting Officer and the Task Order Officer (TOO) shall together determine whether a product/service is delivered on time and within budget. If it is deemed to be on time and within budget, it will be evaluated for quality by an Award Fee Evaluation Group (Group) ... Each member of the Group will evaluate the quality of the task using a numerical rating scale from 0 – 100. The scale will be defined as follows [above].”

Principle Investigator: Keith Edward Torkelson, MS, BS, & PpMHW > ktork46@yahoo.com

Appendix: Page 4 of 4

Appendix Standard – SAMSHA Standard

RFP 283-07-1000

The Contracting Officer and the Task Order Officer (TOO) shall together determine whether a product/service is delivered on time and within budget. If it is deemed to be on time and within budget, it will be evaluated for quality by an Award Fee Evaluation Group (Group). Each Group will consist of the TOO, the Contracting Officer or his/her designee, and approximately one other government officials or non-government personnel (depending on specific expertise) specified by the TOO. and approved by the Contracting Officer. The composition of the Group may change from task to task.

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<u>Unacceptable</u> - Contractor's performance is less than standard by a substantial margin, and the monitor can cite many areas for improvement which are not offset by better performance in other areas. Less satisfactory performance would be unacceptable.	Unacceptable	Below 60	Unacceptable Performance Reduces Fee by \$1,000 per 12 month period per unacceptable task (this can affect base fee)

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Principle Investigator: Keith Edward Torkelson, MS, BS, & PpMHW > ktork46@yahoo.com

Appendix: Page 4 of 4

APPENDIX 8

APPLICATION FOR CONTINUING EDUCATION

CREDITS

Center of Excellence

Policies and Procedures

SUBJECT: Continuing Education (CE) Credits Program Application & Ad Information

Number: 600.01
Date: September 1, 2010

DEFINITION

The procedure outlines the process to obtain accreditation for Continuing Education courses through the Health Care Agency (HCA). Continuing Education courses update licensed clinicians' knowledge and skills consistent with established accreditation standards.

Please note: under no circumstances can an activity be advertised for CME credit (pending, applied for, expected, authorized, desired, etc.) until the CME Committee has approved it. Please note: any publicity that mentions CME credit must contain the accreditation statement identifying the accredited provider as well as the credit designation statement listing the amount of AMA PRA Category 1 Credit(s)[™] offered for the activity. There are no exceptions to this rule.

PURPOSE

To provide a uniform and consistent procedure for processing all new Continuing Education Program Planner Applications

PROCEDURE

1. Complete the **Continuing Education Program Planner Application Form** (Form 600.01 B)
2. Complete the **Required Training Advertisement Information** (Form 600.01 A)
3. Submit Forms 600.01 A and 600.01 B to the Center of Excellence email inbox. The application must be submitted at least 60 days prior to the training.

Submit the completed application forms to:

Email Address: hcacenterofexcellence@ochca.com

Subject: CE Application

OR

Click on "**Submit Form**" button from Adobe Reader or Acrobat.

Note: All the required information must be provided for the application to be accepted.

Center of Excellence

Required Training Advertisement Information

Training Name:

Date & Time:

Location:

Presenter Name and Organization:

Instructor Credentials

5 – 6 Lines Description of the Training (including target audience)

Objectives (Minimum 3-5)

CONTINUING EDUCATION PROGRAM PLANNER APPLICATION

MD CME Cat I Psychologist (APA) RN (CEP 15019) LMFT/LCSW PCE389 Board & Care AOD & CADAAC

Date Submitted:

COUNTY OF ORANGE HEALTH CARE AGENCY

HCA Continuing Education Program Planner (CEPP) Information

NAME OF PROGRAM PLANNER:		PHONE:	
DEPARTMENT		PONY ADDRESS	
STREET ADDRESS	CITY	STATE CA	ZIP

Activity Information

PROGRAM TITLE:			
Program Date:	Program Start/End Times:	Hours Requested:	
Type of Program:			
Physical Facilities:			
Instructors: (Attach up-to-date resume and financial interest disclosure)			
NAME	TITLE	ORG/INSTITUTION	Commercial Product to be discussed
This Program is <input type="checkbox"/> HCA Accredited Program or <input type="checkbox"/> Jointly Sponsored Enter "N/A" if "HCA Accredited Program" is checked. Enter joint sponsor name(s) if "Jointly Sponsored" is checked.			
Brief Program Description:			
Educational component addressing cultural and linguistic competency: (Are cultural/ethnic or linguistic information or data used to establish therapeutic relationships, diagnosis/treatment, enhance process of clinical care?)			
Target Audience: (must indicate why this material is appropriate for the training level and scope of practice of the licensed practitioners indicated? If this activity is for CME, a significant portion of attendees must be physicians) – [Criterion 4]			% Physicians
			% Allied Health Professionals
			% Others

CONTINUING EDUCATION PROGRAM PLANNER APPLICATION

<p>Needs Assessment (Identify gaps in current practice / outcomes and desired practice / outcomes) – [Criterion 2]</p> <p><input type="checkbox"/> Specific QI data</p> <p><input type="checkbox"/> Committee studies of care</p> <p><input type="checkbox"/> County data</p> <p><input type="checkbox"/> National trends from national data</p> <p><input type="checkbox"/> Professional literature review</p> <p><input type="checkbox"/> US health data</p>					
<p>Measurable Objectives: (Describe MEASURABLE behaviors or desirable attributes the attendee will demonstrate / achieve upon completion of the program, OR what change in patient outcomes is expected. Use words like “identify”, “describe,” “list,” “demonstrate.” – [Criterion 5 & 6]</p> <p>1)</p> <p>2)</p> <p>3)</p>					
<p>Teaching Methods: (Lecture, discussion, teleconference, audio-visual support, skills training, etc. Describe why the particular teaching method was chosen—taking into account the setting, objectives, and desired results of the activity.)</p>					
<p>Program Outline or Content: (Attach separate outline with specific time frames if program is >1 hour)</p>					
<p>Method of Evaluation in addition to attendee completed evaluation form:</p> <p>How will HCA CEPP measure subsequent change in attendees competence / performance – [Criterion 3]</p> <p>How will HCA CEPP measure subsequent change in outcomes – [Criterion 3]</p>					
<p>How will HCA CEPP convey to the attendee the speaker(s) absence or possible conflict of interest (resolved prior to presentation).</p> <p><input type="checkbox"/> In writing prior to presentation</p> <p><input type="checkbox"/> Verbally prior to presentation</p> <p>Submit CEPP’s Attestation that documents this was done at conclusion – [Criterion 7]</p>					
<p>Application Submitted by:</p> <table border="1"><thead><tr><th>Continuing Education Program Planner (CEPP)</th><th>Title</th><th>Date</th></tr></thead></table>			Continuing Education Program Planner (CEPP)	Title	Date
Continuing Education Program Planner (CEPP)	Title	Date			

APPENDIX 9

MULTIDISCIPLINARY COURSE EVALUATION

FORM

County of Orange Health Care Agency

Behavioral Health Services

Multidisciplinary Course Evaluation

Title:
Presenters:
Date:

Please Complete	Please select the option that best describes your ethnicity <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Iranian
	<input type="checkbox"/> African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Multi- <input type="checkbox"/> Other (specify):
	Primary Language (Language most spoken at home) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify):
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:
	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sexual Orientation <input type="checkbox"/> Bi-sexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning <input type="checkbox"/> Heterosexual
Job Functions (Check all that apply) <input type="checkbox"/> County Admin/Manager <input type="checkbox"/> County Direct Service Provider <input type="checkbox"/> Community-based Org./Contract Admin/Manager <input type="checkbox"/> Community-based Org./Contract Direct Service Provider <input type="checkbox"/> Consumer/Family Member <input type="checkbox"/> Community Member/General Public <input type="checkbox"/> Other (specify)	
What is your <i>Current</i> professional status? Please check one <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> Psychologist <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> CADC/CATC/RAS <input type="checkbox"/> Unlicensed/Intern	

Course Objectives	Poor	Average	Above Average	Excellent	N/A
1. How useful was the program content in meeting the following educational objectives for participants?	*	*	*	*	*
1a. Identify the areas of Confidentiality that apply to their job functions	1	2	3	4	
1b. Understand the changing HIPPA laws as they relate	1	2	3	4	

to disclosure of personal health information					
1c. Distinguish between HIPPA and CFR 42	1	2	3	4	
2. How well did the presenter (s).	*	*	*	*	*
2a. Communicate knowledge of the subject?	1	2	3	4	
2b. Appear to be organized and prepared for the course?	1	2	3	4	
3. How helpful will this course be to your job duties?	1	2	3	4	
4. How would you rate the overall quality of the course?	1	2	3	4	

5. How would you describe your interest and commitment to this course?

Very Low _____ Low _____ Moderate _____ High _____ Very High _____

6. What specific content was most helpful to you?

7. What specific content was least helpful to you?

8. Do you intend to make changes or apply what you have learned from this presentation?
(Circle one)

a. Yes
making changes

b. I'm not sure, but I'm considering

c. No, I already do most of these things
work

d. No, this information doesn't apply to my

9. If yes or not sure, what specific change(s) do you intend to make?

APPENDIX 10

POWERPOINT PRESENTATION FOR

CLIENT CULTURE TRAINING

Understanding Client Culture: An Experiential Workshop

Facilitator: Richard Krzyzanowski

Consumer Employment Support Specialist, Center of Excellence;
Chair, Orange County Stigma Elimination Task Force;
Client & Family Leadership Committee of the
California Mental Health Services Oversight & Accountability Commission

Panel Presenters

George Nguyen, *President, OC Association for Vietnamese Mental Health Awareness and Support*
Melody Marler, *Adult Mental Health Services- Recovery Center North, OC HCA/BHS*
Jenny Monge, *OC Mental Health Board Arts Committee, NAMI OC*
Gregory Wright, *Mental Health Board, NAMI OC Family-to-Family Trainer*

Definition of Culture

- “Culture” refers to the shared attributes of a group of people.
- People can share a culture, regardless of their “race” (= socio-biological category associated with visible physical characteristics such as hair, skin tone) or ethnicity (= heritage of a particular group)

Definition of Culture

- “Culture” is broadly defined as a common heritage or learned set of beliefs, norms, and values (U. S. Department of Health and Human Services, 2001)
- Example: people who work for a particular organization or participate in a social group may share the same cultural attributes.

Facts About Mental Health

- Mental health issues affect almost every family in America.
- People with mental health issues can and often do recover with the support of their peers, family, friends and communities, and by working with mental health professionals for proper diagnosis, treatment and medication.

Facts About Mental Health

- Recovery can be achieved via tapping into inner strength, resilience, spirituality, self-help strategies (self-responsibility and self-determination), family/peer/community supports, and a sense of connection with other people and society.
- People with mental health issues can and do make important contributions to our family and community systems, as well as to the mental health professions.

The Recovery Philosophy and its Values

Hope	Empowerment
Self-determination	Freedom of Choice
Knowledge of Rights	Self-Confidence
Self-Advocacy	Responsibility
Developing Peer & Other Support Systems	

Stigma: Some definitions

- “A mark of disgrace or infamy; a stain or reproach, as on one's reputation.”
- “An attribute, behavior, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, ‘normal’ one.”

Some Hallmarks of Stigma

Confounding facts and fallacies

A social set of attitudes with institutional implications

Not always negatively phrased or ill-intentioned

Paternalism

Self-stigma

- Self-stigma is defined as negative attitudes about mental illness and its treatment that are held by the individual with the stigmatized condition.
- Self-stigma has recently been cited as a major public health concern, contributing to decreased treatment seeking, lowered self-esteem, and lowered self-efficacy.
- Self-stigma is the prejudice which people with mental health issues turn against themselves.

Stigma and Its Negative Impacts

- Stigma is one of the most prevalent and persistent obstacles hindering the transformation of any mental health system and of attitudes in the community.
- Many clients still underutilize mental health services and remain un-served in part because of the stigma against people with mental health issues.

Stigma and its negatives

- Fear of discrimination is the key barrier that keeps many people from revealing symptoms and seeking help, services and treatment.
- Stigma leads to low self-esteem, a sense of being misunderstood, hopelessness, shame and guilt.
- Stigma also deters people from socializing or working with, renting to, or employing mental health clients.

Stigma: Two recent studies

- **Corrigan, P.W. (2005). *On the stigma of mental illness: Practical strategies for research and social change*. Washington, D.C.: APA.**
- **Pescosolido, B.A., Jensen, P.S., Martin, J.K., Perry, B.L., Olafsdottir, S., & Fettes, D. (2008). Public knowledge and assessment of child mental health problems: Findings from the National Stigma Study—Children. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, 339-349.**

Confronting Stigma

- "If you focus on the competence of people with mental illness, that tends to lead to greater tolerance."

--- *Pescosolido*

- Contact with people who have mental health issues tends to decrease stigma
- Meeting people who have mental health issues weakens people's tendency to link mental illness and violence.

Client Culture: A Definition

- Client culture shares some common attributes in that the life conditions or disability of a client, the attitudes and practices of the health care system, and ethnic/cultural contexts in many ways affect and mold the values, beliefs and lifestyles of the client as well as his/her family system.

Sharing Cultures

As lives are shared, each gains a new value ...

Culturally Competent Practice

- From a culturally competent practice and perspective, (Cross et al., 1989), systems, agencies and professional providers of services to clients/consumers would utilize a set of congruent values, practice skills, attitudes and policies in working effectively together in cross-cultural situations.

Culturally Competent Health Care Providers

- Provider's awareness of his/her own cultural values and biases is the pre-requisite for being able to accept and embrace similarities and differences of client's worldviews in order to become effective.
- Accurate understanding of the life change events and illness of clients, their cultural and family systems would lead to a comprehensive understanding of client's development, emotional, functional and cognitive process and behaviors.

Effective Mental Health Care Delivery

With a best-practices approach, Mental Health Care Providers:

- Respect persons with mental health issues
- Understand and attend to clients' real needs
- Incorporate wellness into care and work to create and maintain a continuous, healing relationship

Effective Mental Health Care Delivery

- Show respect in the form of active listening, take complaints seriously, evaluate and re-evaluate if necessary, attend to thorough follow-ups, being patient and kind with effective communication
- Coordinate with other professional providers to deliver and link necessary care from housing to community-based supports in a timely manner
- Are congruent and self-reflective with the ability to acknowledge one's own limitations
- Advocate on behalf of clients

Toward a Transformed Mental Health System

Build a path toward increasing respect for human dignity and thoughtful understanding of our clients, their families, and cultural & contextual systems with more humanity, compassion and acceptance

Gain a deeper awareness of family systems, cultural context as well as quality care delivery within our health care systems



**Personal Perspectives:
Clients
and
Family Members
Share Their Stories**

APPENDIX 11

ANNOUNCEMENT FOR MHSA TUITION

PAYMENT PROGRAM



MHSA Training

Announcing the MHSA Tuition Payment Program



MHSA Training

600 W. Santa Ana
Blvd

Suite 510

Santa Ana CA 92701

714-667-5600

Higher Education

Certificate programs,
AA, BA and MA
degrees

This is an exciting new
opportunity to gain
higher education in
the mental health field.

The Education Initiative program is designed to allow current full time county staff, contract staff and graduates of the Pacific Clinics consumer training program to obtain further education in the Public Mental Health Arena. This includes: Certificate Programs, Associates Degrees, Bachelors Degrees or Graduate programs in mental health or a related field. The purpose of the program is to increase hard to fill linguistic workforce needs and the number of consumers and family members in the public mental health workforce. Decisions are based on the workforce needs and staffing requirements of the County

- Awards are granted on a competitive basis and are for tuition only.

Eligible applicants include: Current Behavioral Health staff, BHS contracted agency employees, & graduates of the MHSA consumer employment training programs.

APPENDIX 12

THE PACIFIC CLINICS MENTAL HEALTH

WORKER TRAINING PROGRAM DESCRIPTION

What We Do: Internships

Mental Health Worker Training



Pacific Clinics
Advancing Behavioral Healthcare

Interested in beginning or advancing a rewarding career in mental health services? Seeking deeper insight into behavioral healthcare and serious mental illness? Mental Health Worker Training may be what you're looking for. Offered through community colleges in Pasadena and Santa Ana, these free multi-week courses, funded by the Mental Health Services Act, are open for enrollment by behavioral healthcare consumers. The Pasadena City College program also welcomes family members and others from the community. Graduates leave with a certificate and enhanced potential as to earn a living in such crucial professional positions as mental health worker, case manager assistant or mental health educator/advocate. Sample course topics include:



- Professional roles in mental health services
- Documentation and reporting requirements
- Principles of case management and diversity
- Practical field experience at Pacific Clinics sites is included, supervised by case managers

For more information and to apply:

Pasadena City College – call Pacific Clinics at (626) 960-4020 x207

Santa Ana College – call Pacific Clinics at (714) 892-4100

APPENDIX 13

THE POSTER OFFERING TRANSLATION



IF YOU DON'T SPEAK ENGLISH YOU MAY ASK FOR AN INTERPRETER TO ASSIST YOU.

PLEASE TELL ONE OF THE WORKERS THAT YOU NEED AN INTERPRETER AND HELP THEM IN IDENTIFYING THE LANGUAGE YOU SPEAK.

