



**COUNTY OF ORANGE  
HEALTH CARE AGENCY**

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April 22, 2009

County Operations  
Department of Mental Health  
ATTN: MHSA Plan Review  
1600 - 9th Street, Room 100  
Sacramento, CA 95814

Dear Bertha:

Enclosed is one (1) original copy of Orange County's FY 2009/10 Annual Update to the Three-Year Program and Expenditure Plan. One (1) hard copy and an electronic copy on CD will be sent to the MHSOAC. An electronic copy will also be sent via-email to both the DMH and the MHSOAC. We look forward to your review of our County's Plan. Please do not hesitate to contact us if you have any questions or need additional information.

Sincerely,

Mark Refowitz  
Deputy Agency Director  
Behavioral Health Services



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

**FY 2009/10**

**Annual Update to the Three-Year  
Program and Expenditure Plan**

**April 22, 2009**

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## **Overview and Executive Summary**

### **Background and Planning Process**

On October 3, 2008, the California Department of Mental Health (DMH) issued Information Notice 08-28, which provides guidelines for counties to submit the FY 2009/10 annual update to their MHSA Three-Year Program and Expenditure Plan. The amount available to Orange County for Community Services and Supports (CSS) in FY 2009/10 is \$72,573,400. This represents an increase of \$20,360,700 over the amount Orange County received for CSS in FY 2008/09 (\$52,212,700).

Currently, Orange County has approved component plans for Community Services and Supports, Workforce Education and Training, and Capital Facilities and Technological Needs and an approved Project Proposal for Capital Facilities. Orange County has also submitted a Plan for Prevention and Early Intervention. That Plan is currently under review by DMH and the Oversight and Accountability Commission (OAC). At this time, the only new funding requested is the \$20,360,700 in CSS FY 2009/10 Growth Funds.

Planning for the Community Services and Supports (CSS) FY 2009/10 Growth Funding and Plan Update was built on the foundation of the original CSS community planning process conducted in 2005 and the follow-up planning activities in FY 2006/07 and 2007/08.

Orange County conducted an open, public, participatory planning process for the use of Community Services and Supports Growth Funding. On January 20<sup>th</sup> and 22<sup>nd</sup> workgroups were held to determine the best use of the additional CSS funding for FY 2009/10. Stakeholder workgroups, organized by age category (Children, Transitional Age Youth, Adults and Older Adults), were conducted. These groups developed recommendations for the use of the FY 2009/10 CSS Growth Funds. The recommendations from each group were then presented to the MHSA Steering Committee on February 2, 2009. At that meeting, a consensus process was used to develop a final allocation Plan, which was then approved by the Steering Committee.

The Plan was available for review during a 30-day public comment period from March 20, 2009 to April 19, 2009. A Public Hearing on the Plan was held by the Mental Health Board on April 22, 2009. At the close of the hearing, the Mental Health Board voted unanimously to approve the Plan.

### **Program Expansions and Additions**

Programs to be provided with the new funding may be divided into two groups: expansion of existing programs and new programs. Table 1 shows the proposed new and expanded programs.

**Table 1**

**FY 2009/10 CSS Growth Funding Programs**

NEW PROGRAMS	EXPANDED PROGRAMS
C7 – Parent Phone Mentoring	C1 - Children’s Full Service Wraparound
C8 – Parent-Child Interactive Therapy	C3 – Children’s In-Home Crisis Stabilization
C9 - Dual Diagnosis Residential Treatment for Children	T1 – TAY Full Service Wraparound
C10. - Medi-Cal Match Mental Health Services for Children	A1 - Adult Full Service Partnership
T7 – Transitional Age Youth Discovery Program	A8 - Recovery Center
O5 – Community-Based Senior Support	O2 - Older Adult Support and Intervention Services (FSP)
	O3 – Older Adult Program of Assertive Community Treatment (PACT)

The Plan includes expansions of seven existing programs. Please see Table 1 above. Expansions are needed to avoid waiting lists, make the most efficient use of the new funding, and meet expected consumer needs in FY 09/10. The Plan also includes six new CSS programs to be added to the continuum of care in Orange County. Four of the new programs are for children and their parents. There is community recognition of and support for the concept that it is important to provide help early so that the amount of disability and suffering caused by mental illness can be minimized.

In addition to the new Children’s Programs, there is one new program for Transitional Age Youth (TAY) and one for seniors. The Program for TAY is the Discovery Program. This Program will provide assistance to diverse youth in securing education, employment, and independent living skills. The Community-Based Senior Support Team will provide mobile assessments and brief interventions to Older Adults who are referred from social services agencies and primary care physicians serving the Older Adult Community.

**Conclusion**

The planning process used by Orange County to update its CSS Plan and determine the best use of the FY 2009/10 CSS Growth Funds was built upon the work done in prior planning processes. The process was open and participatory. Consumers, family members, underserved communities, and other important stakeholders were well-represented. The decisions made have strong community support. The new programs to be funded will strengthen the continuum of care in Orange County and increase effectiveness in serving consumers. This Plan Update will move Orange County another step closer to transformation of the public mental health system.

**Exhibit A**

**COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE**

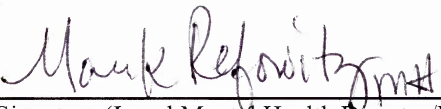
**County Name:** Orange

<b>County Mental Health Director</b>	<b>Project Lead</b>
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached Work Plan are true and correct.

  
\_\_\_\_\_  
Signature (Local Mental Health Director/Designee)  
Mark Refowitz

4/22/09  
\_\_\_\_\_  
Date  
Deputy Agency Director,  
Behavioral Health

**Exhibit B**  
**Description of Community Program Planning and Local Review Processes**  
**MHSA FY 2009/10 ANNUAL UPDATE**

**County Name:** Orange

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

**1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

Preliminary discussions regarding the FY 2009 Community Services and Supports (CSS) Growth funds were held at the MHSA Steering Committee on January 5, 2009 and the Community Action Advisory Committee (CAAC) meeting on January 6, 2009. This was followed by a series of stakeholder meetings to obtain community input for planning the allocation of the FY 09/10 CSS Growth funding. Stakeholder meetings were held for each of four different age groups.

On January 20, 2009, a meeting was held regarding the unmet needs of Children and Youth and programs that might be used to fill those needs. Thirty-two attendees participated. A follow-up meeting attended by 20 participants was held on January 29<sup>th</sup> to finalize recommendations. Attendees of the Children's Stakeholder meetings included individuals from a wide variety of community organizations, clients and family members, representatives from underserved communities, the courts, and the Orange County Department of Education. Six programs were selected, reflecting an expansion of some existing programs as well as creating some new programs.