Spanish - Español	Si no habla inglés puede solicitar la ayuda de un intérprete. Comuníquese a uno de los trabajadores que usted necesita un intérprete y ayúdelos a identificar el idioma que habla.
Arabic - العربية	إذا لم تكن تتحدث اللغة الإنجليزية، فيمكنك طلب الحصول على مترجم فوري لمساعدتك. الرجاء إخبار أحد أخصائيي الرعاية بأنك تريد مترجمًا فورًا وساعدهم في تحديد اللغة التي تتحدثها.
Amharic - አማርኛ	እንግሊዝኛ ቋንቋ የሚያናገሩ ከሆነ የአስተዳደሩ አርዳታ መጠየቅ ይችላሉ። አባከዎትን ከስራተኞቹ አንዱን/አንድዋን አስተዳደሩ እንደሚረዱት እና የሚናገሩትን ቋንቋ በመለየት ይተባበሩዎቻቸው።
German - Deutsch	Falls Sie kein Englisch sprechen, können Sie nach einem Dolmetscher fragen, der Ihnen helfen wird. Bitte erklären Sie einem der Angestellten, dass Sie einen Dolmetscher benötigen und helfen Sie ihm die Sprache zu bestimmen, die Sie sprechen.
Farsi - فارسی	اگر قادر نیستید به زبان انگلیسی صحبت کنید می توانید درخواست کنید که یک مترجم به شما کمک کند. لطفاً به یکی از کارکنان بگویید که نیاز به مترجم دارید و به آنها کمک کنید تا زبانی که به آن صحبت می کنید را تشخیص دهند.
French - Française	Si vous ne parlez pas anglais, vous pouvez demander l'assistance d'un interprète. Pour ce faire, veuillez vous adresser à l'un des employés et lui préciser la langue que vous parlez.
Indonesian - Indonesia	Apabila Anda tidak berbicara bahasa Inggris, mintalah penerjemah untuk membantu Anda. Beritahu salah satu pekerja bahwa Anda memerlukan penerjemah untuk membantu mereka mengidentifikasi bahasa yang Anda gunakan.
Italian - Italiano	Se non parli inglese, puoi chiedere l'assistenza di un interprete. Informa uno degli operatori di tale esigenza, indicando la tua lingua.
Japanese - 日本語	英語を話されない方には通訳を手配させていただきます。通訳が必要な場合は、希望の言語とともにその旨を担当者までご遠慮なくお知らせください。
Cambodian - ភាសាខ្មែរ	ប្រសិនបើអ្នកមិនចេះនិយាយភាសាអង់គ្លេសទេ អ្នកអាចនឹងសុំឱ្យមានអ្នកបកប្រែផ្នែក លំអិតម៉ូនាក់ ឬយោងនឹងជួយដល់អ្នកបាន។ សូមមេត្តាប្រាប់ទៅបុគ្គលិកម៉ូនាក់ ក្នុងចំណោមបុគ្គលិកទាំងនោះថា អ្នកចាំបាច់ត្រូវការអ្នកបកប្រែផ្នែកលំអិតម៉ូនាក់ បំរើជួយប្រាប់ទៅពួកគេ ក្នុងការកំណត់ប្រភេទភាសាដែលអ្នកនិយាយ។
Korean - 한국의	만약 영어를 못하시면 통역사를 요청해서 도움을 받으실 수 있습니다. 어느 안내자에게나 귀하게서 통역사가 필요하다는 것과 어떤 언어를 사용하시는지 알려주십시오.
Laotian - ພາສາລາວ	ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດ ທ່ານອາດຈະຮ້ອງຂໍໃຫ້ມີລ່າມແປພາສາເພື່ອຊ່ວຍທ່ານ. ກະລຸນາ ບອກກະບັນຖານໃດໜຶ່ງວ່າທ່ານຕ້ອງການລ່າມແປພາສາ ແລະ ຊ່ວຍພວກເຂົາໃນການລະບຸພາສາທີ່ທ່ານເວົ້າ.
Polish - Polski	Jeżeli nie mówisz po angielsku możesz poprosić o pomoc tłumacza. Proszę powiedzieć jednemu z naszych pracowników, że potrzebujesz tłumacza i pomóż im rozpoznać język, którym się porozumiewasz.
Pujabi - Punjabi	ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਤਾਂ ਮਦਦ ਲਈ ਤੁਸੀਂ ਦੁਬਾਸ਼ੀਏ ਦੀ ਮੰਗ ਕਰ ਸਕਦੇ ਹੋ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਵਰਕਰ ਨੂੰ ਆਖੋ ਕਿ ਤੁਹਾਨੂੰ ਦੁਬਾਸ਼ੀਏ ਦੀ ਲੋੜ ਹੈ ਅਤੇ ਆਪਣੀ ਬੋਲੀ ਦੀ ਪਛਾਣ ਕਰਨ ਵਿਚ ਉਸਦੀ ਮਦਦ ਕਰੋ।
Russian - Русский	Если вы не говорите по-английски, вы можете запросить помощь переводчика. Сообщите персоналу о том, что вам необходим переводчик, и помогите определить язык, на котором вы говорите.
Tagalog - Tagalog	Kung hindi ka nagsasalita ng Ingles, maaari kang humingi ng tagasalin ng wika upang tulungan ka. Mangyaring sabihin sa isa sa mga manggagawa na kailangan mo ng tagasalin ng wika at tulungan mo sila sa pagtukoy ng wikang iyong sinasalita.
Thai - ภาษาไทย	ในกรณีที่พูดภาษาอังกฤษไม่ได้ สามารถแจ้งขอล่ามเพื่อให้ความช่วยเหลือ กรุณาบอกเพื่อนคนงานว่าคุณต้องการล่ามและแจ้งภาษาที่คุณต้องการ
Urdu - اردو	اگر آپ انگریزی نہیں بولتے ہیں تو آپ اپنی مدد کیلئے ترجمان طلب کر سکتے ہیں۔ براہ کرم کسی کارکن کو بتائیں کہ آپ کو ترجمان کی ضرورت ہے اور آپ جو زبان بولتے ہیں اس کی شناخت میں ان کی مدد کریں۔
Vietnamese - Tiếng Việt Nam	Nếu quý vị không nói tiếng Anh, quý vị có thể yêu cầu một thông dịch viên trợ giúp quý vị. Vui lòng cho một trong các cán sự xã hội biết rằng quý vị cần một thông dịch viên và giúp họ xác định ngôn ngữ quý vị muốn nói.
Cantonese - 中文	如果您不会讲英语，您可以请一名翻译来帮助您。请告诉一名工人您需要翻译，并帮助他们识别您所说的语言。
Mandarin - 中文	如果您不会说英语，您可以请一名翻译来协助您。请告诉一名工人您需要翻译，并协助他们识别您所说的语言。

APPENDIX 14
BHS POLICY #.02.07.01



Health Care Agency
Behavioral Health Services
Policies and Procedures

Section Name: Client's Rights
Sub Section: Informing Materials
Section Number: 02.07.01
Policy Status: New Revised

SIGNATURE

DATE APPROVED

Chief of Operations
Behavioral Health Services

SUBJECT: Informing Materials for Mental Health Plan Consumers and
Advisement/Intake Checklist

PURPOSE:

To provide County of Orange consumers with appropriate informing materials and accurately document the provision of these materials as well Advance Directives.

POLICY:

Required distribution of informing materials shall be documented so as to be easily audited. Advance Directives shall be documented as required in CFR 42, Chapter 4.

SCOPE:

This policy applies to all consumers of the Orange County Mental Health Plan.

REFERENCES:

BHS P&P 02.06.01 Advance Directives

BHS P&P 02.05.01 Notice of Privacy Practices

FORM:

Mental Health Plan Advisement/Intake Checklist F346-753 (New 5/10)
(copy at end of P&P)

Advanced Directive Information Sheet <http://intranet/bhs/forms>

PROCEDURES:

- I. All newly admitted consumers in the Mental Health Plan shall be given, at a minimum, the following materials:
 - a. Notice of Privacy Practices (NPP)
<http://ocintranet.ocgov.com/hipaa/acknowledge.asp>
 - b. The Advance Directives Information Sheet (For adults only)
<http://ocintranet.ocgov.com/hipaa/acknowledge.asp>
 - c. The MHP Guide to MediCal Mental Health Services
<http://ochealthinfo.com/behavioral/medi-cal>

d. Provider List including

<http://ochealthinfo.com/behavioral/medi-cal>

- II. If, at the time of admission, the consumer is unable to accept and utilize these materials due to the consumer's emotional condition, then the information shall be given as soon as the consumer is able to accept and utilize it.
- III. These materials shall be available in the threshold languages in hard copy and on audio-tape/CD.
- IV. Staff shall provide the materials in the appropriate language/format to meet the consumer's needs.
- V. Staff shall actively inquire of each newly admitted consumer whether the consumer wishes to have the informing materials on audio-tape/CD. The response shall be documented on the Mental Health Plan Advisement/Intake Checklist ("checklist").

Completion of the Mental Health Plan Advisement Checklist

- I. The provision of the above materials shall be documented using the Mental Health Plan Advisement/Intake Checklist (Advisement Checklist).
- II. The Advisement/Intake Checklist shall be completed each time a consumer is admitted for mental health services. Staff shall:
 - a. Inquire and document the consumer's preference of language in which they would like to receive the Informing Materials
 - b. Offer or ask if the consumer would like to receive the Informing Materials on a CD and in their preferred language
 - i. Have the consumer document by checking yes or no to this question and initial their response
 - c. For all MHP consumers, have the consumer/legal guardian initial their name to document receipt of each of the following Informing Materials
 - i. The MHP Guide to MediCal Mental Health Services
 - ii. Provider List including the PacifiCare Behavioral Health (PBH) Provider List.
 - iii. Notice of Privacy Practices (NPP)
 - iv. Completed Receipt of the Notice of Privacy Practices

Advanced Directive

All consumers eighteen (18) years and older shall be provided with and note the receipt of the Advanced Directive Information Sheet on the Advisement/Intake Checklist.

SUBJECT: Informing Materials for Mental Health Plan Consumers and Advisement/Intake Checklist

All consumers shall be informed that at anytime they develop an Advanced Directive or want to update the one on file to provide the revision and the staff shall place the update in the consumer record (reference BHS P&P 02.06.01 Advance Directives)

Signatures

Once the Advisement/Intake Checklist has been completed both the consumer/legal guardian and staff are to sign and date the Advisement/Intake Checklist and file in the consumer record.

APPENDIX 15

THE WELLNESS CENTER MONTHLY ACTIVITIES

CALENDAR

The Wellness Center

1910 N. Bush St.
Santa Ana, CA 92706

Phone: 714-361-4860

November 2010

Hours of Operation

Monday-Thursday-- 9:00am- 5:00pm

Friday- 9:00am-7:30pm

Saturday- 9:00am-5:00pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>1</p> <p>9:30am-11am- Breakfast Club 9:30am-11am- Arts & Crafts 10am-11am-Strength & Conditioning 10am-12pm- Life Skills 11am-12pm- Beginners Computer Class 1pm-4pm-Walk About 1pm-2pm- Famous Quotes 2pm-4pm- Gardening 2pm-3pm- Coping Skills 3pm-4pm- Spirituality 3:30pm-4:30pm-Wellness & You 3:30pm-5pm- Game Tournament- Poker</p>	<p>2</p> <p>9:30am-11am- Art Expressions 10am-11am- Going Back to School 11am-12pm- Reiki 11am-12pm-Photo Club 12:30pm-1:30pm-Personal Assessment 1pm-4pm-Glass Art 1pm-2pm-Drama Group 1pm-2pm- Empowerment 2pm-4pm- Bowling League 2pm-3pm-Topic of the Day 2pm-3pm- Open 12 Steps 3pm-4:30pm- Healthy Relationships 2pm-5pm- Movie Club- A Beautiful Mind</p>	<p>3 <i>Community Meeting 11:30am</i></p> <p>9:30am-11am- Poetry 9:30am-11:00am- Gardening 10am-11:00 Laughing Yogi 10am-11am- Low Impact Workout 12:30pm-2:00pm- Beading/Jewelry 12:30pm-5pm-Social Outing-Calif. African-American Museum 1pm-2pm- Wellness Recovery Action Plan* 1pm-2pm- Yoga 2pm-3pm- Nutrition 101: Shopping Smart 2pm-3pm- AA Meeting 3pm-4pm-Cooking Class 4pm-5pm- Fun with Games</p>	<p>4</p> <p>9:30am-11am- Arts Appreciation 10am-11:00am- Dual Recovery 10am-11am-Soycham Art 11am-12pm- Conversacion En Espanol 11am-12:30pm-Peer Discussion 1pm-4pm-Glass Art 1pm-3pm-Private Golf 1pm-2pm- Meditation 2pm-3pm- Guided Imagery 2pm-4pm- Fastrack to Employment 3pm-4pm-Enlightenment 3pm-4pm-Stamp out Stigma 4pm-5pm- Chess Club</p>	<p>5</p> <p>9:30am-11am- Floral Design • 11am-12pm-Resume Writing 11am-12pm- Trò chuyên tiếng việt 11am-12pm- Low Impact Workout 11am-12pm-West African Drumming 12pm-1pm- Personal Finance & Smart Budgeting 12:30pm-2pm- Lookin' Good Feelin' Good 1pm-2pm- World Religions 1pm-4pm- Hike 2pm-3pm- Choir 3pm-4pm- Astrology 3:30pm-4:30pm Social Dancing 5pm-7:30pm- Masquerade Party</p>	<p>6</p> <p>9am-10:30am- Gardening 9am-2pm-Football Party 10am-11am-Dream Boards 11am-1pm- Jewelry Design 12:00pm-5:00pm-Social Outing-Paley Center for Media 1pm-2pm-Yoga 2pm-3pm- Newsletter 2pm-3:30pm- NAMI Connection 3pm-4pm- Zumba 3pm-5pm- Movie- Meet the Parents</p>
<p>8</p> <p>9:30am-11am- Breakfast Club 9:30am-11am- Arts & Crafts 10am-11am-Strength & Conditioning 10am-12pm- Life Skills 11am-12pm- Beginners Computer Class 1pm-4pm-Walk About 1pm-2pm- Famous Quotes 2pm-4pm- Gardening 2pm-3pm- Coping Skills 3pm-4pm- Spiritual Speaker 3:30pm-4:30pm-Wellness & You 3:30pm-5pm- Game Tournament- Poker</p>	<p>9</p> <p>9:30am-11am- Art Expressions 10am-11am- Going Back to School 11am-12pm- Reiki 11am-12pm-Photo Club 12:30pm-1:30pm-Personal Assessment 1pm-4pm-Glass Art 1pm-2pm-Drama Group 1pm-2pm- Empowerment 2pm-4pm- Bowling League 2pm-3pm-Topic of the Day 2pm-3pm- Open 12 Steps 3pm-4:30pm- Healthy Relationships 2pm-5pm- Movie Club- The Solist</p>	<p>10 <i>Community Meeting 11:30am</i></p> <p>9:30am-11am- Poetry 9:30am-11:00am- Gardening 10am-11:00 Laughing Yogi 10am-11am- Low Impact Workout 12:30pm-2:00pm-Beading/Jewelry 12:30pm-5pm-Social Outing- Shoreline Village 1pm-2pm- Wellness Recovery Action Plan* 1pm-2pm- Yoga 2pm-3pm- Nutrition 101: Facts about Fat 2pm-3pm- AA Meeting 3pm-4pm-Cooking Class 4pm-5pm- Fun with Games</p>	<p>11</p> <p>Veteran's Day Holiday Closed</p> 	<p>12</p> <p>9:30am-11am- Floral Design • 11am-12pm-Resume Writing 11am-12pm- Trò chuyên tiếng việt 11am-12pm- Low Impact Workout 11am-12pm-West African Drumming 12pm-1pm- Personal Finance & Smart Budgeting 12:30pm-2pm- Lookin' Good Feelin' Good 1pm-2pm- World Religions 1pm-4pm- Hike 2pm-3pm- Choir 3pm-4pm- Astrology 3:30pm-4:30pm Social Dancing 5pm-7:30pm- Superhero Party</p>	<p>13</p> <p>9am-10:30am- Gardening 9am-2pm-Football Party 10am-11:30am- Dream Boards 11am-1pm- Jewelry Design 12pm-5:00pm- Outing-Annual La Palma Days 1pm-2pm-Yoga 2pm-3pm- Newsletter 2pm-3:30pm- NAMI Connection 3pm-4pm- Zumba 3pm-5pm- Movie- 7 Pounds</p>
<p>15</p> <p>9:30am-11am- Breakfast Club 9:30am-11am- Arts & Crafts 10am-11am-Strength & Conditioning 10am-12pm- Life Skills 11am-12pm- Beginners Computer Class 1pm-4pm-Walk About 1pm-2pm- Famous Quotes 2pm-4pm-Coping Skills 2pm-4pm-Gardening 3pm-4pm- Spirituality 3:30pm-4:30pm-Wellness & You 3:30pm-5pm- Game Tournament- Poker</p>	<p>16</p> <p>9:30am-11am- Art Expressions 10am-11am- Going Back to School 11am-12pm-Tai Chi 11am-12pm-Photo Club 12:30pm-1:30pm-Personal Assessment 1pm-4pm-Glass Art 1pm-2pm-Drama Group 2pm-4pm- Bowling League 2pm-3pm-Topic of the Day 2pm-3pm-Open 12 Steps 3pm-4:30pm- Healthy Relationships 2pm-5pm- Movie Club- To Kill a Mockingbird</p>	<p>17</p> <p>BE AWARE JOB FAIR 9am-3pm</p> <p>3pm-4pm-Cooking Class 4pm-5pm-Fun with Games</p>	<p>18</p> <p>9:30am-11am- Arts Appreciation 10:30am-11:30am- Dual Recovery 10am-11am-Soycham Art 11am-12pm- Conversacion En Espanol 11am-12:30pm-Peer Discussion 1pm-4pm-Glass Art 1pm-2pm Singing in Vietnamese. 1pm-3pm-Private Golf 1pm-2pm- Meditation 1pm-2pm Acting and Drama Class 2pm-4:00pm- Fastrack to Employment 2pm-3pm- Guided Imagery 3pm-4pm- Stamp out Stigma 3-4-Enlightenment 4pm-5pm- Chess Club</p>	<p>19</p> <p>9:30am-11am- Floral Design • 10am-12pm- Portrait Drawing Class 11am-12pm-Resume Writing 11am-12pm- West African Drumming 11am-12pm- Low Impact Workout 12pm-1pm- Personal Finance and Smart Budgeting 12:30pm-2pm- Lookin' Good Feelin' Good 1pm-2pm- World Religions 1pm-4pm- Hike 2pm-3pm- Choir 3pm-4pm- Astrology 3:30pm-4:30pm Social Dancing 5pm-7:30pm- Thanksgiving/Birthday Party</p>	<p>20</p> <p>9am-10:30am- Gardening 9am-2pm-Football Party 10am-11:30am- Dream Boards 11am-1pm- Jewelry Design 12pm-5:00pm-Outing-Pumpkin Launch/Wrestling CSF 1pm-2pm-Yoga 2pm-3pm- Newsletter 2pm-3:30pm- NAMI Connection 3pm-4pm- Zumba 3pm-5pm-Movie- Robinhood</p>
<p>22</p> <p>9:30am-11am- Breakfast Club 9:30am-11am- Arts & Crafts 10am-11am-Strength & Conditioning 10am-12pm- Life Skills 11am-12pm- Beginners Computer Class 1pm-4pm-Walk About 1pm-2pm- Famous Quotes 2pm-3pm- Coping Skills 2pm-4pm- Gardening 3:30pm-4:30pm-Wellness & You 3pm-4pm- Spiritual Speaker 4pm-5pm- Game Tournament- Bingo</p>	<p>23</p> <p>9:30am-11am- Art Expressions 10am-11am- Going Back to School 11am-12pm- Reiki 11am-12pm-Photo Club 12:30pm-1:30pm-Personal Assessment 1pm-4pm-Glass Art 1pm-2pm- Acting and Drama Class 1pm-2pm- Empowerment 2pm-4pm- Bowling League 2pm-3pm-Topic of the Day 2pm-3:30pm- Healthy Relationships 2pm-5pm- Movie Club- The Party</p>	<p>24 <i>Community Meeting 11:30am</i></p> <p>9:30am-11am- Poetry 9:30am-11:00am- Gardening 10am-11am- Low Impact Workout 12:30pm-2:00pm-Beading/Jewelry 12:30pm-5pm-Outing- California Science Center 1pm-2pm- Wellness Recovery Action Plan* 1pm-2pm- Yoga 2pm-3pm- Nutrition 101: Trimming Down the Holidays 2pm-3pm- AA Meeting 3pm-4pm-Cooking Class 3:30-4:30-Social Dancing 4pm-5pm- Fun with Games</p>	<p>25</p> <p>Happy Thanksgiving Closed</p> 	<p>26</p> <p>Holiday Closed</p> 	<p>27</p> <p>Holiday Closed</p> 
<p>29</p> <p>9:30am-11am- Breakfast Club 9:30am-11am- Arts & Crafts 10am-11am-Strength & Conditioning 10am-12pm- Life Skills 11am-12pm- Beginners Computer Class 1pm-4pm-Walk About 1pm-2pm- Famous Quotes 2pm-4pm- Gardening 2pm-3pm- Coping Skills 3pm-4pm- Spirituality 3:30pm-4:30pm-Wellness & You 3:30pm-5pm- Game Tournament- Poker</p>	<p>30</p> <p>9:30am-11am- Art Expressions 10am-11am- Going Back to School 11am-12pm- Tai Chi 11am-12pm-Photo Club 12:30pm-1:30pm-Personal Assessment 1pm-4pm-Glass Art 1pm-2pm- Acting and Drama Class 2pm-4pm- Bowling League 2pm-3pm-Topic of the Day 2pm-3pm- Open 12 Steps 3pm-4:30pm- Healthy Relationships 2pm-5pm- Movie Club- Night at the Museum II</p> 	<p>31</p> <p>*Class also offered in Spanish •Class taught bilingual in Vietnamese ✓Class taught bilingual in Spanish Translators available in Spanish, Vietnamese & Farsi upon re- quest. Please call ahead.</p>	<p>Meetings of Interest: Be Aware- Fridays 11-12pm Camino Nuevo Women's Group - Fridays 10am-11am November 18-Mental Health Board Arts Committee 10-12pm And Stigma Elimination 12:30- 2:00 pm</p>		