In a separate meeting, also held on January 20<sup>th</sup>, stakeholders interested in services for Transitional Age Youth (TAY) met to discuss priorities for filling the unmet needs of that age group. The attendees agreed that funding was needed for two programs: an expansion of the TAY Full Service Partnership (FSP) program and a new TAY Discovery House Program.)

On January 22, 2009, 52 participants attended an Adult Services stakeholder meeting. Once again, there was a wide variety of participants, including clients and family members, community-based organizations, law enforcement, education, county agencies and representatives of underserved communities. Consensus was reached that available funding should be used to expand two existing programs: Adult Full Service Partnerships and the Recovery Center Program.



In a separate meeting, 32 attendees representing diverse perspectives discussed how best to use available funding to meet service needs of Older Adults. Consensus decisions were that additional funds were needed for the Older Adult FSP program and the Older Adult Program of Assertive Community Team (PACT). Participants also reached consensus to spend some of the funding on a new program: a Community-Based Senior Support Team.

The recommendations from the four stakeholder groups were presented and approved at the MHSA Steering Committee meeting on February 2, 2009 and at the Community Action Advisory Committee (CAAC) meeting on February 3, 2009.

## **2. Identify the stakeholder entities involved in the Community Program Planning Process.**

Stakeholders at the various planning meetings differed according to the age group; however, the overall participants reflected a wide variety of community-based organizations, consumers and family members, representatives from underserved communities (including the deaf and hard of hearing community) and representatives from law enforcement, the courts, education, Social Services Agency, Health Care, and Community Services. The 64-member MHSA Steering Committee is also inclusive of a full range of community perspectives.

## **3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.**

Below is a listing of Full service Partnership (FSP) data reports that were presented to consumers, family members and stakeholders. All data presented to the Steering Committee was presented at the Community Advisory Action Committee (CAAC) meeting the next day. The Mental Health Board (MHB) also received periodic updates.

### Steering Committee November 3, 2008 (CAAC 11/4/08)

#### **FY 2007/08 and FY 2008/Year-To-Date MHSA Progress Report**

Included Full Service Partnership (FSP) implementation data, i.e., age groups and numbers served by FSPs.

### Steering Committee December 1, 2008 (CAAC 12/2/08)

Number of clients served by Full Service Partnership program in FY 2005/06, Living Arrangements, and Age and Ethnicity breakdown

“Consumer Perspective” - J. Torres shared her positive experiences with FSP Telecare.

### Steering Committee January 5, 2009 (CAAC 1/6/09)

FSP Update by Tony Delgado and video presentation on an FSP program.

Steering Committee March 2, 2009 (CAAC 3/3/09)

FSP Update – Capacity, Age Group Data, including Ethnicity, Housing, Education, Employment, Hospitalization, Incarceration; Consumer Perception Surveys, and Success Stories.

FSP success stories were also printed in our newsletter, “Recovery Connections” including:

- The Youthful Offender Wraparound Program - Summer 2008 issue
- Whatever It Takes program - Summer 2008 issue
- Home Crisis Stabilization program – Winter 2009 issue
- Telecare and Orange program - Winter 2009 issue

**4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.**

Additional analyses were requested, and the Health Care Agency responded that those types of analyses would be presented at a future Steering Committee meeting.

**5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The 30-day stakeholder review period was held from March 20, 2009 to April 19, 2009. No substantive comments were received from the public. (Please See Appendix 1).

The Mental Health Board Public Hearing held a Public Hearing on the Plan on April 22, 2009. At the close of the Public Hearing, the Mental Health Board voted unanimously to approve the Plan (Please See Appendix 2).

## Exhibit C

### Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

**County Name: Orange**

**Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)**

As a result of the MHSA Community Services and Supports (CSS) programs, Orange County has begun making progress toward a reduction in disparities in access and treatment for unserved/underserved, hard to reach populations, particularly in our Children's and Transitional Age Youth (TAY) programs.

A prime example is the successful use of Outreach and Engagement programs to identify, and then link, diverse persons who are suffering with mental illness to appropriate levels of care. Through the culturally appropriate use of Promotoras, or health educators, one of the Adult Outreach and Engagement contract providers is now able to provide linkage to services for Latino Spanish-speaking mentally ill individuals who would normally go unnoticed. By using a familiar method of providing resources and linkages, utilizing the community strengths, and working with Promotoras (who are already known and trusted in the Latino community), progress has been made in increasing access to services for this underserved population.

Another example of progress in reducing disparities is a collaborative project between three prominent Asian/Pacific Islander (A/PI) agencies well known and trusted in the A/PI communities. This collaboration of Korean Community Services, Nhan Hoa Health Care Clinics and the Orange County Asian Pacific Islander Community Alliance has bridged the gap between the diverse A/PI communities and facilitated outreach and engagement through already developed programs. This, in turn, has resulted in a large increase in children and TAY accessing and being linked to Full Service Partnerships (FSPs).

A review of the ethnic breakdown of clients served in the Children's and TAY FSPs during the last fiscal year, supports the fact that disparities are being addressed. The largest ethnic groups served are Latinos (45%), followed by Caucasians (38%) and African Americans (6%). Increasing services to Vietnamese clients (2%) has been slower. The focus on increasing services to Korean (3%) and Native Indigenous clients (3%) is resulting in an increase in access for these normally underserved populations.

## Mental Health Services Act Annual Plan Update FY 09/10

Linguistically, 84% of the clients served in the Children's and TAY FSPs spoke English as their primary language; 15% spoke Spanish; 2% spoke Korean; and 2% spoke Vietnamese. There was also one client who used American Sign Language (ASL) and one client who spoke Mandarin. While English is spoken by the largest group of clients, their family's language was significantly different: 24% of the families of clients served spoke Vietnamese. In one family, Mandarin, Farsi and Thai are each spoken. Orange County is making strides towards addressing disparities in both ethnicity and primary language in our Children's and TAY FSP's.

The Adult FSP programs are demonstrating more difficulties in reducing ethnic disparities. Of those clients seen in the FSP's in the last fiscal year, 70% were Caucasians, followed by 17% Latinos, 9% African Americans, and 2% Vietnamese. In addition, individuals of Korean, other A/PI, Iranian, and Native Indigenous ethnicities are represented.

Linguistically, 98% of clients served in our Adult and Older Adult FSP programs spoke English, 3% spoke Spanish, 4% spoke Vietnamese, and 0.7% spoke Korean. One client spoke each of the following languages: Farsi, Cantonese, and Romanian.

In an effort to reduce disparities, the County has been hiring more bilingual/bicultural staff to provide Outreach and Engagement (O/E) as well as services in the FSPs. However, due to the current fiscal crisis, the County has implemented a "hiring freeze," in which positions have been placed on hold. Additionally, more trainings are scheduled to assist the FSP and O/E contractors in improving outreach to hard-to-reach populations. The County is committed to improving access to services for all of the residents of the County, with a particular focus on the hard-to-reach and underserved populations of the County.

## **Exhibit D**

### **Work Plan Description**

# **Community Services and Supports Programs & Prevention and Early Intervention Services**

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (C1) Children’s Full Service Partnership (Expansion)

### Population to Be Served

The population to be served is diverse Seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) children, from birth to 18 years old, who meet the MHSA criteria for enrollment in a Full Service Partnership (FSP), i.e., children:

- who have experienced multiple psychiatric hospitalizations,
- have co-occurring disorders,
- are exiting the juvenile justice or social service system,
- are uninsured,
- are unable to function in mainstream school setting; or
- who have parents with serious mental illness,
- families who are homeless, or
- whose families are unserved/underserved due to cultural or linguistic isolation, which in Orange County includes but is not limited to Latinos, Vietnamese, Koreans, Iranians, and Deaf and hard-of hearing populations.

Qualifying children and their families will be served.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

\_\_\_450\_ Total

Number of Clients By Funding Category

\_\_\_450\_ Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

\_\_\_\_\_ Indicated/Selected

\_\_\_\_\_ Universal

### Work Plan Description

This plan will add an additional 117 slots to Orange County’s (OC) existing Children’s Full Service Partnership (FSP) program, which now has the capacity to serve 223 diverse families at any one time. Currently, the program serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) children and the program is filled to capacity. The children currently being served or waiting for enrollment and those served in the new slots all meet the MHSA criteria for the FSP. The FSP program assists enrolled families by linking them to a wide range of culturally and linguistically appropriate community resources, including mental health, medical, education, employment, housing, youth and parent mentoring, transportation, benefit acquisition, respite care, and co-occurring disorders services. Through a “whatever-it-takes” approach families are assisted in gradually moving toward self-sufficiency. As a result, many families, homeless at intake, have graduated from the program with mental health services for their child and employment for the parent/s. They have also increased their ability to maintain a stable home and family. It is anticipated that a minimum of 450 children and families will participate in the program annually.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (C2) Children’s Outreach and Engagement

### Population to Be Served

Consumers to be served are the diverse unserved and underserved seriously emotionally disturbed (SED) children and their families in Orange County. Participants in the program require full service partnerships, other mental health services, and/or linkages with needed community resources. Special focus will be on target populations of Latino and Asian Pacific Islander- specifically Vietnamese and Koreans, as well as Iranians, and the Deaf and hard of hearing populations.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_600\_\_ Total  
Number of Clients By Funding Category  
----- Full Service Partnerships  
----- System Development  
\_\_600\_\_ Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
----- Total  
Number of Clients By Type of Prevention  
----- Early Intervention  
----- Indicated/Selected  
----- Universal

### Work Plan Description

The program identifies, contacts, and engages seriously emotionally disturbed (SED) children and their families, who have historically been unserved and underserved in the traditional mental health system. Partnerships have been formed with community-based health organizations, including those serving the Vietnamese, Latino, Cambodian, and Korean communities. In addition to traditional outreach, there has been a focus on community health clinics and school partners to encourage the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings. Services provided are culturally competent and client and family-focused. Services promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals. Behavioral Health Services also partners with the faith-based communities to identify locations and events for client/community outreach. Staff meets with individuals, families or groups to address mental health and co-occurring disorders issues and to reduce the stigma associated with mental illness. The outreach and engagement services are culturally focused, and provide access to bilingual, bicultural staff.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (C3) In-home Crisis Stabilization  
(Expansion)

**Population to Be Served**

The target population is diverse youth to age 18 who have been considered for in-patient hospitalization and do not meet the admission criteria, but who continue to have significant adjustment problems. The program began seeing clients in November of 2006 and through the beginning of February 2009 has served 275 clients and their families. One third of the families are Spanish-Speaking Latinos, 2% are Vietnamese, 2% other and 63% English.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_270\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_270\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

There are currently four teams composed of a clinician and family support staff providing services on a 24 hour per day seven day per week basis for diverse families in crisis. When a child or adolescent is evaluated for possible psychiatric hospitalization and does not meet the criteria, the evaluator may contact the In-Home Program to provide services to the family in a culturally and linguistically appropriate manner. The Family Support Team may meet the family at the emergency room or at the family home and provide on-going support to the family until stable community support services are in place. Services are designed to last three weeks, but may be extended if there is an identified clinical need. The program is also used as a step-down from 24 hour care in the hospital or residential treatment program to assist in reintegrating youth into the family home who have recently experienced a crisis that required residential treatment. On occasion, a referral may be made by an outpatient therapist who sees a crisis impending and uses the program as a means to avoid hospitalization by providing additional family support. This successful program will be expanded by two teams to provide maximum coverage throughout the County.



**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (C4) Children’s Crisis Residential Program

**Population to Be Served**

The target population for this program is Youth between the ages of 11 and 17 who have been considered for inpatient psychiatric hospitalization, but do not meet hospital admission criteria. Also served are youth who have been hospitalized or placed in residential treatment and may benefit from a step-down program before returning home. Since its inception in January of 2007, the program has served 145 youth and their families. Twenty-two percent of the families were Spanish-speaking; one family spoke Vietnamese and the rest spoke English as their primary language.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_80\_\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_\_80\_\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program promotes resiliency in diverse youth in crisis by providing them and their families with a short-term, temporary residential resource that can facilitate the teaching of coping strategies. The goal is to reduce at-risk behaviors, peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice system. The plan is to continue the program as currently designed. No additional funding will be added for FY 2009-2010.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (C5) Mental Health Mentoring Program for Children

**Population to Be Served**

The Mental Health Mentoring Program for Children serves diverse children (ages 0-17) that have emotional or behavioral difficulties indicating the presence of a serious emotional disturbance (SED) as defined by California Welfare & Institution Code 5600.3. Adult peer mentors also serve parents of SED children and youth on a one-to-one basis. Services are provided to children and youth who are receiving services through any HCA Children and Youth Services (CYS) clinic or CYS contract program. All services are provided in a culturally/linguistically appropriate manner.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_60\_\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_60\_\_\_ Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

The Mentoring Program for Children is an existing program that is community-based, culturally and linguistically competent and individual and family-centered. The Mentoring Program recruits, trains and supervises diverse, responsible adults (age 21 and up) to serve as positive role models and mentors to SED children and youth who are receiving services through any Children and Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Mentors are recruited from university, corporate, professional and faith-based groups in Orange County, as well as neighborhood and cultural groups that represent the local demographics. There is a special focus on children and youth who are unserved, under-served, or inappropriately served. Once a mentor-match is mutually agreeable to all parties involved, the process of forming a trusting, nurturing, one-to-one relationship begins. Through this relationship, the child or youth experiences increased self-esteem and improved family and social relationships.