Appendix 16

The Medi-Cal Provider List



County of Orange
Health Care Agency
Behavioral Health Services

Mental Health Plan Provider List

Revised: August 1, 2007

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Organizational Providers - ADULTS							
Evaluation and Treatment Services (ETS) for Adults	1030 W. Warner Avenue	Santa Ana, CA 92707	(714) 834-6900	Emergency Mental Health Services- During Working Hours Contact the Highlighted Adult Mental Health Neighborhood Clinics First for Emergency Services	Adults (age 18+)	Ambaric, Chinese, French, Korean, Spanish, Tagalog, Vietnamese	African American, Latino, Asian/Pacific Islander, Lesbian/Gay/Bisexual/Transgender, Eritrian
Aliso Viejo							
Aliso Viejo ADAS Clinic	5 Mareblu	Aliso Viejo, CA 92656	(714) 643-6930	Dual Diagnosis Services	Adults (Age 18+)		Asian/Pacific Islander, African American, Bicultural Issues, European-American, Hearing Impaired, Latino, Lesbian/Gay/Bisexual/Transgender, Native American
Anaheim							
Anaheim AMHS Clinic	2035 E. Ball Road, Suite 200	Anaheim, CA 92805	(714) 517-6300	Mental Health Services	Adults (age 18+)	Korean, Spanish, Vietnamese, Polish	Asian/Pacific Islander, African American, Latino, Lesbian/Gay/Bisexual/Transgender, Middle Eastern, Native American, Vietnamese
College Community Services OASIS	1900 E. La Palma #101	Anaheim, CA 92805	(714) 399-3480	Mental Health Services	Adults (Age 60+)	Spanish, Vietnamese	African American, Asian/Pacific Islander, Lesbian/Gay Bisexual/Transgender, Latino, Native American, Vietnames, Older Adults
Costa Mesa							
Costa Mesa AMHS Clinic	3115 Redhill Avenue	Costa Mesa, CA 92626	(714) 850-8463	Mental Health Services	Adults (age 18+)	Farsi, Spanish	Asian/Pacific Islander, African American, Armenian, Iranian, Latino, Lesbian/Gay/Bisexual/Transgender
Newport-Mesa ADAS Clinic	3115 Redhill Avenue	Costa Mesa, CA 92626	(949) 850-8431	Dual Diagnosis Services	Adults (Age 18+)	Farsi, Spanish	African American, Hearing Impaired, Latino, Lesbian/Gay/Bisexual/Transgender
Mental Health Association -Costa Mesa	420 W. 19th Street, Suite B	Costa Mesa, CA 92627	(949) 646-9227	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	Hindu, Spanish	
Fullerton							
Fullerton AMHS Clinic	211 W. Commonwealth Avenue	Fullerton, CA 92832	(714) 447-7000	Mental Health Services	Adults (age 18+)	Spanish, Hindi, Tagalog	Latino
Fullerton ADAS Clinic	211 W. Commonwealth Avenue, Suite 204	Fullerton, CA 92832	(714) 447-7099	Dual Diagnosis Services	Adults (Age 18+)	American Sign Language, Spanish, Burmese	Latino, Lesbian/Gay/Bisexual/Transgender, Native American, Samoan
Garden Grove							
Mental Health Association -Garden Grove	12755 Brookhurst Street, Suite 116	Garden Grove, CA 92840	(714) 638-8277	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	German, Punjabi, Spanish, Vietnamese	

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Laguna Niguel							
Pacific Clinics -Laguna Niguel	27822 El Lazo Road	Laguna Niguel, CA 92677	(949) 360-5810	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	Spanish, Tagalog	
Mission Viejo							
Mission Viejo AMHS Clinic	23228 Madero	Mission Viejo, CA 92691	(949) 454-3940	Mental Health Services	Adults (age 18+)	Bengali, Hindu, Urdu, Hebrew, Punjabi	
Orange							
Pacific Clinics -Orange	1717 Orangewood Avenue, Suite I	Orange, CA 92868	(714) 712-8340	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	Spanish, Tagalog	
Santa Ana							
Santa Ana AMHS Clinic	1200 N. Main Street, Suite 200	Santa Ana, CA 92701	(714) 480-6767	Mental Health Services	Adults (age 18+)	Korean, Spanish, Vietnamese, Tagalog, Mandarin, Cambodian, Laotian, Thai	Asian/Pacific Islander, African American, Adoptees, HIV, Latino, Lesbian/Gay/Bisexual/Trnsgender, Native American, Older Adults
Camino Nuevo AMHS Clinic	1615 N. French Street	Santa Ana, CA 92701	(714) 824-8140	Mental Health Services	Adults (age 18+)	Spanish	Latino, Bi-Lingual/Bi-Cultural in Spanish
Santa Ana ADAS Clinic	1200 N. Main Street, Suite 300	Santa Ana, CA 92701	(714) 480-6660	Dual Diagnosis Services	Adults (Age 18+)	Mandarin, Spanish, American Sign Language, Hindi	African American, Hearing Impaired, Judaism, Latino, Lesbian/Gay/Bisexual/Transgender, Native American, Vietnamese
College Health -Santa Ana	1540 E. 1st Street, Suite 224	Santa Ana, CA 92701	(714) 836-1272	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	Cambodian, Chinese, Mandarin, Vietnamese	
Asian American Senior Service Center -Santa Ana	1540 E. 1st Street, Suite 224	Santa Ana, CA 92701	(714) 836-1272	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	Cambodian, Chinese, Mandarin, Vietnamese	
Mental Health Association (IRES-AB2034) -Santa Ana	2416 S. Main Street	Santa Ana, CA 92707	(714) 668-8498	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral		
Westminster							
Westminster AMHS Clinic	14140 Beach Boulevard, Suite 223	Westminster, CA 92683	(714) 896-7566	Mental Health Services	Adults (age 18+)	Arabic, Amharic, German, Spanish, Yoruba, Vietnamese	Arabic, Egyptian, Older Adults
Westminster ADAS Clinic	14140 Beach Blvd, Suite 220	Westminster, CA 92683	(714) 896-7574	Dual Diagnosis Services	Adults (Age 18+)	American Sign Language, Vietnamese	African American, Vietnamese
Pacific Clinics -Westminster	13950 Milton, Suite 303	Westminster, CA 92683	(714) 901-4629	Mental Health Services may be Obtained Only After Referral by Your Care Coordinator	Adults (age 18+) Services Requiring Referral	French, Spanish, Vietnamese	
Older Adults Services	(Telephone First to Access Services)		(714) 972-3700	Mental Health Services	Older Adults Services (Age 60+)	Hindi, Mandarin, Spanish, Urdu, Vietnamese	Asian/Pacific Islander, African American, Chinese, Substance Abusing, Dual Diagnosed, Latino, Lesbian/Gay/Bisexual/Transgender, Older Adult/Gerontology
Organizational Providers - CHILDREN							

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Evaluation and Treatment Services (ETS) for Children and Youth	(Telephone First to Access Services)		(714) 834-6900	Emergency Mental Health Services- During Working Hours Contact the Highlighted CYS Mental Health Neighborhood Clinics First for Emergency Services - Do not walk-in to the ETS. ETS is an adult only facility.	Children and Youth (Up to and Including Age 18)	Amharic, Chinese, French, Korean, Spanish, Tagalog, Vietnamese	African American, Latino, Asian/Pacific Islander, Lesbian/Gay/Bisexual/Transgender, Eritrian
Anaheim							
Anaheim CYS Clinic	2035 E. Ball Road, Suite 100C	Anaheim, CA 92805	(714) 517-6134	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish, Tigrinia	Latino, African American, Eritrean
Providence Community Services -Anaheim	217 W. Cerritos Avenue, Building 8	Anaheim, CA 92805	(714) 254-8473	Mental Health Services	Children and Youth (Up to and Including Age 18)	Chinese, Farsi, German, Italian, Spanish, Vietnamese	African American, Asian/Pacific Islander, Latino, Recovery
Western Youth Services -Anaheim	2099 S. State College Boulevard, Suite 250	Anaheim, CA 92806	(714) 704-5900	Mental Health Services	Children Including Early Childhood (0-5) and Youth (Up to and Including Age 18)	Egyptian, Farsi, Spanish	African American, Latino, Lesbian/Gay/Bisexual/Transgender
Western Youth Services North	505 N. Euclid Ave., Ste 300	Anaheim, CA 92801	(714) 871-5646	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish	Latino
Buena Park							
Child Guidance Center -Buena Park	6301 Beach Boulevard, Suite 245	Buena Park, CA 90621	(714) 736-0231	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish, Korean, Arabic	Latino, Korean, Middle Eastern
Costa Mesa							
Costa Mesa CYS Clinic	3115 Redhill Avenue	Costa Mesa, CA 92626	(949) 850-8408	Mental Health Services	Children and Youth (Up to and Including Age 18)	Farsi, Russian, Spanish, Vietnamese	Alaska Native, African American, Asian/Pacific Islander, Latino, Learning Disabled/Developmentally Disabled, Lesbian/Gay/Bisexual/Transgender, Native American
Providence Community Services -Costa Mesa	2183 Fairview, Suite 100	Costa Mesa, CA 92627	(949) 515-5440	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish	Latino
Fountain Valley							
Western Youth Services -Fountain Valley	10101 Slater Avenue, Suite 241	Fountain Valley, CA 92708	(714) 378-2620	Mental Health Services	Children and Youth (Up to and Including Age 18)	Norwegian, Spanish, Vietnamese	
Fullerton							
Child Guidance Center -Fullerton	2050 Youth Way, Building 1	Fullerton, CA 92835	(714) 871-9264	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish, Tagalog, French, Greek, Arabic, Tamil, Chinese	Latino, Asian/Pacific Islander, Srilankan, Greek, African-American, Lesbian/Gay
Laguna Beach							
Laguna Beach CYS Clinic	21632 Wesley Drive	Laguna Beach, CA 92651	(949) 499-5346	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish	African American, Lesbian/Gay/Bisexual/Transgender, Judaism, Physical Health Disorders
Mission Viejo							
Western Youth Services -Mission Viejo	26137 La Paz Road, Suite 230	Mission Viejo, CA 92691	(949) 595-8610	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish	Arabic, Asian/Pacific Islander, African American, Farsi, Filipino, Hawaiian, Latino, Lesbian/Gay/Bisexual/Transgender, Native American, Physically Disabled, Refugee, Sexual Abuse, Vietnamese

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Los Alisos -Mission Viejo (School Based CYS Clinic Site)	25171 Moor Avenue	Mission Viejo, CA 92691	(949) 770-0855	Mental Health Services	Children and Youth (Up to and Including Age 18)	Russian, Spanish, Vietnamese	Asian/Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender
Placentia							
Placentia CYS Clinic	377 E. Chapman Avenue, Suite 110	Placentia, CA 92870	(714) 577-5400	Mental Health Services	Children and Youth (Up to and Including Age 18)	American Sign Language, Farsi, Korean, Spanish, Tigrinia	African American, Asian/Pacific Islander, Arabian, Eritrean, Hearing Impaired, Iranian, Latino, Lesbian/Gay/Bisexual/Transgender, Native American
San Juan Capistrano							
San Juan -San Juan Capistrano (School Based CYS Clinic Site)	26891 Spring Street	San Juan Capistrano, CA 92675	(949) 496-2931	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish	African American, Asian/Pacific Islander, Chinese, Filipino, Hawaiian, Hearing Impaired, Latino, Lesbian/Gay/Bisexual/Transgender, Native American, Physically Disabled, Refugee, Sexual Abuse, Vietnamese
Western Youth Services -San Juan Capistrano	31882 Camino Capistrano, Suite 108	San Juan Capistrano, CA 92675	(949) 487-6080	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish, Swedish	Asian/Pacific Islander, African American, Japanese, Latino
Santa Ana							
Child Guidance Center -Santa Ana	525 Cabrillo Park Drive., Ste 300	Santa Ana, CA 92701	(714) 953-4455	Mental Health Services	Children and Youth (Up to and Including Age 18)	French, Korean, Romanian, Spanish	Asian Pacific Islander, African American, Latino, Lesbian/Gay/Bisexual/Transgender, Physically handicapped.
Kinship Center -Santa Ana	1504 Brookhollow Drive, Suite 111	Santa Ana, CA 92705	(714) 957-1004	Mental Health Services	Children and Youth (Up to and Including Age 18)	Hindi, Portugese, Spanish	Adoption and Foster Care, African American, Asian/Pacific Islander, Korean, Latino, Lesbian/Gay/Bisexual/Transgender
Providence Community Services -Santa Ana	1633 E. 4th Street, Suite 120	Santa Ana, CA 92701	(714) 565-2830	Mental Health Services	Children and Youth (Up to and Including Age 18)	Italian, Mandarin, Spanish, Tagalog, Tamil, Vietnamese	African American, Asian/Pacific Islander, Filipino, Hearing Impaired, Latino, Lesbian/Gay/Bisexual/Transgender, Native American, Recovery
Santa Ana CYS Clinic	1200 N. Main Street, Suite 500	Santa Ana, CA 92701	(714) 480-6600	Mental Health Services	Children and Youth (Up to and Including Age 18)	Spanish, Tamil, Vietnamese, Farsi, Arabic, French	African American, Arabian, Asian/Pacific Islander, Cambodian, Iranian, Israeli, Latino, Lesbian/Gay/Bisexual/Transgender, Native American
Tustin							
Providence Community Services -Tustin	17542 Irvine Boulevard, Suite F	Tustin, CA 92780	(714) 508-1919	Mental Health Services	Children and Youth (Up to and Including Age 18)		African American, Asian/Pacific Islander, Latino
Westminster							
Westminster CYS Clinic	14140 Beach Boulevard, Suite 155	Westminster, CA 92683	(714) 896-7556	Mental Health Services	Children and Youth (Up to and Including Age 18)	Chinese, French, Spanish, Vietnamese, Mandarin, Cantonese, Farsi	Asian/Pacific Islander, African American, Latino, Lesbian/Gay/Bisexual/Transgender

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Individual Providers							
Abdishoo, Serge MD	1430 East Chapman Avenue	Orange, CA. 92866	(714)453-0688	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy		Middle Eastern
Advanced Behavioral Care, Inc.	27001 La Paz Road Suite 403	Mission Viejo, CA. 92691	(949)203-8686	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Gay & Lesbian Issues, African American, Caucasian, Hispanic
Afshar, Parvin MD	14150 Culver Drive Suite 307	Irvine, CA. 92604	(949)651-1256	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Children	American, Farsi	Middle Eastern
Alpert, Donald PsyD	14150 Culver Drive Suite 206	Irvine, CA. 926040323	(949)653-9000	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Children, Gay & Lesbian Issues, Men's Issues, Sev. disturbed children/adoles		Caucasian
Alpert, Renee D. PHD	2850 Mesa Verde Drive E Suite H	Costa Mesa, CA. 92626	(714)557-3742	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues,		
Alpert, Renee D. PHD	1651 E 4th Street Suite 230	Orange, CA. 92867	(714)557-3742	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		
Alvarez-Miller, Maria O. PhD	2290 N State College Avenue	Fullerton, CA. 92831	(714)990-4000	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Spanish	Caucasian, Hispanic
Amancio, Isabel C. LMFT	101 S Kraemer Boulevard Suite 122	Placentia, CA. 92870	(714)223-1601	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Hispanic
Bailey, Frederick C. MFT	22792 Centre Dr., Ste. 290	Lake Forest, CA. 926306304	(949)661-9038	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Barile, Crystal A. PhD	17341 Irvine Boulevard Suite 208	Tustin, CA. 92780	(949)683-1008	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Caucasian
Baughman, Trish I. LCSW	238 S Orange Suite 207A	Brea, CA. 92821	(714)264-9520	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, caucasian
Benko, Suzanne MFT	25301 Cabot Road Suite 114	Laguna Hills, CA. 92653	(949)951-8369	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues
Bergquist, Dwight A. MD	5762 Bolsa Ave. Ste. 107	Huntington Beach, CA. 92649	(562)804-4428	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Sev. disturbed children/adoles		Caucasian

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Bernal, Irene LCSW	630 S Glassell Street Suite 202	Orange, CA. 92866	(714)335-4694	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Spanish	Gay & Lesbian Issues, Hispanic
Bernal, Irene LCSW	801 E Chapman Suite 230	Fullerton, CA. 92831	(714)680-8200	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Hispanic
Bernier, George PhD	12881 166th Street Suite 110	Cerritos, CA. 90703	(562)921-5701	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Caucasian, Native American
Bernous, Behrooz PhD	17291 Irvine Blvd., Suite 104	Tustin, CA. 92780	(714)508-1930	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy 12 yrs. and over, Children 6-12 years		Persian
Bibayan, Mitra MFT	19742 MacArthur Boulevard Suite 125	Irvine, CA. 92612	(949)246-6643	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Farsi	Middle Eastern, Persian
Blanchard, Craig S. MFT	20371 Irvine Avenue Suite A160	Santa Ana, CA. 92707	(714)540-5010	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues
Brannock, JoAnn C. PhD	321 N. Pomona Avenue	Fullerton, CA. 92832	(714)773-5006	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Gay & Lesbian Issues
Bush, Paula A. MFT	1370 N Brea Boulevard Suite 144	Fullerton, CA. 92835	(714)687-5225	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		
Bush, Paula A. MFT	17662 Irvine Boulevard Suite 7	Tustin, CA. 92780	(714)687-5225	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues
Camarillo, Ric M. PHD, MFT	20072 SW Birch Suite 220	Newport Beach, CA. 92660	(949)851-3003	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues, Hispanic		Gay & Lesbian Issues, Hispanic
Chaffee, Jon F. MD	2280 University Drive Suite 101	Newport Beach, CA. 92660	(562)433-3220	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian
Children's Hospital of Orange Co.	455 South Main Street	Orange, CA. 92868	(714)532-8481	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian
Choi, Won I. MD	805 W La Veta Suite 108	Orange, CA. 92868	(714)771-7766	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues	Korean	Korean
Chong, Yun S. MD	1430 E Chapman Avenue	Orange, CA. 92866	(714)453-0688	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			

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Chong, Yun S. MD	1439 W Chapman Suite 84	Orange, CA. 92868	(714)291-5794	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Chueh, Daniel F. MD	1440 E First Street Suite 420	Santa Ana, CA. 92701	(714)547-2100	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed child/adol-PBH, Women's Issues	Chinese	Asian, Chinese
Citro, Douglas D. PhD	1439 E Chapman Avenue	Orange, CA. 92866	(714)639-8771	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Gay & Lesbian Issues
Closson, Charles W. MFT	374 S Glassell St	Orange, CA. 928661920	(951)688-0532	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		Caucasian
Colbert, Kelli M. PhD	3020 Old Ranch Parkway	Seal Beach, CA. 90740	(714)396-6627	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian
Cooper, Donnu M. MFT	415 N State College Boulevard	Anaheim, CA. 92806	(714)758-1175	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, African American
Cordrey, Leroy J. PhD	202 W Lincoln Avenue Suite F	Orange, CA. 92865	(714)637-2288	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues		Caucasian
Costello, Ralph W. MFT	161 Fashion Lane Suite 205	Tustin, CA. 92780	(714)669-9120	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Transvestism, Asian, Caucasian, Hispanic
Craig, Daniel E. LCSW	4940 Irvine Blvd Ste 114	Irvine, CA. 92620	(714)731-9339	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles	Spanish	Hispanic
Crittenton Counseling Center	801 E Chapman Suite 230	Fullerton, CA. 92831	(714)680-8200	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	Spanish	Transvestism
Crittenton Counseling Center	801 E Chapman Suite 230	Fullerton, CA. 92831	(714)680-8200	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	Spanish	Transvestism
Cummings, Terry M. LCSW	1400 N Harbor Boulevard Suite 106	Fullerton, CA. 92835	(714)879-2830	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, African American
Curd, Michael F. MFT	1745 W. Orangewood Avenue Suite 101	Orange, CA. 92868	(714)779-5722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian
Danto, Joan M. LCSW	1400 N Harbor Blvd Ste 440	Fullerton, CA. 928354126	(714)992-5111	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Davison, Robert C. PHD	2501 E Chapman Avenue Suite 403	Orange, CA. 92869	(714)288-0525	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues		Caucasian
De Rios, Marlene D. MFT	2555 E Chapman Avenue Suite 407	Fullerton, CA. 92831	(714)993-5363	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	French, Spanish	Caucasian
De Rios, Marlene D. MFT	2030 E 4th Street Suite 214	Santa Ana, CA. 92705	(714)993-5363	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues,	French, Spanish	
Deming, Jerry R. MFT, LCSW	17772 Irvine Blvd Ste 101	Tustin, CA. 92780	(714)836-1101	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues		Caucasian
Dendinger, Victoria K. MFT	202 W Lincoln Avenue Suite F	Orange, CA. 92865	(714)637-2288	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Gay & Lesbian Issues, Caucasian
Deshmukh, Mukund V. MD	6143 E Cliffway Drive	Orange, CA. 92869	(909)275-8500	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy	Hindi	
Di Bella, Geoffrey A. MD	19732 Macarthur Boulevard Suite 140	Irvine, CA. 92612	(714)520-9759	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles	Spanish	Gay & Lesbian Issues, Caucasian, Transvestism
Dillon, Cecile PHD	20902 Brookhurst St., Ste #102	Huntington Beach, CA. 926466637	(714)964-3030	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues,		Caucasian
Dobbs, Sheila PhD	23121 Plaza Pointe Dr., #150	Laguna Hills, CA. 92653	(949)707-1122	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		Caucasian
Donovan, Jennifer L. MFT	1774 North Glassell Street	Orange, CA. 92865	(714)926-9010	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Dorazio, Deborah A. MFT	2021 E. 4th Street, Ste. 204	Santa Ana, CA. 92705	(714)324-5253	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Women's Issues		Gay & Lesbian Issues, Caucasian
Doucette, Michael D. MD	415 N State College Boulevard	Anaheim, CA. 92806	(714)758-1175	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues		African American
Dweck, S. Stevan PhD	1507 Seacrest Drive	Corona Del Mar, CA. 926251231	(949)760-2525	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues	Arabic, Hebrew, Spanish	Caucasian, Persian
Dzierzynski, Jean PHD	23181 La Cadena Dr., Suite 103	Laguna Hills, CA. 92653	(949)380-1880	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Eisner, Susan C. MFT	508 St. Anns Drive	Laguna Beach, CA. 92651	(949)494-5506	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Enneis, Elizabeth S. MFT	2900 Bristol St Ste G202	Costa Mesa, CA. 92626	(714)545-9401	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Eroshevich, Kristine E. MD	3400 West Ball Road Suite 212	Anaheim, CA. 92804	(714)295-9500	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Fields, Kathryn Ph.D., MFT	22792 Centre Drive Suite 290	Lake Forest, CA. 92630	(714)526-3018	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	Chinese, Mandarin	Gay & Lesbian Issues, Caucasian, Asian, Chinese
Fields, Kathryn Ph.D., MFT	25283 Cabot Rd, Suite 201	Laguna Hills, CA. 92653510	(949)661-9038	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues	Chinese, Mandarin	Gay & Lesbian Issues, Caucasian, Asian, Chinese
Fleischaker, Sandra S. LCSW	4000 Birch Street Suite 203	Newport Beach, CA. 92660	(949)735-2531	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	Spanish	Hispanic
Gamboa, Jose C. MD	1020 S Anaheim Blvd Ste 214	Anaheim, CA. 92805	(714)935-7684	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues	Tagalog	Asian
Garnett, Mary Jo MFT	2024 West Lincoln Avenue Suite 2	Anaheim, CA. 92801	(714)826-6654	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian, Transvestism
Gecht, Ellen K. MFT	30100 Crown Valley Parkway Suite 17	Laguna Niguel, CA. 92677	(949)831-0939	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Women's Issues		Caucasian
Gecht, Ellen K. MFT	2900 Bristol St., #G-101	Costa Mesa, CA. 92626	(949)831-0939	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Women's Issues		Caucasian
Gerstenzang, Sharon M. PhD	10101 Slater Ave., #205	Fountain Valley, CA. 92708	(714)964-3126	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Goodman, Judy B. MFT	17880 Skypark Circle Suite 230	Irvine, CA. 92614	(949)760-7551	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Women's Issues		
Goodman, Judy B. MFT	9550 Warner Avenue Suite 227	Fountain Valley, CA. 92708	(949)760-7551	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Women's Issues		
Gottdank, Marilyn MFT	501 N El Camino Real Ste 200	San Clemente, CA. 92672	(949)366-4191	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Green, Charles B. PhD	19582 Beach Boulevard Suite 207	Huntington Beach, CA. 92648	(714)378-2428	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Transvestism
Gross, Carole L. MFT	23441 South Pointe Drive, Ste. #130	Laguna Hills, CA. 92653	(949)597-1103	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		
Grossman, Barbara R. MFT	24432 Muirlands Boulevard Suite 111	Lake Forest, CA. 92630	(949)230-1429	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		
Gudapati, Sandhya R. MD	1950 Sunnycrest Drive	Fullerton, CA. 92835	(714)733-4111	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles	Hindi	Asian
Haislett, Jeanne B. PhD	17401 Irvine Boulevard Suite A	Tustin, CA. 92780	(714)544-2366	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues, African American, Caucasian, Asian, Hispanic
Hanna, Ehab G. MD	23961 Calle D La Magdalena Suite 424	Laguna Hills, CA. 92653	(949)600-6430	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Middle Eastern
Harker, S. Leiann Psy.D.	5300 Orange Ave Ste 226	Cypress, CA. 90630	(714)652-3637	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian, African American
Hasan, Shamim MD	7872 Walker St., Ste.200	La Palma, CA. 90623	(714)224-3800	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Arabic, Hindi, Pakistani, Punjabi, Urdu	Gay & Lesbian Issues, Transvestism, Caucasian, Middle Eastern
Hayter, Jennifer MFT	12535 Seal Beach Blvd, Suite 100	Seal Beach, CA. 90740	(562)430-8850	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Caucasian
Heymsfeld, Catherine A. LCSW	18672 Florida Street	Huntington Beach, CA. 92648	(310)947-5859	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Gay & Lesbian Issues, Caucasian
Huber, Patricia LCSW	2500 Bristol St Ste G 201	Costa Mesa, CA. 92626	(714)754-6505	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Hughes, James H. MFT	16152 Beach Boulevard Suite 280	Huntington Beach, CA. 92647	(714)848-5804	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Transvestism
Hunt, Judith L. PsyD	23181 La Cadena Dr. Ste. 103	Laguna Hills, CA. 92653	(949)458-7743	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		
Huynh, Thang (Mike) T. LCSW	9355 Chapman Avenue Suite 202	Garden Grove, CA. 92841	(714)534-1737	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	Vietnamese	Gay & Lesbian Issues, Transvestism, Caucasian, Asian, Vietnamese

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Hyzin, Sophia M. PhD	1651 East Fourth Street Suite 230	Santa Ana, CA. 92701	(949)858-3072	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	Polish, Spanish	Caucasian
Ispirescu, Scott MD	2740 Los Altos Suite 275	Mission Viejo, CA. 92691	(949)282-0027	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	French, German, Spanish	Caucasian
Jacobs, Janet H. MFT	19742 MacArthur Bouelard Suite 145	Irvine, CA. 92612	(800)779-3825	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		African American, Asian, Caucasian
Javanshir, Zohreh LMFT	3055 W Orange Avenue Suite 206	Anaheim, CA. 92804	(714)343-3066	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	Farsi	Gay & Lesbian Issues, Persian
Jayasinghe, Gamini S. MD	6800 Lincoln Avenue Suite 201	Buena Park, CA. 90620	(714)523-8191	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Asian
Jenkins, Rick L. MD	415 N State College Boulevard	Anaheim, CA. 92806	(714)758-1175	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy		Caucasian
Joens-White, Teri L. MFT	341 Hillcrest Street	La Habra, CA. 90631	(562)691-3263	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Johansen, Robert N. PhD	17215 Studebaker Road Suite 110	Cerritos, CA. 90703	(562)860-2210	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues		
Jones-Artis, Daphne M. PSYD	2290 N. State College Blvd.	Fullerton, CA. 92831	(714)680-5132	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, African American
Jun, Phillip MD	5120 East La Palma Avenue, Suite 204	Anaheim, CA. 92807	(714)779-5722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles	Korean	Korean
Kansagra, Pravin J. MD	1020 South Anaheim Boulevard Suite 215	Anaheim, CA. 92805	(714)335-8570	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Sev. disturbed children/adoles	Hindi	East Indian
Kaplan, Howard G. MFT	19742 MacArthur Blvd Ste 125	Irvine, CA. 92612	(949)767-5020	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues		Gay & Lesbian Issues, Caucasian
Kaplowitz, Stuart A. MFT	341 South Hillcrest Avenue	La Habra, CA. 90631	(562)691-3263	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		Gay & Lesbian Issues
Kataria, Purshotam B. MD	2501 E Chapman Ave Ste 403	Orange, CA. 92868	(951)735-6000	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Children	Hindi, Punjabi	Asian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Kellogg, Jason P. MD	12665 Garden Grove Boulevard Suite 714	Garden Grove, CA. 92843	(714)620-8590	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Caucasian
Kellogg, Jason P. MD	3151 Airway Avenue T3	Costa Mesa, CA. 92626	(714)545-5550	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Caucasian
Khaled, Ebtesam A. MD	8201 Newman Avenue Suite 301	Huntington Beach, CA. 92647	(714)375-2077	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Women's Issues	Arabic	
Khurana, Baljeet MD	2220 E Fruit St Ste 216	Santa Ana, CA. 92701	(714)626-0085	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children	Hindi, Punjabi	
Kirschbaum, Deborah L. PhD	27601 Forbes Rd, Ste. #47	Laguna Niguel, CA. 92677	(949)203-8686	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Kirschbaum, Deborah L. PhD	27001 La Paz Road, Ste. #403	Mission Viejo, CA. 92691	(949)203-8686	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Kirschbaum, Stuart PHD	26041 Cape Drive Suite 129	Laguna Niguel, CA. 92677	(949)203-8686	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Kirschbaum, Stuart PHD	27001 La Paz Road Suite 403	Mission Viejo, CA. 92691	(949)203-8686	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Caucasian
Kish, James PhD	17050 Bushard St., Suite 205	Fountain Valley, CA. 92708	(714)378-9193	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		Caucasian
Klassen, Margreta PhD	20371 Irvine Avenue Suite A160	Santa Ana, CA. 92707	(714)540-5010	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Gay & Lesbian Issues, Men's Issues, Women's Issues		Caucasian
Klipfel, Lisa C. MFT	161 Avenue Cabrillo	San Clemente, CA. 92672	(949)291-7155	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Kurth, Frederick W. MD	17822 Beach Boulevard Suite 252	Huntington Beach, CA. 92647	(714)841-9203	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	German	Gay & Lesbian Issues, Caucasian
Lam, Brian T. LCSW	16052 Beach Boulevard Suite 214	Huntington Beach, CA. 92647	(714)390-3198	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles	Vietnamese	Gay & Lesbian Issues, Transvestism, Vietnamese
Land, Joan B. MFT	1370 Brea Blvd Ste 144	Fullerton, CA. 92835	(714)526-8433	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Transvestism

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Le, An V. PHD	1801 E Park Court E105	Santa Ana, CA. 92701	(714)454-4842	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Vietnamese	Vietnamese
Ledesma, Lawrence J. PhD	16052 Beach Blvd., Suite 228	Huntington Beach, CA. 92647	(714)841-3465	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian, Hispanic
Lee, Bum Soo MD	1020 S Anaheim Boulevard Suite 311	Anaheim, CA. 92805	(714)999-6688	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues	Korean	African American, Asian, Korean
Liberman, Alan D. PhD	242 West Main Street Suite 200-D	Tustin, CA. 927807723	(714)730-2080	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Lingren, Paul PhD	27001 La Paz Rd., Ste. 406A	Mission Viejo, CA. 92691	(949)770-8030	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy		African American, Caucasian, Hispanic
Lundquist, Mehrangiz R. PhD	16152 Beach Boulevard Suite 200	Huntington Beach, CA. 92647	(800)779-3825	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Farsi	Persian
Macina, Steven D. DO	8201 Newman Avenue Suite 301	Huntington Beach, CA. 92647	(714)375-2077	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Macina, Steven D. DO	515 S Beach Boulevard Suite K	Anaheim, CA. 92804	(714)484-4900	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Macina, Steven D. DO	881 Dover Drive Suite 110	Newport Beach, CA. 92660	(949)645-6450	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Manchanda Yash, DO NOT USE PhD	5675 Scotch Pine Ridge, Ste. #101	Yorba Linda, CA. 92660	(714)266-0043	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Hindi, Punjabi, Urdu	East Indian
Marder, Diana L. PhD	16168 Beach Blvd., Ste. 265	Huntington Beach, CA. 92647	(714)843-1109	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Women's Issues		Jewish
Matusoff, Michelle J. PhD	3101 W Coast Hwy Ste 310	Newport Beach, CA. 92663	(949)275-5225	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles.		
McDonald, Jane A. LCSW	1439 E Chapman Avenue	Orange, CA. 92866	(714)637-0191	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Women's Issues		Gay & Lesbian Issues
McDonald, Maura F. MFT	2402 Michelson Drive, Suite 145	Irvine, CA. 926121348	(949)833-3570	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Women's Issues		Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
McKinnon, James M. MD	1440 E First Street Suite 420	Santa Ana, CA. 92701	(714)547-2100	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues		Caucasian
McPeters, Tanya F. LMFT	101 S Kraemer Boulevard Suite 122	Placentia, CA. 92870	(714)223-1601	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, African American
Mehl, Richard F. MFT	23185 La Cadena Drive, Suite 104	Laguna Hills, CA. 926531480	(949)597-0202	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Melden, Mark DO	22365 El Toro Rd Ste 164	Lake Forest, CA. 92630	(714)506-0406	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian
Mendoza, Gary MFT	5212 Katella Ave Ste 101	Los Alamitos, CA. 90720	(714)679-1635	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles	Spanish	Gay & Lesbian Issues, Hispanic
Middler, Marsha Susan MFT	1 Federation Way Suite 220	Irvine, CA. 926030174	(714)445-4950	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Miller, Richard A. MFT	1370 N Brea Boulevard Suite 144	Fullerton, CA. 928354023	(714)773-5066	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian, Hispanic
Moghadam, Badri PhD	14150 Culver Drive Suite 307	Irvine, CA. 92604	(949)742-2347	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues	Farsi	Caucasian
Moldauer, Pamela LCSW	30131 Town Center Ste 235	Laguna Niguel, CA. 92677	(949)495-3666	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Moore, Candace M. MFT	4050 Barranca Pkwy., Ste. 160	Irvine, CA. 92604	(949)551-0252	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Women's Issues	Sign Language	Caucasian
Moulton, Patricia A. PhD	14795 Jeffrey Road Suite 204	Irvine, CA. 926180416	(949)857-0193	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Mucci, Grace A. PhD	1940 W Orangewood Avenue Suite 101	Orange, CA. 92868	(714)516-9501	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Gay & Lesbian Issues, Caucasian
Mucci, Grace A. PhD	455 South Main Street	Orange, CA. 92868	(714)532-8481	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Gay & Lesbian Issues
Munoz-Ledo Koba, Rosalia MFT	30101 Town Center Dr Ste 109	Laguna Niguel, CA. 92677	(949)294-4413	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	Spanish	Gay & Lesbian Issues, Hispanic

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Nguyen, Mai H. MD	14501 Magnolia Street Suite 109	Westminster, CA. 92683	(714)903-8090	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Women's Issues	Vietnamese	Vietnamese
Nguyen, Vuong D. MD	9500 Bolsa Avenue Suite M	Westminster, CA. 92683	(714)531-8805	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children	French, Vietnamese	Asian, Vietnamese
Nowparast, Nader F. PhD	4120 Birch St., Ste.201	Newport Beach, CA. 92660	(949)260-9829	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	Farsi	Gay & Lesbian Issues, Persian
Olson, Ronald N. MFT	748 E Chapman Avenue	Orange, CA. 92866	(714)928-7867	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		Gay & Lesbian Issues, Caucasian, Native American
Oskooilar, Nader MD	1601 Dove Street Suite 290	Newport Beach, CA. 92660	(949)244-7518	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues	Farsi	Persian
Oskooilar, Nader MD	4281 Katella Avenue Suite 115	Los Alamitos, CA. 90720	(949)244-7518	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues	Farsi	Persian
Pappoff, Judy MFT	17612 Beach Boulevard Suite 3B	Huntington Beach, CA. 92647	(714)843-2621	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles-PBH		
Pattaratornkosohn, Santi MD	2101 E 4th Street Suite 110A	Santa Ana, CA. 92705	(714)835-3314	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Sev. disturbed children/adoles-PBH	Laotian, Thai	
Perez, Francisco J. LCSW	2107 N Broadway Street Suite 207	Santa Ana, CA. 92706	(949)548-4690	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children	Spanish	Gay & Lesbian Issues, Cuban
Peterson, Jon PhD	25401 Cabot Road Suite 213	Laguna Hills, CA. 92653	(949)363-7386	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues		
Petrosino, Maria M. PHD	30101 Town Center Drive Suite 201	Laguna Niguel, CA. 92677	(949)365-0309	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Phillips, Geoffrey B. MD	1430 E Chapman Ave	Orange, CA. 92866	(714)453-0688	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy		Caucasian
Pickering, William C. PhD	17401 Irvine Boulevard Suite D	Tustin, CA. 92780	(714)731-2265	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Pompei, Ronald J. MD	3055 W Orange Ave Ste 206	Anaheim, CA. 92804	(714)237-3842	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues	Spanish	