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

Mental Health Services Act-Work Plan Description (EXHIBIT D)



County Name: Orange

Work Plan Title: (C6) Centralized Assessment Team

Population to Be Served

The target population for this program is diverse children from 5-17 years of age who have a psychiatric emergency and/or are at risk for psychiatric hospitalization. This population includes the unserved population in Orange County, which are made up primarily of Latinos, Vietnamese, Korean and Iranians, as well as monolingual non-English speakers, which include the Deaf and hard of hearing.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
\_1,200\_\_\_\_\_ Total
Number of Clients By Funding Category
\_\_\_\_\_ Full Service Partnerships
\_\_1,200\_ System Development
\_\_\_\_\_ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
\_\_\_\_\_ Total
Number of Clients By Type of Prevention
\_\_\_\_\_ Early Intervention
\_\_\_\_\_ Indicated/Selected
\_\_\_\_\_ Universal

Work Plan Description

The program provides one Centralized Assessment Team that offers a mobile response to provide mental health evaluations and assessments for those who are experiencing a mental health crisis. The focus of the program is to reduce inpatient hospitalization and reduce reliance on hospital emergency rooms. Crisis intervention services are offered 24 hours per day/7 days per week. Staff provides crisis intervention for hospital diversions, evaluations for involuntary hospitalizations, and assists police, fire, and social service agencies in responding to psychiatric emergencies. Services are provided to Hospital Emergency Departments (ED) with assessment and consultation for patients in the ED in need of, or waiting for, inpatient services. This bilingual bicultural staff works with family members to provide information, referrals, and community support services. This program also includes timely follow-up on all evaluations to ensure linkage to ongoing services.

This team focuses services on children (ages 5-17). Clinicians are specifically trained in regards to treatment and resources for this age group. This team is familiar with a wide variety of alternatives to hospitalization and has the flexibility to provide follow-up services to ensure appropriate linkage. In addition, the team provides education and brief interventions to families.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (C7) Children and Youth Services  
(CYS): Parent Phone Mentors

**Population to Be Served**

The primary target groups are diverse families of children ages 0-8 who have been referred to the outpatient clinics of CYS. Of particular concern are those families from culturally/linguistically isolated groups such as Latinos (55% of the target population), Asian/Pacific Islanders, primarily Vietnamese and Koreans (15% of those expected to participate), as well as Iranians (Farsi-speaking). However, all families referred to CYS may be served by this program if capacity allows.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_600\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_\_600\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program will provide initial and, if needed, ongoing support for the diverse parents of Seriously Emotionally Disturbed (SED) children ages 0-8 who have been referred to the Health Care Agency's Children and Youth Services (CYS) outpatient clinics. No-show and dropout rates are higher in this age group than in older children and particularly high in non English-speaking families. The service will consist of bicultural, bilingual parent partners contacting parents by phone prior to their first visit to the clinic. The purpose of the calls is to remind the parents about their appointment, answer questions and discuss what they might expect during the visit. This bridging service can continue for up to 4 weeks to help solidify the treatment process. Local pilot work in this area and studies of similar programs designed to reduce pre-treatment anxiety have been found to be very effective. It is expected that this will improve attendance rates and support positive growth in children and families. The phone parent partner will also provide information and referrals to other community resources as needed.

On an annual basis, a minimum of 1,200 families will be contacted in this program. These families are, on the average 55% Latino and 15% Asian Pacific Islander (primarily Vietnamese and Korean). The staffing pattern will reflect this distribution and will also include the ability to provide culturally /linguistically competent services to Farsi-speaking families.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (C8) Parent Child Interactive Therapy (PCIT)

### Population to Be Served

The PCIT Children’s Program targets unserved/underserved children (ages 2-8) whose emotional or behavioral difficulties indicate the presence of a serious emotional disturbance (SED) as defined by California Welfare & Institution Code 5600.3. It also includes those with significant behavioral problems. Services are provided to children through properly equipped HCA Children and Youth Services (CYS) clinics. The program targets both English-speaking and Spanish-speaking clients.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_60 (first year)\_\_\_\_\_ Total  
Number of Clients By Funding Category  
\_\_\_\_\_ Full Service Partnerships  
\_\_60\_\_\_\_\_ System Development  
\_\_\_\_\_ Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
\_\_\_\_\_ Total  
Number of Clients By Type of Prevention  
\_\_\_\_\_ Early Intervention  
\_\_\_\_\_ Indicated/Selected  
\_\_\_\_\_ Universal

### Work Plan Description

PCIT is a 12 to 20 week outpatient behavior management program for young children. It is a positive and intensive treatment program designed to help both children and parents. The program works with parents and children together in order to improve the quality of the parent-child relationship and to teach parents the skills to manage their child’s behavioral problems. In addition to improving parent-child relationships, PCIT aims to halt family violence. PCIT is an evidence-based practice that reduces the risk of child abuse and provides parents with tools they can use beyond the confines of the treatment milieu. Studies indicate that improvements gained during PCIT continue to grow over time and have a positive effect on other children in the home. PCIT is conducted in a specialized room equipped with a one-way mirror dividing the room in two. The room is also equipped with video recording equipment and a listening device. The parent engages in play with the child, while the therapist on the other side of the mirror communicates with the parent via a listening device placed in the parent’s ear. The therapist provides direct coaching to the parent during the play session, telling the parent how to respond and what to say in response to the child’s behavior.