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Portal-Queirolo, Luis A. PsyD	1905 E 17th Street Suite 207	Santa Ana, CA. 92705	(714)569-0257	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles	Spanish	Transvestism, African American, Caucasian, Hispanic
Powers, Merrill L. LCSW	27001 La Paz Road Suite 260	Mission Viejo, CA. 92691	(949)212-4968	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues	Italian	Gay & Lesbian Issues, Caucasian
Prange, John MFT	1600 Dove Suite 207	Newport Beach, CA. 92660	(949)476-2030	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Children, Gay & Lesbian Issues, Transvestism, Caucasian
Price, Nancy J. MFT	23121 Plaza Point Drive Suite 123	Laguna Hills, CA. 92653	(949)493-5467	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Women's Issues		Gay & Lesbian Issues, Caucasian
Privette, Virginia MFT	17451 Bastanchury Road Suite 204	Yorba Linda, CA. 92886	(714)524-8181	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles		Transvestism
Prosser, Christine M. LPC	3101 PCH Highway Suite 400	Newport Beach, CA. 92663	(949)933-3386	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Psychological Assessment Services	2107 N Broadway Suite 207	Santa Ana, CA. 92706	(714)972-0040	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Psychological Assessment Services	2107 N Broadway Suite 207	Santa Ana, CA. 92706	(714)972-0040	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Psychological Assessment Services	2107 N Broadway Street Suite 207	Santa Ana, CA. 92706	(714)972-0040	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Raskin, Ruth M. LCSW	1 Federation Way Suite 220	Irvine, CA. 926030174	(949)435-3460	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Recor, Richard D. Ph.D.	200 Newport Center Drive, Suite 203	Newport Beach, CA. 926607501	(949)720-0167	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		Gay & Lesbian Issues, Caucasian
Reicks, Edward W. PhD	1400 North Harbor Boulevard, Suite 106	Fullerton, CA. 92835	(714)879-7091	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		African American, Asian, Caucasian, Hispanic
Richmond, Glenn MD	8201 Newman Avenue Suite 301	Huntington Beach, CA. 92647	(714)375-2077	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Richter, DeAnn R. LMFT	341 Hillcrest Street	La Habra, CA. 90631	(562)691-3263	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Rook, Ronald B. PhD	18700 Main Street Suite 100	Huntington Beach, CA. 92648	(714)842-4277	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		Gay & Lesbian Issues, Transvestism
Rosen, Barbara A. PhD	17452 Irvine Blvd., Ste. 214	Tustin, CA. 92780	(714)731-6111	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Women's Issues	Spanish	Gay & Lesbian Issues
Ross, Craig A. MD	301 Victoria Street	Costa Mesa, CA. 92627	(714)775-0777	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy		
Ross, Marianne PhD	380 Gleneyre St., Suite D	Laguna Beach, CA. 92651	(949)737-7609	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Ross, Marianne PhD	4199 Campus Dr Ste 550	Irvine, CA. 92612	(949)737-7609	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Ryu, Chun K. MD	1025 S Anaheim Boulevard	Anaheim, CA. 92805	(714)771-7722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Sev. disturbed children/adoles-PBH	Korean	
Ryu, Chun K. MD	805 W. La Veta Ave., #108	Orange, CA. 92868	(714)771-7722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Sev. disturbed children/adoles-PBH	Korean	Asian
Sachdev, Usha MD	8201 Newman Avenue Suite 301	Huntington Beach, CA. 92647	(714)375-2077	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Sadeghi, Ebrahim Ph.D	14150 Culver Drive Suite 307	Irvine, CA. 92604	(949)533-2263	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles	Farsi	Persian
Sandhu, Sarabjit S. MD	2011 Westcliff Drive Suite 2	Newport Beach, CA. 926605508	(949)642-7757	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues	Hindi, Punjabi, Urdu	East Indian
Sandoz, Stephanie L. Psy D	18662 MacArthur Boulevard Suite 430	Irvine, CA. 92612	(949)862-5819	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Caucasian
Sandoz, Tay K. PhD	18662 McArthur Boulevard Suite 430	Irvine, CA. 92612	(949)862-5818	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		Caucasian
Schermerhorn, Clifton S. MD	1440 East First Street Suite 240	Santa Ana, CA. 92701	(714)736-7234	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues	Dutch, German, Italian, Portuguese, Spanish	Gay & Lesbian Issues, Transvestism
Schoger, Steven C. MFT	4132 Katella Avenue Suite 104	Los Alamitos, CA. 90720	(714)813-0308	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues		Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Schroeder, Wayne B. PhD	14150 Culver Drive Suite 203	Irvine, CA. 92604	(949)552-0275	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Schuyler, Patricia T. MFT	4010 Barranca Pkwy Ste 252	Irvine, CA. 92604	(949)588-2412	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Caucasian
Sellers, Esther E. PhD	647 Camino De Los Mares Suite 226	San Clemente, CA. 92673	(949)489-9898	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Sellers, Esther E. PhD	2290 North State College Boulevard	Fullerton, CA. 92831	(714)257-1238	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Gay & Lesbian Issues, Men's Issues, Sev. disturbed children/adoles, Women's Issues, Caucasian		Gay & Lesbian Issues, Caucasian
Senn, Harry A. MFT	2555 East Chapman Avenue Suite 407	Fullerton, CA. 92831	(714)447-4004	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	French	Gay & Lesbian Issues
Shah, Nayana MD	24551 Raymond Way Suite 140	Lake Forest, CA. 92630	(949)583-0975	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Women's Issues	Hindi	East Indian
Shanbhag, Vinayak S. MD	810 W La Veta Avenue	Orange, CA. 92868	(714)532-6811	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Women's Issues	Hindi	East Indian
Shirley, Toni D. MFT	1509 E Chapman Avenue	Orange, CA. 92866	(714)656-8325	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Caucasian
Silva, Stephanie T. MFT	760 N Euclid Street Suite 108	Anaheim, CA. 92801	(714)216-8926	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues	German	Gay & Lesbian Issues, Caucasian
Silverstein, Cheryl E. MFT	1401 N El Camino Real Suite 100	San Clemente, CA. 92672	(949)369-6424	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Singh, Ravinder P. MD	12555 Garden Grove Boulevard Suite 202	Garden Grove, CA. 92843	(714)537-7722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues		East Indian
Slone, Barry W. PhD	24502 Pacific Park Drive Suite 101	Aliso Viejo, CA. 926563043	(949)599-3044	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		
Slone, Barry W. PhD	629 E. Chapman Avenue	Orange, CA. 928661604	(714)426-2644	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles-PBH		
Smith, Elizabeth F. PhD	31551 Camino Capistrano Ste. D	San Juan Capistrano, CA. 92675	(949)661-1772	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Sev. disturbed children/adoles-PBH, Women's Issues		Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Smith-Ellis, Suzanne M. MFT	23441 S Pointe Drive Suite 130	Laguna Hills, CA. 92653	(949)855-7969	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Caucasian
Smoot, Skipi L. PhD	23832 Rockfield Boulevard Suite 165	Lake Forest, CA. 92630	(949)770-2675	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles-PBH, Women's Issues		
Sokolski, Kenneth N. MD	8201 Newman Avenue Suite 301	Huntington Beach, CA. 92647	(714)375-2077	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Women's Issues		Gay & Lesbian Issues, Caucasian
Sokolski, Kenneth N. MD	1151 Dove St., #220	Newport Beach, CA. 92660	(949)760-7905	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Women's Issues, Children		Gay & Lesbian Issues, Caucasian.
Solovjev, George PhD	23521 Paseo De Valencia Suite 206 A	Laguna Hills, CA. 92653	(949)768-6845	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy		
Solovjev, George PhD	12665 Garden Grove Boulevard Suite 714	Garden Grove, CA. 92843	(714)620-8590	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy		
Sorenson-McDaniel, Jacqueline K. MFT	10101 Slater, Suite 201	Fountain Valley, CA. 92708	(866)422-2240	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Women's Issues		Gay & Lesbian Issues
St. Clair, Jessica J. MFT	5015 Birch Street	Newport Beach, CA. 92660	(714)568-1111	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	Spanish	Caucasian
Steavens, Mary Kate MFT	19742 MacArthur Boulevard Suite 145	Irvine, CA. 926122430	(949)250-1248	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		Caucasian
Summerfield, Monika LMFT	4000 Birch Street Suite 203	Newport Beach, CA. 92660	(714)745-3238	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	French, German, Spanish	Gay & Lesbian Issues, Caucasian
Tassinari, Ralph J. PhD	27871 Medical Center Rd Ste150	Mission Viejo, CA. 92691	(949)364-0944	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Caucasian
Teimoori, Sahar S. LCSW	2070 Business Center Drive Suite 110	Irvine, CA. 92612	(949)752-6268	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues	Farsi	Gay & Lesbian Issues, Middle Eastern, Persian
Thomas, Marianna MFT	445 East 17th Street, Suite E	Costa Mesa, CA. 92627	(949)645-2964	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		Caucasian
Ton-That, Chau DO	9533 Bolsa Avenue	Westminster, CA. 92683	(949)699-3445	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles	French, Vietnamese	Asian, Vietnamese

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Ton-That, Chau DO	6B Liberty Suite 115	Aliso Viejo, CA. 92656	(949)699-3445	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Sev. disturbed children/adoles	French, Vietnamese	Asian, Vietnamese
Ton-That, Niem MD	9533 Bolsa Avenue Suite A	Westminster, CA. 92683	(714)531-8720	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues	French, Vietnamese	Asian, Cambodian, Chinese, Vietnamese
Truong, Kim MFT	960 West 17th Street Suite F	Santa Ana, CA. 92706	(714)852-7277	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues	French, Vietnamese	Gay & Lesbian Issues, Asian
Tucker, Lawrence V. MD	12665 Garden Grove Boulevard Suite 714	Garden Grove, CA. 92843	(714)620-8590	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Spanish	
UCI Psychiatric Outpatient Clinic	101 City Drive - Neuropsychiatric Center	Orange, CA. 92868	(714)456-5902	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues,
UCI Psychiatric Outpatient Clinic	101 City Drive - Neuropsychiatric Center	Orange, CA. 92868	(714)456-5902	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian
UCI Psychiatric Outpatient Clinic	101 City Drive - Neuropsychiatric Center	Orange, CA. 92868	(714)456-5902	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Men's Issues, Sev. disturbed children/adoles, Women's Issues		
UCI Regional Center Clinic	101 The City Dr.	Orange, CA. 92868	(714)973-1999	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Asian
Valencerina, Madeleine M. MD	7872 Walker Street Suite 106	La Palma, CA. 90623	(714)521-8262	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Tagalog	
Vigil, Daniel MFT	23120 Alicia Parkway Suite 200	Mission Viejo, CA. 92692	(949)586-1703	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues	Spanish	Gay & Lesbian Issues, African America, Middle Eastern, Hispanic
Vo, Minh A. LCSW	9355 Chapman Avenue Suite 202	Garden Grove, CA. 92841	(714)791-1359	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues	Vietnamese	Vietnamese
Volberding, Alfreda L. MFT	19742 MacArthur Boulevard Suite 145	Irvine, CA. 92612	(949)476-8221	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Women's Issues		Gay & Lesbian Issues, Caucasian
Vu, Ngon H. MD	8409 Westminster Boulevard	Westminster, CA. 92683	(714)903-8018	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Men's Issues, Women's Issues	French, Vietnamese	Asian, Chinese, Hispanic, Vietnamese, Korean, Cambodian
Walsh, Loraine L. PhD	26932 Oso Parkway Ste 200	Mission Viejo, CA. 92691	(949)367-9797	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children, Women's Issues		Gay & Lesbian Issues

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Ward, Elizabeth T. MFT	1400 Bristol N., Ste. #250	Newport Beach, CA. 92660	(949)697-9334	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Gay & Lesbian Issues
Watford, Virginia L. PhD	27405 Puerta Real, Ste. 150	Mission Viejo, CA. 92691	(949)348-2850	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children		Caucasian
Watson, David B. PhD	16152 Beach Blvd., Ste. 170	Huntington Beach, CA. 92647	(714)665-7072	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Caucasian, Chinese
Weinstein, John R. MD	1440 E First Street Suite 420	Santa Ana, CA. 92701	(714)547-2100	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children,		
Wiedemann, Kenneth M. PHD	14771 Plaza #L	Tustin, CA. 92780	(714)731-1995	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		
Williams, Sharron E. PhD	200 Newport Center Drive Suite 303	Newport Beach, CA. 92660	(949)717-6661	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Women's Issues		Gay & Lesbian Issues
Windstone Behavioral Health	23521 Paseo De Valencia Suite 206 A	Laguna Hills, CA. 92653	(949)768-6845	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Windstone Behavioral Health	23521 Paseo De Valencia Suite 206 A	Laguna Hills, CA. 92653	(949)768-6845	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Windstone Behavioral Health	23521 Paseo De Valencia Suite 206 A	Laguna Hills, CA. 92653	(949)768-6845	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Windstone Behavioral Health	23521 Paseo De Valencia Suite 206 A	Laguna Hills, CA. 92653	(949)768-6845	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues		
Woods, Robert L. MD	2220 E Fruit Street Suite 109	Santa Ana, CA. 92701	(714)547-4332	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues		Gay & Lesbian Issues, Caucasian
Wu, Michael C. MD	3 Pointe Drive Suite 305	Brea, CA. 92821	(714)276-2930	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Women's Issues, Asian		
Yu, Helen LCSW	7872 Walker St., Suite 200	La Palma, CA. 90623	(626)965-1948	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Sev. disturbed children/adoles, Women's Issues	Cantonese, Chinese	Asian
Zachariah, Susan MD	24551 Raymond Way, Ste.140	Lake Forest, CA. 92630	(949)583-0975	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Women's Issues		Asian, East Indian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Ziccardi, Karen MFT	5152 Katella, Ste. 201	Los Alamitos, CA. 90720	(562)920-2599	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles, Women's Issues		Caucasian
Zishka, Ronald L. MFT	760 N. Euclid, #108	Anaheim, CA. 92801	(714)758-1884	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, Transvestism
Zona, Michael A. MD	1001 N Tustin Avenue 5th Floor, Western Medical	Santa Ana, CA. 92704	(714)665-2523	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
ADP Medical Group	PO Box 6256	Anaheim, CA. 92816	(714)758-1175	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Advantage Neuropsychiatric	8130 McFadden Ave., Ste. 100	Westminster, CA. 92683	(714)892-2400	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Ampudia, Peter MD	P.O. Box 4166	Huntington Bh, CA. 92605		Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Bagheri, Abes S. MD	3801 Katella Ave., Suite 210	Los Alamitos, CA. 90720	(562)431-1918	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Farsi	
Barba, Jerry F. PhD, MFT	16168 Beach Boulevard Suite 150	Huntington Beach, CA. 92647	(562)936-6858	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles		Gay & Lesbian Issues, Caucasian, Hispanic
Brand, Jonathan L. MD	20301 Acacia #250	Newport Beach, CA. 92660	(800)762-9960	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Choi, Won I. MD	1025 S Anaheim Boulevard	Anaheim, CA. 92805	(714)771-7722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Men's Issues, Women's Issues	Korean	Korean
Chueh, Daniel F. MD	1440 E First Street Suite 420	Santa Ana, CA. 92701	(714)547-2100	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Men's Issues, Sev. disturbed children/adoles, Women's Issues	Chinese	Asian, Chinese
Coskinas, Evagelos MD	19742 Mac Arthur Blvd, Ste 101	Irvine, CA. 92612	(949)442-1660	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Coskinas, Evagelos MD	19742 MacArthur Blvd. Ste. #101	Irvine, CA. 92612	(949)442-1660	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Green, Chona B. MD	23121 Plaza Pointe Dr., Suite 150	Laguna Hills, CA. 92653	(949)586-4113	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Tagalog	

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Gudapati, Sandhya R. MD	1950 Sunnycrest Drive	Fullerton, CA. 92835	(714)733-4111	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles	Hindi	Asian
Gulasekaram, Bala MD	3356 W Ball Road Suite 205	Anaheim, CA. 92804	(714)761-0332	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			Asian
Harris, Mark IMFT	731 N Beach Blvd Ste 209	La Habra, CA. 90631	(562)499-5997	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Heiser, Jon F. MD	1601 Dove St #290	Newport Beach, CA. 926602482	(949)251-1293	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Hornyak, Connie LCSW	1538 Brookhollow Drive Suite E	Santa Ana, CA. 92705		Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Isterabadi, Anwar H. MD	5451 La Palma Ave. #26	La Palma, CA. 90623		Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Johnson, Thomas MD	16835 Algonquin, Ste. 141	Huntington Beach, CA. 92649	(714)846-0704	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Kinback, Kevin M. MD	26461 Crown Valley Parkway Suite 100	Mission Viejo, CA. 926916318	(949)768-2988	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Spanish	
Lee, Dong MD	1025 S Anaheim Boulevard	Anaheim, CA. 92805	(714)771-7722	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Maistros, Paul MD	P.O. Box 20139	Fountain Valley, CA. 92728		Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
McPeters, Tanya F. LMFT	101 S Kraemer Boulevard Suite 122	Placentia, CA. 92870	(714)223-1601	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Gay & Lesbian Issues, African American
Pappoff, Judy MFT	17612 Beach Boulevard Suite 3B	Huntington Beach, CA. 92647	(714)843-2621	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Sev. disturbed children/adoles-PBH		
Pierpoint, Karen MFT	749 S. Brea Blvd. #43	Brea, CA. 92821		Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Rajadhyaksha, Sadashi Y. MD	4676 Lakeview Ave., Ste. 109F	Yorba Linda, CA. 92886	(714)693-3672	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy	Hindi	

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Ross, Randy R. MD	7408 E. Pinto Way	Orange, CA. 92689	(714)242-1450	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Russ, Beverly A. MFT	29839 Santa Margarita Suite 300	Rancho Santa Margar, CA. 92688	(714)458-4517	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		
Russ, Beverly A. MFT	23961 Calle de la Magdalena Suite 424	Laguna Hills, CA. 92653	(714)458-4517	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Women's Issues		
Saran, Navin MD	1661 W Broadway Suite 14	Anaheim, CA. 92802	(714)533-1234	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Schwartz, Michael D. DO	427 E 17th Street Suite 229	Costa Mesa, CA. 92627	(949)262-7559	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Solimon, Ihab MD	18662 Mac Arthur Blvd., Ste. 390	Irvine, CA. 92612		Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641			
Weinstein, John R. MD	12665 Garden Grove Boulevard Suite 714	Garden Grove, CA. 92843	(714)620-8590	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Child Therapy, Children		
Wronski, Craig J. DO	18811 Huntington Street Suite 200	Huntington Beach, CA. 926486003	(714)687-0351	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescent Therapy, Child Therapy, Children, Men's Issues, Sev. disturbed children/adoles, Women's Issues		Caucasian

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Group Provider							
Windstone Behavioral Health	23521 Paseo De Valencia, Suite 206-A	Laguna Hills, CA 92653	(949)768-6845	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adolescents, Children, Older Adults	Farsi	
UCI Psychiatric Outpatient Clinic	101 City Drive Neuropsychiatric Center	Orange, CA 92668	(714)456-5902	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641		Spanish	
UCI Regional Center Clinic	101 The City Drive	Orange, CA 92668	(714)973-1999	Medi-Cal Mental Health Services for Orange County - For Authorization To See A Provider Or To Determine If A Provider Is Accepting New Patients, Please Call (800) 723-8641	Adults and Adolescents	Spanish, Vietnamese	

ORANGE COUNTY MENTAL HEALTH SERVICES CONTRACT MEDI-CAL PROVIDERS

Provider Type	Address	City, State, Zip	Phone	Provider Characteristics	Populations Served	Non-English languages Spoken	Cultural Competency
Hospitals							
Western Medical Center-Anaheim	1025 S. Anaheim Boulevard	Anaheim, CA 92805	(714) 533-6220	Psychiatric Inpatient Hospital Services	Adults	Spanish, Vietnamese	
College Hospital-Cerritos	10802 College Place	Cerritos, CA 90703	(562) 824-9571	Psychiatric Inpatient Hospital Services	Children and Adolescents	Spanish, Vietnamese	
College Hospital-Costa Mesa	301 Victoria Street	Costa Mesa, CA 92627	(949) 642-2734	Psychiatric Inpatient Hospital Services	Adults and Adolescents	Spanish, Vietnamese	
Huntington Beach Hospital	17772 Beach Boulevard	Huntington Beach, CA 92647	(714) 842-1473	Psychiatric Inpatient Hospital Services	Adults	Spanish, Vietnamese	
La Palma Intercommunity Hospital	7901 Walker Street	La Palma, CA 90623	(714) 670-7400	Psychiatric Inpatient Hospital Services	Adults	Spanish, Vietnamese	
Royale Healthcare of Mission Viejo	23228 Madero	Mission Viejo, CA 92691	(949) 900-4580	Psychiatric Inpatient Hospital Services	Adults	Spanish, Vietnamese	
University of California Irvine Medical Center	101 The City Drive South	Orange, CA 92868	(714) 456-7001	Psychiatric Inpatient Hospital Services	Adults and Adolescents	Spanish, Vietnamese	

Appendix 17

Guide to Medi-Cal Mental Health

Services



GUIDE TO

Medi-Cal Mental Health Services



Updated 2010



If you are having an emergency please call 9-1-1 or visit the nearest hospital emergency room.

If you would like additional information to help you decide if this is an emergency, please see the information on State of California page 6 in this booklet.



Important Telephone Numbers

Emergency	911
Evaluation Treatment Services (ETS).....	(714) 834-6900
Orange County Mental Health Plan.....	(800) 723-8641 (866) 727-9441 TDD
Patient's Rights Advocacy Services.....	(714) 834-5647 (800) 668-4240 Toll Free (714) 796-0376 TDD
State Fair Hearing	(800) 952-5253 (800) 952-8349 TDD
To File A Grievance Or An Appeal	(866) 308-3074 (866) 308-3073 TDD



How To Get A Provider List:

You may ask for, and your Mental Health Plan (MHP) should give to you, a directory of people, clinics, and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, hospitals and other places where you may be able to get help. You may need to contact your MHP first, before you go to seek help. Call your MHP's 24-hour, toll-free number above to request a provider list and to ask if you need to contact the MHP before going to a service provider's office, clinic or hospital for help.

In What Other Languages and Formats Are These Materials Available?

Disponible
en
Español

Este folleto (o informacion) esta disponible en Espanol. Usted puede solicitarlo llamando al numero de telefono gratuito mencionado anteriormente.

Tin tức này có sẵn bằng tiếng Việt. Quý vị có thể yêu cầu một bản sao bằng cách gọi số 800 đã được đề cập đến bên trên.

This booklet is available in Farsi.

Introduction to Medi-Cal Mental Health Services

Why Did I Get This Booklet And Why Is It Important?

You are getting this booklet because you are eligible for Medi-Cal and need to know about the mental health services that Orange County offers and how to get these services if you need them.

If you are now getting services from Orange County, this booklet just tells you more about how things work. This booklet tells you about mental health services, but does not change the services you are getting. You may want to keep this booklet so you can read it again.

If you are not getting services right now, you may want to keep this booklet in case you, or someone you know, needs to know about mental health services in the future.



If you have trouble with this booklet, please call the MHP at (800) 723-8641 to ask for help or to find out about other ways you can get this important information.



What Is A Mental Health Emergency?

An emergency is a serious mental or emotional problem, such as:

When a person is a danger to himself, herself, or others because of what seems like a mental illness, or

When a person cannot get or use the food, shelter, or clothing they need because of what seems like a mental illness

In an emergency, please call 9-1-1 or take the person to a hospital emergency room.

How Do I Use This Booklet?

This booklet will help you know what specialty mental health services are, if you may get them, and how you can get help from the Orange County MHP.

This booklet has two sections. The first section tells you how to get help from the Orange County MHP and how it works.

The second section is from the State of California and gives you more general information about specialty mental health services. It tells you how to get other services, how to resolve problems, and what your rights are under the program.

This booklet also tells you how to get information about the doctors, clinics and hospitals that the Orange County MHP uses to provide services and where they are located.

What Is My County's Mental Health Plan (MHP)?

Mental health services are available to people on Medi-Cal, including children, young people, adults and older adults in Orange County.

Sometimes these services are available through your regular doctor. Sometimes they are provided by a specialist, and called 'specialty' mental health services. These specialty services are provided through the Orange County "Mental Health Plan" or MHP, which is separate from your regular doctor. The Orange County MHP operates under rules set by the State of California and the federal government. Each county in California has its own MHP.



If you have a mental health problem, you may contact the Orange County MHP directly at **(800) 723-8641**. This is a toll-free telephone number that is available 24 hours a day, seven days a week.

Written and verbal interpretation of your rights, benefits and treatments are available in your preferred language. You do not need to see your regular doctor first or get permission or a referral before you call.



You may also request a State Fair Hearing. Please see page 26 in the State of California section of this booklet for more information.

If you believe you would benefit from specialty mental health services and are eligible for Medi-Cal, the Orange County MHP will help you find out if you may get mental health treatments and services. If you would like more information about specific services, please see the sections on 'Services' on the State of California page 9 in this booklet.

What If I Have A Problem Getting Help?

If you have a problem getting help, please call the Orange County MHP's 24-hour, toll-free phone number at **(800) 723-8641**. You may also call your county's Patient's Right Advocate at **(714) 834-5647**.

If that does not solve your problem, you may call the State of California's Ombudsman for help:

(800) 896-4042 – CA Only

(916) 654-3890

(800) 896-2512 - TTY

FAX: (916) 653-9194

E-Mail: ombudsmn@dmhhq.state.ca.us

Orange County -----

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Welcome to the Orange County Mental Health Plan



We welcome you to Orange County Mental Health Services, and to the Medi-Cal Mental Health Plan. We provide an array of consumer-centered, culturally competent services to Medi-Cal eligible Orange County residents. Through this plan, adults, families, children and adolescents may receive the following Mental Health Services.

Please read this brochure carefully. It contains important information you need to know.

As Your Mental Health Services Plan, We Will:

- Get answers to your questions about mental health treatment
- Tell you what mental health services are covered by Medi-Cal
- Determine what types of mental health services you need and help you get them
- Treat you with respect
- Ensure you receive services in a safe environment
- Help you get culturally competent care

As A Participant, You Also Have Specific Responsibilities:

- Give honest and complete information about your mental health needs
- Take an active part in your mental health treatment
- Keep your appointments as scheduled
- Call if you cannot keep your appointment
- Work on treatment goals with your provider



Important Telephone Numbers

Emergency	911
Evaluation and Treatment Services (ETS)	(714) 834-6900
Orange County Mental Health Plan	(800) 723-8641 (866) 727-9441 TDD
Patient's Rights Advocacy Services	(714) 834-5647 (800) 668-4240 Toll free (714) 796-0376 TDD
State Fair Hearing	(800) 952-5253 (800) 952-8349 TDD
To File A Grievance Or An Appeal	(866) 308-3074 (866) 308-3073 TDD

How Do I Know If Someone Needs Help Right Away?

Even if there is no emergency, a person with mental health problems needs help right away if one or more of these things is true:

- **Hearing or seeing things others believe are not there**
- **Extreme and frequent thoughts of, or talking about, death**
- **Giving away their things**
- **Threatening to kill themselves (suicide)**
- **Wanting to hurt themselves or others**

If one or more of these things is true, call 911 or the Orange County MHP at **(800) 723-8641**, (24 hours, toll-free). Mental Health workers are on-call 24 hours a day.

What Specialty Mental Health Services Does Orange County Provide?

Adult Mental Health Services:

Adult Mental Health Services assists adults and older adults who have a serious and persistent mental health disorder, who may have impairments in their ability to function in the community or who have a history of recurring substantial functional impairments like psychiatric hospitalizations. Also available are dual diagnosis programs designed to treat individuals with co-existing substance abuse and mental health disorders. These programs emphasize individual needs, strengths, and choices, and encourage consumer involvement in service planning and implementation.

Children & Youth Services

Children & Youth Services offers outpatient services for behaviorally, emotionally and mentally disturbed children, adolescents and their families. Culturally appropriate services are available in many locations in the community, including school-based clinics. Assessment and treatment services are provided to assist youth in their ability to function in school, in their family and in the community.

The MHP for Specialty Outpatient Services provides an array of culturally competent services to Medi-Cal eligible Orange County residents. Through this plan, adults, families, children and adolescents may receive the following Mental Health Services:

- **Crisis Intervention/Emergency Services:** Clinical assessment and evaluation of mental health disorders to determine the level of mental health services; clinical interventions to assist the consumer to maintain functioning within the community; and referral to outpatient or inpatient services or community resources.
- **Mental Health Services:** Therapeutic interventions by qualified mental health staff that provide assessment and evaluation of mental health disorders, develop treatment plans, provide individual or group therapy, and education and support with the focus of improving the functioning of the individual within the community and the management of their mental health disorder.
- **Medication Support Services:** Ongoing assessment and evaluation of mental health disorders prescribing psychotropic medication and monitoring the effects and response to the prescribed medication.
- **Case Management Services:** Assistance with accessing services through linking you to services and community resources such as housing, education, vocational and medical services and other support services.
- **Day Treatment Programs:** An organized and structured program of therapy to a defined group of children and youth for at least three hours or more per day. The services provided include assessment, development of a treatment plan, and therapy to improve, maintain, or restore the child's functioning and/or maintain the child in the least restrictive community setting. These services are provided to children and youth who cannot be adequately treated at a less intense level of care. These services are generally provided within a group home setting.
- **Therapeutic Behavioral Services:** Intensive behavioral intervention services for Medi-Cal eligible minors, to age 21, the use of a one to one coach, under the direction of a treatment team, to decrease behaviors which place the minor at risk for psychiatric hospitalization or placement or risk of the minor losing placement in a Level 12-14 group home.

The services listed above are the services that the Orange County MHP thinks are most likely to help people who need services from us. Sometimes other services may be needed. The other services that are sometimes needed are included in the list of pages 9 (adults) and 12 (children) in the State of California section of this booklet.



The other services that are sometimes needed are included in the list on pages 9 (adults) and 12 (children) in the State of California section of this booklet.

How Do I Get These Services?

You may call the MHP about services at the following 24-hour toll-free number: **(800) 723-8641**.

Or call the County's Evaluation and Treatment Services (ETS) Program at: **(714) 834-6900**.

What Does It Mean To Be "Authorized" To Receive Mental Health Services And What Is The Amount, Duration And Scope of Services Provided?

You, your provider and the Orange County MHP are all involved in deciding what services you need to receive through the MHP, including how often you will need services and for how long.

The Orange County MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the service is provided. The Orange County MHP uses a qualified mental health professional to do the review. The review process is called an MHP payment authorization process.

The state requires the Orange County MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS). The Orange County MHP follows state rules for our MHP payment authorization process, which are described on page 3 in the State of California section of this booklet. If you would like more information on how the Orange County MHP does MHP payment authorizations, or on when we require your provider request an MHP payment authorization for services, please contact the Orange County MHP at **(800) 723-8641**.

How Do I Get More Information About Orange County's Mental Health Services Including Doctors, Therapists, Clinics And Hospitals?

If you would like additional information on the structure and operation of the Orange County MHP, please contact the Orange County MHP at **(800) 723-8641**.

In What Other Languages And Formats Are These Materials Available?

Services are available in the threshold languages of English, Spanish, Vietnamese, and Farsi.

You also have the right to free language assistance services. You may access these services when at a clinic by acknowledging your primary language on the

Limited English Proficiency poster, located at the receptionist. This poster is in all of the 34 primary languages of Orange County's Medi-Cal beneficiaries and states, "You have the right to receive free language assistance in your primary language. Please acknowledge your primary language to the clinic receptionist." Materials are also available in large print and audio formats. When calling in, staff at all points of access are trained to help with your language needs, either by use of bilingual clinicians, or by use of Language Line.

Can I See Any Doctor, Therapist, Clinic Or Hospital On Orange County's "Provider List?"

Yes. However, please be aware that some providers might not be accepting new Medi-Cal beneficiaries. This information is available by calling **(800) 723-8641**. In addition, to see some providers you must access them by calling **(800) 723-8641**. These providers are noted in the provider list. If you need additional assistance, please call us at **(800) 723-8641**.

What If I Want To Change Doctors, Therapists, Or Clinics?

If you would like to request a change of your mental health service provider, or would like a second opinion about your treatment, you are encouraged to first speak with your care coordinator, therapist, or other persons directly involved in your care. If this discussion does not produce satisfactory results for you, ask to speak with the clinic supervisor. You can contact Patient's Rights Advocacy Services at anytime to assist you with your request. Patient's Rights may be reached at **(714) 834-5647**, **(800) 668-4240** or **(TDD) (714) 796-0376**

How Can I Get A Copy Of The "Provider List"?

All clients are given a copy of the provider list on their first visit. After that, you may call **(800) 723-8641** to have one mailed to you, or pick up one at any of our clinics.

Can I Use The "Provider List" To Find Someone To Help Me?

For some providers, clearly indicated on the provider list, you must first call the MHP at **(800) 723-8641**. For other providers, you may contact a provider on the "provider list" directly.

What If I Want To See A Doctor, Therapist, Clinic Or Hospital That Is Not Listed On Orange County's "Provider List"?

Call the MHP about services **(800) 723-8641**.

What If I Need Urgent-Care Mental Health Services On A Weekend Or At Night?

Call the County's Evaluation and Treatment Services (ETS) Program at (714) 834-6900 or (800) 723-8641. The 800 number is available 24-hours per day, 7 days per week. No prior authorization is necessary prior to calling these numbers.

Evaluation and Treatment Services (ETS) help you with emergency mental health needs to determine the best course of treatment. ETS assists children, adults and older adults who require evaluation and treatment of mental health symptoms in an emergency treatment setting. Mental Health Services provided at ETS will not exceed 23 hours. ETS staff can provide a variety of services, including:

- **Crisis Intervention and Stabilization:** Clinical assessment and evaluation of mental health disorders to determine the level of mental health services clinical interventions to assist the consumer to remain functioning within the community; and referral to outpatient or inpatient services or community services. Services are provided on site and last less than 24-hours.
- **Intensive Outpatient Services:** Brief therapeutic interventions by qualified mental health staff who provide assessment and evaluation of mental health disorders, provide individual or group therapy, provide collateral therapy with significant other, to assist the consumer to maintain functioning within the community; and referral to outpatient or community services.
- **Linkage with Community Resources**
- **Referral for Inpatient Hospital Care**

How Do I Get Mental Health Services That My Mental Health Provider Does Not Offer?

Call the Orange County MHP about services at (800) 723-8641.

What If I Need To See A Doctor For Something Other Than Mental Health Treatment? How Are People Referred To Medical Services Other Than Mental Health Care In Orange County?

Call the Orange County MHP about services at (800) 723-8641.

What Can I Do If I Have A Problem Or I Am Not Satisfied With My Mental Health Treatment?

If you have a concern or problem or are not satisfied with your mental health services, the MHP wants to be sure your concerns are resolved simply and quickly. Please contact the MHP at (800) 723-8641 to find out how to resolve your concerns.



For more information on Grievances, Appeals and State Fair Hearings, please turn to the section about 'Problem Resolution Processes' in the State of California section on page 22 in this booklet.

There are three ways you can work with the MHP to resolve concerns about services or other problems. You can file a Grievance verbally or in writing with the MHP about any MHP service-related issue. You can file an Appeal verbally (and follow up in writing) or in writing with the MHP. You can also file for a State Fair Hearing with the Department of Social Services.

For more information about how the MHP Grievance and Appeal processes and the State Fair Hearing process work, please turn to the section about Grievances, Appeals and State Fair Hearing on page 22 in the State of California section of this booklet.

Your problem will be handled as quickly and simply as possible. It will be kept confidential. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal or State Fair Hearing. You may authorize another person to act on your behalf in the Grievance, Appeal, or State Fair Hearing process.

Who Is Orange County's Patient's Rights Advocate, What Do They Do, And How Do I Contact Them?

You can contact the Patient's Rights Advocacy Services at anytime for help in filing a Grievance, Appeal or State Fair Hearing.

Patient's Rights may be reached at (714) 834-5647 or (800) 668-4240, or (TDD) (714) 796-0376.

Does Orange County Keep My Mental Health Records Private?

Anyone receiving mental health services has the right to confidentiality within the limits outlined by law. That means your health care providers cannot tell people outside the Health Care Agency any information that you give us without your written permission, or unless a court authorizes us to do so. Records have to be kept, but you control access to them. In addition, without your authorization, we cannot reveal you have ever received services from the health care agency.

You will receive a Notice of Privacy Practices when you begin receiving services. This notice explains your rights as a patient, how your medical information may be used, what our legal obligations are to you, and how you may contact us for information to file a Grievance. You may also obtain a copy of the Notice of Privacy Practices by visiting our Web site at

<http://www.ocgov.com/hippa/forms.htm> or at any of our health care offices.

Your facility representative and/or utilization case manager may ask you to sign a release of information. This gives your permission to talk with someone about your treatment, or to release copies of your records. We do this so we can talk to others who may be helpful in planning services for you.



You may also obtain a copy of the Notice of Privacy Practices by visiting our Web site at <http://www.ocgov.com/hippa/forms.htm> or at any of our health care offices.

There are some circumstances in which you do not have confidentiality rights. Some of those instances are:

- If you threaten to harm yourself or another person
- If you are unable to provide food, shelter, or clothing for yourself
- If there is a suspicion of child or older adult abuse

We may need to release some of the information you have given us in order to protect people in these situations.

General Statewide Information



Why Is It Important To Read This Booklet?

The first section of this booklet tells you how to get Medi-Cal mental health services through your county's Mental Health Plan.

This second section of the booklet tells you more about how the Medi-Cal program works, and about how Medi-Cal specialty health services work in all counties of the state.

If you don't read this section now, you may want to keep this booklet so you can read it later.

County Mental Health Plans

If you think you qualify for Medi-Cal and you think you need mental health services, call the Mental Health Plan in your county and say I want to find out about mental health services.

What Are Specialty Mental Health Services?

Specialty Mental health services are special health care services for people who have mental illness or emotional problems that the regular doctor cannot treat.