Staff will be trained to conduct this type of service. Due to the training required during the first year, the total children and families served will be 60; however, the number of families served will expand to 100 to 120 children in subsequent years.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (C9) Residential Treatment for Youth with Co-Occurring Disorders

### Population to Be Served

The target population for this program is culturally/linguistically diverse Seriously Emotionally Disturbed (SED) children and youth ages 12 to 18, who are dually diagnosed with serious mental illness and substance abuse (Co-Occurring Disorders) and are not participating in a Full Service Partnership. In most cases, the youth will have participated in an outpatient mental health treatment program, and frequently in some drug and alcohol abuse treatment, but have been unsuccessful in making or sustaining positive life changes.

This program will serve, in part, the large number of SED Latino youth who suffer from a mental disorder and a co-occurring substance abuse problem and do not have access to appropriate resources.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_\_8\_\_\_ Total  
Number of Clients By Funding Category  
\_\_\_\_\_ Full Service Partnerships  
\_\_\_8\_\_\_ System Development  
\_\_\_\_\_ Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
\_\_\_\_\_ Total  
Number of Clients By Type of Prevention  
\_\_\_\_\_ Early Intervention  
\_\_\_\_\_ Indicated/Selected  
\_\_\_\_\_ Universal

### Work Plan Description

The Residential Treatment for Youth with Co-occurring Disorders work plan is a 90-to-180 day residential treatment program for diverse youth ages 12 to 18 who are diagnosed with Co-Occurring Disorders. The program will offer a strength-based treatment continuum that will implement evidence-based, emerging, and promising service models and interventions that incorporate the principles of recovery-oriented treatment for youth and their families. Assessment, case management, treatment planning, individual and group counseling, education, recreation, and intensive family services will be components of the program.

The plan is to purchase treatment beds in established programs on a case-by case-basis. The program will collaborate with the local Department of Education to provide on-site schooling for the participants. The program will also collaborate with local community organizations and county agencies to meet the individual needs of the youth and their families. The focus of the short-term residential program is to help youth move from lives of continual crisis to problem solving and conflict resolution in a substance abuse free environment. Due to the focus on Latino SED youth and their families, staff will be culturally competent and linguistically proficient in Spanish in addition to any other languages that the youth and/or their families speak, including American Sign Language.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (C10) Medi-Cal Match: Mental Health Services (Children)

### Population to Be Served

The priority populations to be served will be:

1. Diverse youth with multiple psychiatric hospitalizations or those cycling through different institutional settings
2. Diverse Seriously Emotionally Disturbed (SED) youth, including Probation youth exiting incarceration
3. Diverse SED children of parents with serious mental illness
4. Diverse children ages 0-5 and school age children unable to function in the mainstream school, preschool or day care setting because of emotional problems
5. Diverse SED youth unserved or underserved because of linguistic or cultural isolation, etc.
6. Diverse children with co-occurring disorders

Services target children of all cultures/languages, including the Deaf and hard of hearing.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

----- Total

Number of Clients By Funding Category

----- Full Service Partnerships

\_\_\_40\_\_\_ System Development

----- Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

----- Total

Number of Clients By Type of Prevention

----- Early Intervention

\_\_\_40\_\_\_ Indicated/Selected

----- Universal

### Work Plan Description

The work plan includes provision of medication services, individual, group, and family therapy as needed.

Services will be provided in several geographic locations with culturally and linguistically competent staff, resulting in improved services to ethnically underserved clients.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (T1) TAY Full Service Partnership (Expansion)

**Population to Be Served**

The population to be served is seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) Transitional Aged Youth (TAY) who meet the MHSA criteria for enrollment in a Full Service Partnership (FSP), i.e., experiencing one or more of the following:

- First psychotic episode,
- Homelessness,
- Multiple psychiatric hospitalizations,
- Co-occurring disorders,
- Lack insurance and exiting Probation/ Social Services, or
- Member of unserved/underserved due to cultural or linguistic isolation such as Latinos, Vietnamese, Koreans, Iranians, and the Deaf and hard of hearing populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_456\_\_\_\_ Total  
 Number of Clients By Funding Category  
 \_\_456\_\_ Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

**Work Plan Description**

This plan will add an additional 143 slots to Orange County’s existing Transitional Aged Youth (TAY) Full Service Partnerships (FSP) program. Currently, the County serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) TAY who qualify for participation in FSPs. The current capacity of the TAY FSP program is 313 at any one time. The TAY being served, those waiting for enrollment, and those who will be served in the new slots all meet the MHSA criteria for the FSP. TAY enrolled in the FSPs are assisted in accessing numerous community resources that are suited to the culture and language needs of the individual. A “whatever it takes” approach is used in assisting the TAY with gradually moving toward self-sufficiency. Linkage to extensive services, including mental health, medical, education, employment, and housing allow the TAY to avoid the “chronically disabled and unemployable” role so common in their older, similarly-diagnosed, counterparts. An additional 143 slots for the TAY FSPs will allow Orange County to keep up with the increasing demand for services to qualified TAY, including those currently awaiting enrollment. It would allow a more timely response for those seeking the services they so vitally need. After this expansion, it is anticipated that a minimum of 456 TAY will participate in the program annually.



**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (T2) TAY Outreach and Engagement

**Population to Be Served**

Diverse Transitional Age Youth (TAY) from 18-25 years of age who have a psychiatric emergency and/or are at risk for psychiatric hospitalization. Special focus will be on those TAY and their families who are Latino, Vietnamese, Korean, Farsi, monolingual non-English speakers and the Deaf and hard of hearing populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_240\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 \_\_240\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

Community Outreach and Engagement Services identify and engage seriously emotionally disturbed / seriously mentally ill (SED/SMI) transitional age youth and their families who have historically been unserved and underserved in the traditional mental health system. Partnerships with community-based health organizations, including those serving the Vietnamese, Latino, Cambodian, and Korean, communities have been formed. In addition to traditional outreach, the focus has also been on community health clinics and school partners to encourage the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings. Services provided are culturally competent and client and family-focused. Services promote recovery and resilience, while demonstrating respect for the beliefs and cultural practices of the individuals. Behavioral Health also partners with the faith-based communities to identify locations and events for client/community outreach. Staff meets with individuals, families or groups, to address mental health and co-occurring disorders issues and reduce the stigma of the illness. The outreach and engagement services are culturally focused and provide access to bilingual, bicultural staff.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (T3) TAY Crisis Residential Program