Some specialty mental health services include:

- Crisis counseling to help people who are having a serious emotional crisis
- Individual, group, or family therapy
- Rehabilitation or recovery services that help a person with mental illness to develop coping skills for daily living
- Special day programs for people with mental illnesses
- Prescriptions for medicines that help treat mental illness
- Help managing medicines that help treat mental illness
- Help to find the mental health services you need

Where Can I Get Mental Health Services?

You can get mental health services in the county where you live. Each county has a Mental Health Plan for children, teens, adults and older adults. Your county Mental Health Plan has mental health providers (doctors who are psychiatrists or psychologists, and others).

How Do I Get Services At My County Mental Health Plan?

Call your county Mental Health Plan and ask for services. You do not need to ask your regular doctor for permission or get a referral. Just call the number for your county in the front of this booklet. The call is free.

You can also go to a federal qualified health center, a rural health center or an Indian health clinic in your area for Medi-Cal mental health services. (These are official names for different kinds of clinics in your area. If you are not sure about a clinic in your area, ask the clinic workers. These kinds of clinics generally serve people who do not have insurance.)

As part of providing mental health services for you, your county Mental Health Plan is responsible for:

- Figuring out if someone is eligible for specialty mental health services from the MHP.
- Providing a toll-free phone number that is answered 24-hours a day and 7 days a week that can tell you about how to get services from the MHP.
- Having enough providers to make sure that you can get the specialty mental health services covered by the MHP if you need them.
- Informing and educating you about services available from your county's MHP
- Providing you services in the language of your choice or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or forms, depending upon the needs in your county.

■ Important Information About Medi-Cal



Who Can Get Medi-Cal?

You may qualify for Medi-Cal if you are in one of these groups:

- 65 years old, or older
- Under 21 years of age
- An adult, between 21 and 65 with a minor child living with you (a child who is not married and who is under the age of 21)
- Blind or disabled
- Pregnant
- Certain refugees, or Cuban/Haitian immigrants
- Receiving care in a nursing home



If you are not in one of these groups, call your county social service agency to see if you qualify for a county-operated medical assistance program.

You must be living in California to qualify for Medi-Cal. Call or visit your local county social services office to ask for a Medi-Cal application, or get one on the Internet at www.dhs.ca.gov/mcs/medi-calhome/MC210.htm



Do I Have To Pay For Medi-Cal?

You may have to pay for Medi-Cal depending on the amount of money you get or earn each month.

- If your income is less than Medi-Cal limits for your family size, you will not have to pay for Medi-Cal services.
- If your income is more than Medi-Cal limits for your family size, you will have to pay some money for your medical or mental health services. The amount that you pay is called your '**share of cost.**' Once you have paid your 'share of cost,' Medi-Cal will pay the rest of your covered medical bills for that month. In the months that you don't have medical expenses, you don't have to pay anything.
- You may have to pay a 'co-payment' for any treatment under Medi-Cal. You may have to pay \$1.00 each time you get a medical or mental health services or a prescribed drug (medicine) and \$5.00 if you go to a hospital emergency room for your regular services.

Your provider will tell you if you need to make a co-payment.

Always take your Beneficiary Identification Card and health plan card, if you have one, when you go to the doctor, clinic, or hospital.

How Do I Get Medi-Cal Services That Are Not Covered By The Mental Health Plan?

There are two ways to get Medi-Cal services:

1. By joining a Medi-Cal managed care health plan.

If you are a member of a Medi-Cal managed care health plan:

- Your health plan needs to find a provider for you if you need health care.
- You get your health care through a health plan, an HMO (health maintenance organization) or a primary care case manager.
- You must use the providers and clinics in the health plan, unless you need emergency care.
- You may use a provider outside your health plan for family planning services.
- You can only join a health plan if you do not pay a share of cost.

2. From individual health care providers or clinics that take Medi-Cal.

- You get health care from individual providers or clinics that take Medi-Cal
- You must tell your provider that you have Medi-Cal before you first get services. Otherwise, you may be billed for those services.
- Individual health care providers and clinics do not have to see Medi-Cal patients, or may only see a few Medi-Cal patients.
- Everyone who has a share of cost (see page 3, State of California) will get health care this way.

If you need mental health services that are not covered by the Mental Health Plan:

- And you are in a health plan, you may be able to get services from your health plan. If you need mental health services the health plan doesn't cover, your primary care provider at the health plan may be able to help you find a provider or clinic that can help you.
- Except in San Mateo County, your health plan's pharmacies will fill prescriptions to treat your mental illness, even if the prescriptions were written by the mental health plan's psychiatrist or will tell you how to get your prescription filled from a regular Medi-Cal pharmacy. (In San Mateo County, the mental health plan will fill your prescription.)
- And you are not in a health plan, you may be able to get services from individual providers and clinics that take Medi-Cal. Except in San Mateo County, any pharmacy that accepts Medi-Cal can fill prescriptions to treat your mental illness, even if the prescriptions were written by the MHP's psychiatrist. (In San Mateo County, the mental health plan will fill your prescription.)
- The Mental Health Plan may be able to help you find a provider or clinic that can help you or give you some ideas on how to find a provider or clinic.



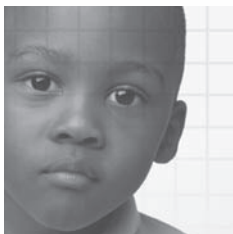
If you have trouble getting to your medical or mental health appointments, the Medi-Cal program can help you find transportation.

If you have trouble getting to your medical appointments or mental health appointments, the Medi-Cal program can help you find transportation.

- For children, the county Child Health and Disability Prevention (CHDP) program can help. Or, you may wish to contact your county’s social services office. These phone numbers can be found in your local telephone book in the ‘County Government’ pages. You can also get information online by visiting **www.dhs.ca.gov**, then clicking on ‘Services’ and then ‘Medi-Cal Information.’
- For adults, your county social services office can help. You can get information about your county’s social services office by checking your local telephone book. Or you can get information online by visiting **www.dhs.ca.gov**, then clicking on ‘Services’ and then ‘Medi-Cal Information.’

What Is The Child Health And Disability Prevention (CHDP) Program?

The CHDP program is a preventive health program serving California’s children and youth from birth to age 21. CHDP makes early health care available to children and youth with health problems as well as to those who seem well. Children and youth can receive regular preventive health assessments. Children and youth with suspected problems are then referred for diagnosis and treatment. Many health problems can be prevented or corrected, or the severity reduced, by early detection and prompt diagnosis and treatment.



CHDP works with a wide range of health care providers and organizations to ensure that eligible children and youth receive appropriate services. These may include private physicians, local health departments, schools, nurse practitioners, dentists, health educators, nutritionists, laboratories, community clinics, nonprofit health agencies, and social and community service agencies. CHDP can also assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

You can find out more about CHDP by contacting your local county health department or visiting **www.dhs.ca.gov/pcfh/cms/chdp/directory.htm**.



Where Can I Get More Information?

You can get more information about mental health services by visiting the California Department of Mental Health’s website at **www.dmh.ca.gov**. You can get more information about Medi-Cal by asking your county eligibility worker or by visiting **www.dhs.ca.gov/mcs/medi-calhome**.

Basic Emergency Information



In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

Are You Having An Emergency?

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) could be in serious trouble,
- Serious problems with bodily functions,
- Serious problems with any bodily organ or part.

An emergency psychiatric condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness.
- Is immediately unable to provide or eat food, or use clothing or shelter because of what seems like a mental illness.

In case of an emergency medical or psychiatric condition, call 9-1-1 or go to any emergency room for help.

The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are on Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be an emergency.

If you aren't sure if the condition is truly an emergency or if you're not sure whether the condition is medical or psychiatric, you may still go to the emergency room and let qualified medical professionals make the decision about what is needed. If the emergency room professionals decide there is a psychiatric emergency, you will be admitted to the hospital to receive immediate help from a mental health professional. If the hospital doesn't have the kind of services necessary, the hospital will find a hospital that does have the services.

A person may be helped through a mental health crisis by services from your county's Mental Health Plan (MHP) in ways other than going into the hospital. If you think you need help but don't think you need to go into the hospital, you can call your county MHP's toll-free phone number and ask for help.



What Kind Of Emergency-Related Services Are Provided?

Emergency services are paid for by Medi-Cal when you go to a hospital or use outpatient services (with no overnight stay involved) furnished in a hospital emergency room by a qualified provider (doctor, psychiatrist, psychologist or other mental health provider). They are needed to evaluate or stabilize someone in an emergency.

Your county's Mental Health Plan (MHP) should provide specific information about how emergency services are administered in your County. The following state and federal rules apply to emergency services covered by the MHP:

- The hospital does not need to get advance approval from the MHP (sometimes called “prior authorization”) or have a contract with your MHP to get paid for the emergency services the hospital provides to you.
- The MHP needs to tell you how to get emergency services, including the use of 9-1-1.
- The MHP needs to tell you the location of any places where providers and hospitals furnish emergency services and post-stabilization services
- You can go to a hospital for emergency care if you believe there is a psychiatric emergency
- Specialty mental health services to treat your urgent condition are available 24-hours a day, seven days per week. (An urgent condition means a mental health crisis that would turn into an emergency if you do not get help very quickly.)
- You can receive these inpatient hospital services from the MHP on a voluntary basis, if you can be properly served without being involuntarily held. The state laws that cover voluntary and involuntary admissions to the hospital for mental illness are not part of state or federal Medi-Cal rules, but it may be important for you to know a little bit about them:
 1. **Voluntary admission:** This means you give your OK to go into and stay in the hospital.
 2. **Involuntary admission:** This means the hospital keeps you in the hospital for up to 72 hours without your OK. The hospital can do this when the hospital thinks that you are likely to harm yourself or someone else or that you are unable to take care of your own food, clothing and housing needs. The hospital will tell you in writing what the hospital is doing for you and what your rights are. If the doctors treating you think you need to stay longer than 72 hours, you have a right to a lawyer and a hearing before a judge and the hospital will tell you how to ask for this.

Your county's Mental Health Plan (MHP) should pay for post-stabilization care services obtained within the MHP's provider list or coverage area. Your MHP will pay for such services if they are pre-approved by an MHP provider or other MHP representative.

Post-stabilization care services are covered services that are needed after an emergency. These services are provided after the emergency is over to continue to improve or resolve the condition.

Your MHP is financially responsible for (will pay for) post-stabilization care services to maintain, improve, or resolve the stabilized condition if:

- The MHP does not respond to a request from the provider for pre-approval within 1 hour
- The MHP cannot be contacted by the provider
- The MHP representative and the treating physician cannot reach an agreement concerning your care and an MHP physician is not available for consultation. In this situation, the MHP must give the treating physician the opportunity to consult with an MHP physician. The treating physician may continue with care of the patient until one of the conditions for ending post-stabilization care is met. The MHP must make sure you don't pay anything extra for post-stabilization care.

When Does My County MHP's Responsibility For Covering Post-Stabilization Care End?

Your county's MHP is NOT required to pay for post-stabilization care services that are not pre-approved when:

- An MHP physician with privileges at the treating hospital assumes responsibility for your care.
- An MHP physician assumes responsibility for your care through transfer.
- An MHP representative and the treating physician reach an agreement concerning your care (the MHP and the physician will follow their agreement about the care you need).
- You are discharged (sent home from the facility by a doctor or other professional).

ADULTS AND OLDER ADULTS



How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. While many think major mental and emotional disorders are rare, the truth is one in five individuals will have a mental (psychiatric) disorder at some point in their life. Like many other illnesses, mental illness can be caused by many things.

The most important thing to remember when asking yourself if you need professional help is to trust your feelings. If you are eligible for Medi-Cal and you feel you may need professional help, you should request an assessment from your county’s MHP to find out for sure.

What Are Signs I May Need Help?

If you can answer ‘yes’ to one or more of the following AND these symptoms persist for several weeks AND they significantly interfere with your ability to function daily, AND the symptoms are not related to the abuse of alcohol or drugs. If this is the case, you should consider contacting your county’s Mental Health Plan (MHP).

A professional from the MHP will determine if you need specialty mental health services from the MHP. If a professional decides you are not in need of specialty mental health services, you may still be treated by your regular medical doctor or primary care provider, or you may appeal that decision (see page 23).

You may need help if you have SEVERAL of the following feelings:

- Depressed (or feeling hopeless or helpless or worthless or very down) most of the day, nearly every day
- Loss of interest in pleasurable activities
- Weight loss or gain of more than 5% in one month
- Excessive sleep or lack of sleep
- Slowed or excessive physical movements
- Fatigue nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking or concentrating or making a decision
- Decreased need for sleep – feeling ‘rested’ after only a few hours of sleep
- ‘Racing’ thoughts too fast for you to keep up with
- Talking very fast and can’t stop talking
- Feel that people are ‘out to get you’
- Hear voices and sounds others do not hear
- See things others do not see
- Unable to go to work or school



If you feel you have several of the signs listed, and feel this way for several weeks, you may want to be assessed by a professional. If you are not sure, you should ask your family doctor or other health care professional for their opinion.

- Do not care about personal hygiene (being clean)
- Have serious relationship problems
- Isolate or withdraw from other people
- Cry frequently and for ‘no reason’
- Are often angry and ‘blow up’ for ‘no reason’
- Have severe mood swings
- Feel anxious or worried most of the time
- Have what others call strange or bizarre behaviors

What Services Are Available?

As an adult on Medi-Cal, you may be eligible to receive specialty mental health services from the MHP. Your MHP is required to help you determine if you need these services. Some of the services your county’s MHP is required to make available, if you need them, include:

Mental Health Services – These services include mental health treatment services, such as counseling and psychotherapy, provided by psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists and psychiatric nurses. Mental health services may also be called rehabilitation or recovery services, and they help a person with mental illness to develop coping skills for daily living. Mental health services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

- These services may sometimes be provided to one person at a time (individual therapy or rehabilitation), two or more people at the same time (group therapy or group rehabilitation services), and to families (family therapy).

Medication Support Services – These services include the prescribing, administering, dispensing and monitoring of psychiatric medicines; medication management by psychiatrists, and education and monitoring related to psychiatric medicines. Medication support services can be provided in a clinic or provider office, over the phone, or in the home or other community setting.

Targeted Case Management – This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to do on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person’s access to service and the service delivery system; and monitoring of the person’s progress.

Crisis Intervention and Crisis Stabilization – These services provide mental health treatment for people with a mental health problem that can’t wait for a regular, scheduled appointment. Crisis intervention can last up to eight hours and can be provided in a clinic or provider office, over the phone, or in the home or other community setting. Crisis stabilization can last up to 20 hours and is provided in a clinic or other facility site.

Adult Residential Treatment Services – These services provide mental health treatment for people who are living in licensed facilities that provide residential services for people with mental illness. These services are available 24-hours a day, seven days a week. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Crisis Residential Treatment Services – These services provide mental health treatment for people having a serious psychiatric episode or crisis, but who do not present medical complications requiring nursing care. Services are available 24-hours a day, seven days a week in licensed facilities that provide residential crisis services to people with mental illness. Medi-Cal doesn't cover the room and board cost to be in the facility that offers adult residential treatment services.

Day Treatment Intensive - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24-hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.), as well as psychotherapy.

Day Rehabilitation – This is a structured program of mental health treatment to improve, maintain or restore independence and functioning. The program is designed to help people with mental illness learn and develop skills. The program lasts at least three hours per day. People go to their own homes at night. The program includes skill-building activities (life skills, socialization with other people, etc.) and therapies (art, recreation, music, dance, etc.).

Psychiatric Inpatient Hospital Services – These are services provided in a hospital where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in the hospital.

Psychiatric Health Facility Services – These services are provided in a hospital-like setting where the person stays overnight either because there is a psychiatric emergency or because the person needs mental health treatment that can only be done in a hospital-like setting. Psychiatric health facilities must have an arrangement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

These services also include work that the provider does to help make the services work better for the person receiving the services. These kinds of things include assessments to see if you need the service and if the service is working; plan development to decide the goals of the person's mental health treatment and the specific services that will be provided; "collateral", which means working with family members and important people in the person's life (if the person gives permission) if it will help the person improve or maintain his or her mental health status.

Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.

How Do I Know When A Child Needs Help?

For children from birth to age 5, there are signs that may show a need for specialty mental health services. These include:

- Parents who feel overwhelmed by being a parent or who have mental health problems
- A major source of stress in the family, such as divorce or death of a family member
- Abuse of alcohol or other drugs by someone in the house
- Unusual or difficult behavior by the child
- Violence or disruption in the house

If one of the above conditions is present in a house where a child up to age 5 is living, specialty mental health services may be needed. You should contact your county's MHP to request additional information and an assessment for services to see if the MHP can help you.

For school-age children, the following checklist includes some signs that should help you decide if your child would benefit from mental health services. Your child:

- Displays unusual changes in emotions or behavior
- Has no friends or has difficulty getting along with other children
- Is doing poorly in school, misses school frequently or does not want to attend school
- Has many minor illnesses or accidents
- Is very fearful
- Is very aggressive
- Does not want to be away from you
- Has many disturbing dreams
- Has difficulty falling asleep, wakes up during the night, or insists on sleeping with you
- Suddenly refuses to be alone with a certain family member or friend or acts very disturbed when the family member or friend is present
- Displays affection inappropriately or makes abnormal sexual gestures or remarks
- Becomes suddenly withdrawn or angry
- Refuses to eat
- Is frequently tearful

You may contact your county's MHP for an assessment for your child if you feel he or she is showing any of the signs above. If your child qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the child to receive the services.

How Do I Know When An Adolescent Or Young Person Needs Help?

Adolescents (12-18 years of age) are under many pressures facing teens. Young people aged 18 to 21 are in a transitional age with their own unique pressures and, since they are legally adults, are able to seek services as adults.

Some unusual behavior by an adolescent or young person may be related to the physical and psychological changes taking place as they become an adult. Young adults are establishing a sense of self-identity and shifting from relying on parents to independence. A parent or concerned friend, or the young person may have difficulty deciding between what 'normal behavior' is and what may be signs of emotional or mental problems that require professional help.

Some mental illnesses can begin in the years between 12 and 21. The checklist below should help you decide if an adolescent requires help. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. If an adolescent:

- Pulls back from usual family, friend and/or normal activities
- Experiences an unexplained decline in school work
- Neglects their appearance
- Shows a marked change in weight
- Runs away from home
- Has violent or very rebellious behavior
- Has physical symptoms with no apparent illness
- Abuses drugs or alcohol

Parents or caregivers of adolescents or the adolescent may contact the county's MHP for an assessment to see if mental health services are needed. As an adult; a young person (age 18 to 20) may ask the MHP for an assessment. If the adolescent or young person qualifies for Medi-Cal and the MHP's assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for the adolescent or young person to receive the services.

What Services Are Available?

The same services that are available for adults are also available for children, adolescents and young people. The services that are available are mental health services, medication support services, targeted case management, crisis intervention, crisis stabilization, day treatment intensive, day rehabilitation, adult residential treatment services, crisis residential treatment services, psychiatric inpatient hospital services, and psychiatric health facility services. MHPs also cover additional special services that are only available to children, adolescents and young people under age 21 and eligible for full-scope Medi-Cal (full-scope Medi-Cal means that Medi-Cal coverage isn't limited to a specific type of services, for example, emergency services only).

Each county's MHP may have slightly different ways of making these services available, so please consult the front section of this booklet for more information, or contact your MHP's toll-free phone number to ask for additional information.



A young person aged 18 to 21 should look at the list to the right and at the list of issues for adults on pages 9 and 10 to help decide if mental health services may be needed.