**Population to Be Served**

The target population is youth between the ages of 18 and 25 who have been considered for inpatient psychiatric hospitalization but do not meet hospital admission criteria. Also served are youth who have been hospitalized or placed in residential treatment and can benefit from a step-down program before moving to more permanent housing. Since its inception in March of 2008, the program has served 55 youth. Family involvement is strongly encouraged but it is not always possible. All of the clients reported themselves to be English speaking. The program has served 45% Caucasian clients, 29% Latino, 14% African-American, 7% Hawaiian/Pacific Islander, and 5 % Vietnamese.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_80\_\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_\_80\_\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program promotes resiliency in seriously emotionally disturbed/seriously mentally ill (SED/SMI) TAY in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource. This program provides respite for families and also facilitates the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement with the justice system. The plan is to continue the program as currently designed and possibly add a step-down board and care. No additional funding will be added for FY 2009-2010.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (T4) TAY Mentoring

**Population to Be Served**

The Mental Health Mentoring Program for Transitional Aged Youth (TAY) serves diverse transitional age youth (16-25) whose emotional or behavioral difficulties indicate the presence of a serious emotional disturbance (SED) as defined by California Welfare & Institution Code 5600.3, or a severe mental illness (SMI) as defined by California Welfare & Institution Code 5600.3(b). Services are provided to TAY who receive services through any Behavioral Health Services Children and Youth Services (CYS) clinic or CYS contract program. The focus will be on Latino, Vietnamese, Korean, Iranian, monolingual non-English speakers and Deaf and Hard of Hearing populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_30\_\_ Total  
 Number of Clients By Funding Category  
 \_\_\_\_\_ Full Service Partnerships  
 \_\_30\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

**Work Plan Description**

The Mentoring Program for TAY is an existing program that is community-based, culturally and linguistically competent and individual and family-centered. The Mentoring Program recruits, trains, and supervises responsible adults (age 21 and up) to serve as positive role models and mentors to SED/SMI TAY who are receiving services through any Children and Youth Services (CYS) county-operated or contract program, including the Full Service/Wraparound population.

Mentors are recruited from university, corporate, professional and faith-based groups in Orange County, as well as neighborhood and cultural groups that represent the local demographics, particularly of those who are unserved, under-served, or inappropriately served. Once a mentor-match is mutually agreeable to all parties involved, the process of forming a trusting, nurturing, one-to-one relationship begins. Through this relationship, the TAY experiences increased self-esteem and improved family and social relationships.

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

An additional support provided by the TAY Mentoring Program is trained adult mentors to deliver one-to-one peer support and resource information to parents of SED youth ages 16 and 17.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (T5) TAY Centralized Assessment Team

### Population to Be Served

This program targets diverse Transitional Age Youth (TAY) from 18-25 years of age who have a psychiatric emergency and/or are at risk for psychiatric hospitalization. Special focus will be on those TAY and their families who are Latino, Vietnamese, Korean, Farsi-speaking, monolingual non-English speakers and the Deaf and Hard of Hearing populations.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_600\_\_ Total  
Number of Clients By Funding Category  
----- Full Service Partnerships  
\_\_600\_\_ System Development  
----- Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
----- Total  
Number of Clients By Type of Prevention  
----- Early Intervention  
----- Indicated/Selected  
----- Universal

### Work Plan Description

This program provides a Centralized Assessment Team that offers a mobile response for those who are experiencing a mental health crisis. The team provides mental health evaluations/assessment in a culturally and linguistically appropriate manner. The focus of the program is to reduce inpatient hospitalization and unnecessary incarceration and reduce reliance on hospital emergency rooms. This program enhances relationships with law enforcement and emergency rooms.

Crisis intervention services are offered 24 hours per day/7 days per week. Staff provides crisis intervention for hospital diversions, evaluations for involuntary hospitalizations, and assists police, fire, and social service agencies in responding to psychiatric emergencies. Services provided to patients in Hospital Emergency Departments (ED), include assessment and consultation for patients in need of, or waiting for, inpatient services. The bilingual/bicultural staff works with family members to provide information, referrals, community support services, and follow-up.

This team serves transitional age youth (ages 18-25). Clinicians are specifically trained in regard to treatment and resources for this age group. The team is familiar with a wide variety of alternatives to hospitalization and has the flexibility to provide follow-up services to ensure appropriate linkage.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (T6) TAY Program of Assertive Community Treatment (PACT)

**Population to Be Served**

The target population for the Transitional Age Youth (PACT) program is diverse, chronically mentally ill TAY, ages 18 to 25. In particular, the program targets the underserved ethnic populations of Latinos, Vietnamese, Korean and Iranian, as well as the linguistically isolated, which includes the Deaf and hard of hearing.

This population struggles with the onset of acute and chronic symptoms of mental illness and often present with co-occurring diagnoses and multiple functional impairments. This is a crucial developmental stage for these individuals in attaining independence and skills needed to be successful throughout their adult lives. Individuals eligible for this treatment model have been hospitalized and/or incarcerated prior to admission to the program. This population requires frequent and consistent contact to engage and remain in treatment. This multicultural population typically requires intensive family involvement.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_100\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_100\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program is an Assertive Community Treatment program targeted at severely mentally ill Transitional Age Youth (ages 18-26) who are high acuity, high risk, and difficult to engage in treatment. Typically these are consumers experiencing symptoms of mental illness for the first time in their lives. The program focuses on delivering culturally competent services to achieve the program participants' maximum level of functioning and independence. The program provides consumer focused, recovery-based services, and provides intervention primarily in the home and community in order to reduce access or engagement barriers.

Collaboration with family members and other community supports are stressed in this multidisciplinary model of treatment. The treatment team is comprised of a multidisciplinary group of professional staff, including Clinical Social Workers, Marriage Family Therapists, Mental Health Specialists, Psychiatrists, and a supervisor. This team provides medication services, individual and group therapy, substance abuse and family therapy. In addition, supportive services such as money management and linkage are offered. The focus of recovery for this population is to address age appropriate developmental issues such as re-integration into school and employment, developing and sustaining social support systems, and attaining independence. This program is sensitive to the individual needs of the Transitional Age Youth consumer, and staff is knowledgeable of the resources and issues for this population.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (T7) Discovery House-TAY Education, Employment, and Independent Living Program

### Population to Be Served

Primary Target groups are diverse Seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) Transitional Aged Youth (TAY) not enrolled in an Full Service Partnership (FSP), but otherwise meeting those criteria, i.e., homeless or with multiple psychiatric hospitalizations or uninsured or exiting Probation or Social Services or unserved/underserved because of cultural or linguistic isolation, or having special needs. Specific attention will be given to underserved populations, such as Latinos, Vietnamese, and Koreans, including those who do not speak English.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_\_125\_\_\_ Total  
Number of Clients By Funding Category  
----- Full Service Partnerships  
\_\_\_125\_\_\_ System Development  
----- Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
----- Total  
Number of Clients By Type of Prevention  
----- Early Intervention  
----- Indicated/Selected  
----- Universal

### Work Plan Description

This program will provide assistance to diverse SED/SMI TAY in securing education, employment and independent living skills. This type of assistance has proved extremely valuable in the current TAY Full Service Partnerships (FSP), allowing many TAY to become self sufficient and avoid the “chronically disabled and unemployable” role so common in their older counterparts with similar diagnoses. The Discovery House program will allow the extension of these valuable services to the Behavioral Health Services (BHS) clinic population who are not enrolled in an FSP.