Are There Special Services Available For Children, Adolescents And Young Adults?

There are special services available from the MHP for children, adolescents and young people called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental specialty mental health services. These EPSDT services include a service called Therapeutic Behavioral Services or TBS, which is described in the next section, and also include new services as they are identified by experts in mental health treatment as services that really work. These services are available from the MHP if they are needed to correct or ameliorate (improve) the mental health for a person under the age of 21 who is eligible for full-scope Medi-Cal and has a mental illness covered by the MHP (see page 10 for information on the mental illnesses covered by the MHP).

The MHP is not required to provide these special services if the MHP decides that one of the regular services covered by the MHP is available and would meet the child, adolescent, or young person's needs. The MHP is also not required to provide these special services in home and community settings if the MHP determines the total cost of providing the special services at home or in the community is greater than the total cost of providing similar services in an otherwise appropriate institutional level of care.

What Are Therapeutic Behavioral Services (TBS)?

TBS are a type of specialty mental health service available through each county's MHP if you have serious emotional problems. You must be under 21 and have full-scope Medi-Cal to get TBS.

- If you are living at home, the TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a higher level of care, such as a group home for children, adolescents and young people with very serious emotional problems.
- If you are living in a group home for children, adolescents and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver or guardian learn new ways of controlling problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver or guardian will work together very intensively for a short period of time, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program and other areas in the community.

Who Can Get TBS?

You may be able to get TBS if you have full scope Medi-Cal, are under 21 years old, have serious emotional problems AND:

- Live in a group home for children, adolescents and young people with very serious emotional problems. [These group homes are sometimes called Rate Classification Level (RCL) 12, 13 or 14 group homes]; OR
- Live in a state mental health hospital, a nursing facility that specializes in mental health treatment or a Mental Health Rehabilitation Center (these places are also called institutions for mental diseases or IMDs); OR
- Are at risk of having to live in a group home (RCL 12, 13 or 14), a mental health hospital or IMD; OR
- Have been hospitalized, within the last 2 years, for emergency mental health problems.

Are There Other Things That Must Happen For Me To Get TBS?

Yes. You must be getting other specialty mental health services. TBS adds to other specialty mental health services. It doesn't take the place of them. Since TBS is short term, other specialty mental health services may be needed to keep problems from coming back or getting worse after TBS has ended.

TBS is NOT provided if the reason it is needed is:

- Only to help you follow a court order about probation
- Only to protect your physical safety or the safety of other people
- Only to make things easier for your family, caregiver, guardian or teachers
- Only to help with behaviors that are not part of your mental health problems

You cannot get TBS while you are in a mental health hospital, an IMD, or locked juvenile justice setting, such as a juvenile hall. If you are in a mental health hospital or an IMD, though, you may be able to leave the mental hospital or IMD sooner, because TBS can be added to other specialty mental health services to help you stay in a lower level of care (home, a foster home or a group home).

How Do I Get TBS?

If you think you may need TBS, ask your psychiatrist, therapist or case manager, if you already have one, or contact the MHP and request services. A family member, caregiver, guardian, doctor, psychologist, counselor or social worker may call and ask for information about TBS or other specialty mental health services for you. You may also call the MHP and ask about TBS.

Who Decides If I Need TBS And Where Can I Get Them?

The MHP decides if you need specialty mental health services, including TBS. Usually an MHP staff person will talk with you, your family, caregiver or guardian, and others who are important in your life and will make a plan for all the mental health services you need, including a TBS plan if TBS is needed. This may take one or two meetings face-to-face, sometimes more. If you need TBS, someone will be assigned as your TBS staff person.

What Should Be In My TBS Plan?

Your TBS plan will spell out the problem behaviors that need to change and what the TBS staff person, you and sometimes your family, caregiver or guardian will do when TBS happens. The TBS plan will say how many hours a day and the number of days a week the TBS staff person will work with you and your family, caregiver or guardian. The hours in the TBS Plan may be during the day, early morning, evening or night. The days in the TBS Plan may be on weekends as well as weekdays. The TBS plan will say how long you will receive TBS. The TBS Plan will be reviewed regularly. TBS may go on for a longer period of time, if the review shows you are making progress but need more time.

■ 'Medical Necessity' Criteria

What Is 'Medical Necessity' And Why Is It So Important?

One of the conditions necessary for receiving specialty mental health services through your county's MHP is something called 'medical necessity.' This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term 'medical necessity' is important because it will help decide what kind of services you may get and how you may get them. Deciding 'medical necessity' is a very important part of the process of getting specialty mental health services.



What Are The 'Medical Necessity' Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county's MHP will work with you and your provider to decide if the services are a 'medical necessity,' as explained above. This section explains how your MHP will make that decision.

You don't need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an 'assessment.'

There are four conditions your MHP will look for to decide if your services are a 'medical necessity' and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

You don't need to know what kind of mental illness you have to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

If you do NOT meet these criteria, it does not mean that you cannot receive help. Help may be available from your regular Medi-Cal doctor, or through the standard Medi-Cal program.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

When the requirements of this 'medical necessity' section are met, you are eligible to receive specialty mental health services from the MHP.

What Are The 'Medical Necessity' Criteria for Specialty Mental Health Services For People Under 21 Years of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnosis listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or ameliorate (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

What Are The 'Medical Necessity' Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how 'medically necessary' it is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California page 6 for more information about how emergencies are covered).

If you need these hospital services, your MHP pays for an admission to the hospital, if you meet the conditions to the right, called medical necessity criteria.

You have mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to the your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the 'medical necessity' criteria described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.

What Is A Notice Of Action?

A Notice of Action, sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.



When Will I Get A Notice Of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days. See page 28 for more information on grievances.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 45 days or, if you filed an expedited appeal, within three working days. See page 23 for more information on appeals.

Please see the next section in this booklet on the Problem Resolution Processes for more information on grievances, appeals and State Fair Hearings.

Will I Always Get A Notice Of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider do not agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an appeal with the MHP or request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice Of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for a State Fair Hearing decision.
- When you have to file your State Fair Hearing request if you want the services to continue.

You should decide if you agree with what the MHP says on the form. If you decide that you don't agree, you can file an appeal with your MHP or request a State Fair Hearing, being careful to file on time. Most of the time, you will have 90 days to request a State Fair Hearing or file an appeal.

What Should I Do When I Get A Notice Of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Action was mailed or personally given to you or, if the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.

■ Problem Resolution Processes

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve:

- 1. The Appeal Process** - review of a decision (denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.
- 2. The State Fair Hearing Process** - review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.
- 3. The Grievance Process** - an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.

Your MHP will provide grievance and appeal forms and self addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the grievance and appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

You will not be punished for filing a grievance or appeal or a State Fair Hearing. When your grievance or appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people available to explain these processes to you and to help you report a problem either as an appeal, a grievance, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP system. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsmn@dmhhq.state.ca.us.

■ ■ ■ ■ THE APPEALS PROCESSES (Standard and Expedited)

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your providers. There are two ways you can request a review. One way is using the standard appeals process. The second way is by using the expedited appeals process. These two forms of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an ‘expedited appeal.’

The standard appeals process will:

- Allow you to file an appeal in person, on the phone, or in writing. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. If you do not follow-up with a signed written appeal, your appeal will not be resolved. However, the date that you submitted of the oral appeal is the filing date.
- Ensure filing an appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary’s estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation.
- Inform you of your right to request a State Fair Hearing at any time during the appeal process.

When Can I File An Appeal?

You can file an appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need.

How Can I File An Appeal?

See the front part of this booklet for information on how to file an appeal with your MHP. You may call your county MHP's toll-free telephone number (also included in the front part of this booklet) to get help with filing an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a state fair hearing and the procedure for filing a state fair hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 90 days of the date of the action you're appealing when you get a notice of action (see page 20). Keep in mind that you will not always get a notice of action. There are no deadlines for filing an appeal when you do not get a notice of action; so you may file at any time.

When Will A Decision Be Made About My Appeal?

The MHP must decide on your appeal within 45 calendar days from when the MHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP had a little more time to get information from you or your provider.

What If I Can't Wait 45 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on Expedited Appeals below.) You have the right to request a State Fair Hearing at any time during the appeals process.

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process than the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance (see the description of the grievance process below).

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

■ ■ ■ ■ THE STATE FAIR HEARING PROCESSES (Standard and Expedited)

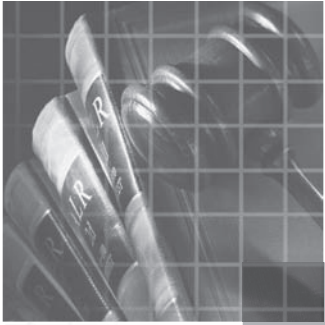
What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Fair Hearing).
- Be told about how to ask for a State Fair Hearing.
- Be told about the rules that govern representation at the State Fair Hearing.
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes.
- Ask for a State Fair Hearing whether or not you use the MHP's appeal process and whether or not you have received a Notice of Action as described earlier in this booklet.



When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need.

How Do I Request a State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 9424443, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing, you may also call **(800) 952-5253**, send a fax to **(916) 229-4110**, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430.

Is There A Deadline For Filing For A State Fair Hearing?

If you didn't receive a notice of action or file an appeal with the MHP, you may file for a State Fair Hearing at any time.

If you get a notice of action and decide to file for a State Fair Hearing instead of or in addition to filing an appeal with the MHP, you must file for the State Fair Hearing within 90 days of the date your notice of action was mailed or personally given to you.

If you file an appeal with the MHP and want to file for a State Fair Hearing after you get the MHP's decision on your appeal, you must file for the State Fair Hearing within 90 days of the postmark date of the MHP's appeal decision.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks specialty mental health service you are already receiving need to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a notice of action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

What Do I Need To Do If I Want To Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your notice of action was mailed or personally given to you.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-day time frame will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

If you get a notice of action and decide to file for a State Fair Hearing instead of or in addition to filing an appeal with the MHP, you must file for the State Fair Hearing within 90 days of the date your notice of action was mailed or personally given to you.

THE GRIEVANCE PROCESS

In 2003, some of the words used to describe the MHP processes to help you solve problems with the MHP have changed. Please note that State Fair Hearings cannot help you with the problems for which you can file a grievance. You may no longer request a State Fair Hearing at any time during the grievance process; however, you may request a State Fair Hearing during the appeal process.

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

How Can I File A Grievance?

You may call your county MHP's toll-free telephone number to get help with a grievance. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request more time, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your grievance if the MHP had a little more time to get information from you or other people involved.

How Do I Know If The MHP Has Made A Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a notice of action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a notice of action on the date the timeframe expires.

Is There A Deadline To File To Grievance?

You may file a grievance at any time.

What Are My Rights?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:



- Be treated with personal respect and respect for your dignity and privacy
- Receive information on available treatment options and alternatives; and have them presented in a manner you can understand.
- Participate in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment or retaliation as specified in federal rules about the use of restraints and seclusion in facilities such as hospitals, nursing facilities and psychiatric residential treatment facilities where you stay overnight for treatment.
- Request and receive a copy of your medical records, and request that they be amended or corrected.
- Receive the information in this booklet about the services covered by the MHP, other obligations of the MHP and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages that are used by at least 5 percent or 3,000, whichever is less, of Medi-Cal eligible people in the MHP's county and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision or people who have trouble reading.
- Receive specialty mental health services from a MHP that follows the requirements of its contract with the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
 - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible individuals who qualify for specialty mental health services can receive them in a timely manner.
 - Cover medically necessary services out-of-network for you in a timely manner, if the MHP doesn't have an employee or contract provider who can deliver the services. "Out-of-network provider" means a provider who is not on the MHP's list of providers. The MHP must make sure you don't pay anything extra for seeing an out-of-network provider.
 - Make sure providers are qualified to deliver the specialty mental health services that the providers agreed to cover.

- Make sure that the specialty mental health services the MHP covers are adequate in amount, duration and scope to meet the needs of the Medi-Cal eligible individuals it serves. This includes making sure the MHP's system for authorizing payment for services is based on medical necessity and uses processes that ensure fair application of the medical necessity criteria.
- Ensure that its providers perform adequate assessments of individuals who may receive services and work with the individuals who will receive services to develop a treatment plan that includes the goals of treatment and the services that will be delivered.
- Provide for a second opinion from a qualified health care professional within the MHP's network, or one outside the network, at no additional cost to you.
- Coordinate the services it provides with services being provided to an individual through a Medi-Cal managed care health plan or with your primary care provider, if necessary and, in the coordination process, to make sure the privacy of each individual receiving services is protected as specified in federal rules on the privacy of health information.
- Provide timely access to care, including making services available 24-hours a day, 7 days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Your MHP must ensure your treatment is not adversely affected as a result of you using your rights. Your Mental Health Plan is required to follow other applicable Federal and State laws (such as: title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and titles II and III of the Americans with Disabilities Act) as well as the rights described here. You may have additional rights under state laws about mental health treatment and may wish to contact your county's Patients' Rights Advocate (call your county mental health department listed in the local phone book and ask for the Patient's Rights Advocate) with specific questions.

■■■■ ADVANCE DIRECTIVES

What Is An Advance Directive?

You have the right to have an advance directive. An advance directive is a written instruction about your health care that is recognized under California law. It usually states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.



California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide any adult who is Medi-Cal eligible with written information on the MHP's advance directive policies and a description of applicable state law, if the adult asks for the information. If you would like to request the information, you should call your MHP's toll-free phone number listed in the front part of this booklet for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

1. Your appointment of an agent (a person) making decisions about your health care; and
2. Your individual health care instructions

If you have a complaint about advance directive requirements, you may contact the California Department of Health Services, Licensing and Certification Division, by calling **(800) 236-9747** or by mail at P.O. Box 997413, Sacramento, California 95899-1413.

■ ■ ■ ■ CULTURAL COMPETENCY

Why Are Cultural Considerations And Language Access Important?

A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's many different peoples and provides them with understanding and respect for those differences.



Your county's MHP is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Verbal and oral interpretation of your rights, benefits and treatments is available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges. The front part of this booklet tells you how to obtain this information. Your county's MHP is required to:

- Provide specialty mental health services in your preferred language.
- Provide culturally appropriate assessments and treatments.
- Provide a combination of culturally specific approaches to address various cultural needs that exist in the MHP's county to create a safe and culturally responsive system.
- Make efforts to reduce language barriers.
- Make efforts to address the cultural-specific needs of individuals receiving services.
- Provide services with sensitivity to culturally specific views of illness and wellness.
- Consider your world view in providing you specialty mental health services.
- Have a process for teaching MHP employees and contractors about what it means to live with mental illness from the point of view of people who are mentally ill.
- Provide a listing of cultural/linguistic services available through your MHP.
- Provide a listing of specialty mental health services and other MHP services available in your primary language (sorted by location and services provided).
- Provide oral interpretation services available free of charge. This applies to all non-English languages.
- Provide written information in threshold languages, alternative formats, and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

Non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.

- Provide a statewide, toll-free telephone number available 24-hours a day and seven days a week, with language capability in your language to provide information to you about how to access specialty mental health services. This includes services needed to treat your urgent condition, and how to use the MHP problem resolution and State Fair Hearing processes.
- Find out at least once a year if people from culturally, ethnically and linguistically diverse communities see themselves as getting the same benefit from services as people in general.

■ How Services May be Provided to You

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health services, you can get services by asking the MHP for them yourself. You can call your MHP's toll free phone number listed in the front section of this booklet. The front part of this booklet and the section called "Services" on page 9 of the booklet give you information about services and how to get them from the MHP.

You may also be referred to your MHP for specialty mental health services in other ways. Your MHP is required to accept referrals for specialty mental health services from doctors and other primary care providers who think you may need these services and from your Medi-Cal managed care health plan, if you are a member. Usually the provider or the Medi-Cal managed care health plan will need your permission or the permission of the parent or caregiver of a child to make the referral, unless there's an emergency. Other people and organizations may also make referrals to the MHP, including schools; county welfare or social services departments; conservators, guardians or family members; and law enforcement agencies.



Please see the provider directory following this section for more information about this topic, or the front section of this booklet with information about your MHP's specific approval or referral information.

How Do I Find A Provider For The Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your county's MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

The MHP may put some limits on your choice of providers. Your county's MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it can't provide a choice, for example, there is only one provider who can deliver the service you need. Your MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice of termination of a MHP contracted provider within 15 days after receipt or issuance of the termination notice, to each person who was receiving specialty mental health services from the provider.

Once I Find A Provider, Can The MHP Tell The Provider What Services I Get?

You, your provider and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services (see pages 17 and 10). Sometimes the MHP will leave the decision to you and the provider. Other times, the MHP may require your provider to ask the MHP to review the reasons the provider thinks you need a service before the service is provided. The MHP must use a qualified mental health professional to do the review. This review process is called an MHP payment authorization process. The State requires the MHP to have an authorization process for day treatment intensive, day rehabilitation, and therapeutic behavioral services (TBS).

The MHP's authorization process must follow specific timelines. For a standard authorization, the MHP must make a decision on your provider's request within 14 calendar days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to another 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for authorization if the MHP had additional information from your provider and would have to deny the request without the information. If the MHP extends the timeline, the MHP will send you a written notice about the extension.



If you didn't get a list of providers with this booklet, you may ask the MHP to send you a list by calling the MHP's toll-free telephone number located in the front section of this booklet.

If your provider or the MHP thinks your life, health or ability to attain, maintain or regain maximum function will be jeopardized by the 14 day timeframe, the MHP must make a decision within 3 working days. If you or your provider request or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended up to an additional 14 calendar days.

If the MHP doesn't make a decision within the timeline required for a standard or an expedited authorization request, the MHP must send you a Notice Of Action telling you that the services are denied and that you may file an appeal or ask for a State Fair Hearing (see page 26).

You may ask the MHP for more information about its authorization process. Check the front section of this booklet to see how to request the information. If you don't agree with the MHP's decision on an authorization process, you may file an appeal with the MHP or ask for a State Fair Hearing (see page 26).

Which Providers Does My MHP Use?

Most MHPs use four different types of providers to provide specialty mental health services. These include:

Individual Providers: Mental health professionals, such as doctors, who have contracts with your county's MHP to provide specialty mental health services in an office and/or community setting.

Group Providers: These are groups of mental health professionals who, as a group of professionals, have contracts with your county's MHP to offer specialty mental health services in an office and/or community setting.

Organizational Providers: These are mental health clinics, agencies or facilities that are owned or run by the MHP or that have contracts with your county's MHP to provide services in a clinic and/or community setting.

Hospital Providers: You may receive care or services in a hospital. This may be as a part of emergency treatment, or because your MHP provides the services you need in this type of setting.

If you are new to the MHP, a complete list of providers in your county's MHP follows this section of the booklet and contains information about where providers are located, the specialty mental health services they provide, and other information to help you access care, including information about the cultural and language services that are available from the providers. If you have questions about providers, call your MHP's toll-free telephone number located in the front section of this booklet.



Web Links

State of California's Medi-Cal program:
<http://www.dhs.ca.gov/mcs/medi-calhome>

State of California Department of Mental Health:
<http://www.dmh.ca.gov>

State of California Department of Health Services:
<http://www.dhs.ca.gov>

Online Health Resources:
<http://www.dhs.ca.gov/home/hsites/>

U.S. Department of Health and Human Services:
<http://www.os.dhhs.gov>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration:
<http://www.samhsa.gov>