Education/Employment specialists will work with TAY to secure education or employment as desired, doing “whatever it takes.” FSP experience shows that many TAY are unable to use local resources because of lack of knowledge, anxiety or the severity of their symptoms. Similarly, there are many SED/SMI in the community who are homeless or at risk of homelessness, but who may not need or be willing to use the extensive services of an FSP. They are also often unable to use local resources because of lack of knowledge, anxiety, or the severity of their symptoms. Partnering with an Education/ Employment or Housing Specialist makes accessing local resources a reality. Experience in the FSP shows that an individualized, graduated assistance plan aimed at self sufficiency with respect to employment, education, housing, and independent living is feasible and realistic with this age group. On an annual basis, it is anticipated that a minimum of 125 TAY will participate in the program.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (A1) Adult Full Service Partnership (FSP)

### Population to Be Served

The target population is the chronic mentally ill who are homeless or at risk of homelessness and may also be diagnosed with co-occurring substance abuse or dependence disorder. These programs are linguistically and culturally competent, and able to provide services to the underserved cultural populations in Orange County, such as Latinos, Vietnamese, Koreans, Iranians, monolingual non-English speakers, and the Deaf and Hard of Hearing.

In the most recent stakeholder process, an additional 165 slots have been approved for the Adult Full Service Partnership (FSP) programs. Target groups will include clients who remain in Institutions of Mental Disease (IMD) because they lack reintegration support services and those clients who may have misdemeanors, yet

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_715\_\_ Total  
Number of Clients By Funding Category  
\_\_\_715\_\_\_ Full Service Partnerships  
----- System Development  
----- Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
----- Total  
Number of Clients By Type of Prevention  
----- Early Intervention  
----- Indicated/Selected  
----- Universal

### Work Plan Description

Currently, there are 550 Full Service Partnership(FSP) slots with three separate contractors for Adult Mental Health Services. Of these, 310 slots provide intensive case management and full recovery services to the chronic and persistently mentally ill who may or may not be suffering from a co-occurring substance abuse disorder and who are homeless or at imminent risk of homelessness. The services provided include assistance with housing, education, employment, individual and group therapy, linkage to medical and dental services, etc. All services are provided in a culturally and linguistically appropriate manner. There are an additional 140 FSP slots that target consumers meeting the above FSP criteria and also have high recidivism through the correctional mental health system. These are mentally ill clients who would otherwise be released from the jail to the streets without the necessary support for them to break the recidivism cycle. The remaining 100 FSP slots are a part of a Collaborative Court program that targets consumers similar to those described above, but are now faced with criminal charges that could potentially result in jail and/or prison term if not for this option. Increased funding is requested for FY 2009/10 to serve an additional 165 consumers.

A Request for Proposals (RFPs) will be developed for the added slots, focusing on bringing home those mentally ill consumers who remain in IMDs due to lack of resources and necessary support to reintegrate back into the community and be closer to their families and support systems.

In the initial implementation phase of the FSP programs in Orange County, there was a commitment to address those most in need: the homeless mentally ill, those with co-occurring disorders, those being released from jail with no place to go or support to turn to, and those who would be serving long jail sentences for minor crimes related to life style and/or their illness. Now that options are in place for these populations, there will be an increased focus on the underserved, including those in IMDs who could come home if a support system were in place and those in Board and Cares who, given the opportunity, could regain control and independence and achieve enhanced recovery.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (A2) Centralized Assessment Team /  
Psychiatric Evaluation & Response Team

**Population to Be Served**

The target population is diverse adults with serious mental illness who may also have co-occurring disorder and are experiencing a mental health crisis or are at risk of psychiatric hospitalization. This includes those in underserved cultural ethnic populations, such as monolingual non English-speaking clients, Latinos, Vietnamese, Koreans, and Iranians as well as Deaf and Hard of Hearing populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_2,000\_\_ Total  
 Number of Clients By Funding Category  
 \_\_2,000\_ Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program has a Centralized Assessment Team (CAT) that provides mobile response, including mental health evaluations/assessment, for those who are experiencing a mental health crisis. The focus of the program is to reduce inpatient hospitalization, avoid unnecessary incarceration, and reduce reliance on hospital emergency rooms. This program enhances relationships with law enforcement and emergency rooms and increases the ability of Orange County Mental Health to provide crisis intervention. Crisis intervention services are offered 24 hours per day/7 days per week. In response to psychiatric emergencies, staff provides crisis intervention for hospital diversions, evaluations for involuntary hospitalizations, and assistance for police, fire, and social service agencies. Assessment /consultation services are provided in Hospital Emergency Departments (ED) for patients in need of, or waiting for, inpatient services. This Bi-lingual/Bi-cultural staff works with family members to provide information, referrals, and community support services.

The Psychiatric Evaluation and Response Team (PERT) is a partnership with law enforcement, which includes designated police officers and mental health staff that respond to calls from officers in the field. Mental health consultations are provided for individuals in an apparent mental health crisis. The program also provides outreach and follow up services to ensure linkage to ongoing services.



**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (A3) Adult Crisis Residential

**Population to Be Served**

The target population for this program is diverse adults (18-59) who have a serious mental illness (and possibly a co-occurring disorder) and who are in an acute psychiatric episode. These are clients who otherwise may have been admitted to an emergency room or hospitalized. The target population includes underserved populations such as Latinos, Vietnamese, Korean, and Iranians, and linguistically isolated populations such as non-English speaking monolingual individuals, including the Deaf and Hard of Hearing.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_400\_\_ Total  
 Number of Clients By Funding Category  
 \_\_400\_\_ Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

**Work Plan Description**

The Crisis Residential Services program will emulate a home-like environment in which intensive and structured psychosocial recovery services are offered 24 hours a day, 7 days a week. The staff-to-client ratio and the number of staff on duty will comply with the standards for the certification of Social Rehabilitation Programs established by Title 9 and 22 of the California Code of Regulations.

The program will provide a culture of recovery, which includes a client's family, friends, and significant others. The provider will collaborate with clients and family in the evolution of treatment plans and program development. The program will incorporate the concept of personal responsibility for a client's illness management and independence. The program will foster client empowerment, hope, and an expectation of recovery from mental illness. The service provider will enhance client motivation to actively participate in treatment, provide clients with intensive assistance in accessing community resources, and help clients develop strategies to maintain independent living in the community and improve their overall quality of life. The Program will have culturally/linguistically competent Peer Mentors to assist clients in their path to recovery. Peer Mentors provide information, support, assistance, and advocacy for consumers and/or caregivers of consumers of mental health services. They also provide feedback and perspective to the mental health system relative to the impact and effectiveness of the services provided.

The Crisis Residential Program will provide assessment and treatment services that include, but are not limited to: crisis intervention; individual and group counseling; monitoring psychiatric medications; substance abuse education and treatment; and family and significant-other involvement whenever possible. Each client admitted to the Crisis Residential Services Program will have a comprehensive service plan that is unique, meets the individual's needs, and specifies the goals to be achieved for discharge. To effectively integrate the client back into the community, discharge planning starts upon admission.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (A4) Supportive Employment

### Population to Be Served

The population served includes diverse Adults with mental illness, including those with co-occurring disorders that require long-term job support to obtain competitive employment. Services tailored to linguistically and culturally underserved communities are provided and include services to Latinos, Vietnamese, Koreans, Iranians, and non English-speaking monolingual individuals, including Deaf and hard of hearing populations. Geographically, this program serves all of Orange County.

### Work Plan Description

This program is designed for clients who are at the stage of their recovery where they are ready and able to return to the workforce. It provides education and support to diverse adults with mental illness who require long-term job supports to obtain and maintain competitive employment. The program provides education and support for mentally ill and/or dually diagnosed clients referred by Personal Services Coordinators from any program within Orange County Behavioral Health Services. Clients receive job preparation training, which includes: pre-employment classes aimed at identifying individual client skills and interests, workplace responsibilities and expectations; communication skills; information on managing symptoms and stress in the workplace; grooming and dressing for success; resume writing; and successful job application techniques.

Job developers act as liaisons in the community and provide education to recruit potential employers and assist in reducing stigma. Job developers provide functional assessments, identify natural support in a client's life, network with the community to meet employers, identify job opportunities, and assist clients in pursuing a position. Job coaches assist clients on-the-job with workplace skill development, business interactions, and problem resolution. They also act as consultants and liaisons with employers. Job coaches maintain contact with Personal Services Coordinators to assure seamless service delivery. Program components include: development of job options for clients such as social enterprises, agency-supported positions, and competitive employment options as well as volunteerism and other creative activities. The program provides culturally appropriate services to reach persons of racial/ethnic cultures who may be better served and are responsive to services in specific culturally-based settings. The program integrates services within ethnic and specific community-based organizations.

The program currently is located in a building in North/Central Orange County. Additional funding will be used to open a program site in South Orange County. The demand for these services has been higher than anticipated. Within the first few months of operation, the current program exceeded the number of consumers expected to enroll. Consumers who reside in South Orange County have been limited in their access to this program, primarily due to transportation issues and minimal job opportunities in their region. This expansion will provide access and allow job developers to work with the community in South Orange County to develop job opportunities for the consumers residing in that area.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_175\_\_\_\_ Total

Number of Clients By Funding Category  
\_\_\_\_\_ Full Service Partnerships

\_\_175\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

\_\_\_\_\_ Total

Number of Clients By Type of Prevention

\_\_\_\_\_ Early Intervention

Indicated/Selected

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (A5) Adult Outreach and Engagement

### Population to Be Served

This program targets the unserved and underserved populations of Orange County who are severely and chronically mentally ill and have not received mental health services in the past. The target populations include Latinos, Vietnamese, Korean and Iranians, as well as monolingual non-English speakers, including the Deaf and hard of Hearing.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_308\_\_\_\_\_ Total  
Number of Clients By Funding Category  
\_\_\_\_\_ Full Service Partnerships  
\_\_\_\_\_ System Development  
\_\_\_308\_\_\_\_\_ Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
\_\_\_\_\_ Total  
Number of Clients By Type of Prevention  
\_\_\_\_\_ Early Intervention  
\_\_\_\_\_ Indicated/Selected  
\_\_\_\_\_ Universal

### Work Plan Description

This program serves individuals with serious mental illness in historically unserved and underserved populations. Partnerships with community-based health organizations, including those serving the Vietnamese, Latino, Cambodian, and Korean communities have been formed. In addition to traditional street outreach, there has also been a focus on community health clinics and primary care physicians as partners to encourage the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings.

A “promotora” outreach program has been developed to outreach to underserved communities. As accepted members of their community, promotoras provide brief screenings, information, referral, and linkage to services. Services provided are culturally competent and client and family-focused. Services promote recovery and resilience, while demonstrating respect for the beliefs and cultural practices of the individuals. Behavioral Health Services also partners with the faith-based communities to identify locations and events for client/community outreach. Staff meets with individuals or groups to address mental health and co-occurring disorders issues and reduce the stigma of the illness. The outreach and engagement services are culturally focused including access to bilingual, bicultural staff.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (A6) Adult Program Assertive Community Treatment (PACT)

**Population to Be Served**

The target population of the Adult PACT program is chronically mentally ill adults, ages 18-60 that exhibit acute and chronic symptoms of mental illness and often present with co-occurring diagnoses and multiple functional impairments. Frequently, this population is very challenging to engage in treatment. Individuals eligible for this treatment model have been hospitalized and/or incarcerated prior to admission to the program. This population is multicultural and requires frequent and consistent contact to engage and remain in treatment. The targeted populations include Latinos, Vietnamese, Korean and Iranians, as well as monolingual non-English speakers, which include the Deaf and Hard of hearing populations.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_285\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_285\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program is an Assertive Community Treatment program targeted at mentally ill adults (ages 18-60) who are high acuity, high risk, and difficult to engage in treatment. Typically these are consumers who have a long history of accessing multiple levels of care in the community without significant success. The program focuses on delivering culturally competent services to adults in the community, to achieve their maximum recovery and independence in functioning. The program provides consumer-focused, culturally/linguistically competent, strength-based services. Interventions are usually provided in the home and community in order to reduce access or engagement barriers.

A holistic team approach is stressed in this program, which is in and of itself culturally competent, in that it requires intense collaboration with primary care providers, family members, and other community supports. It is a multidisciplinary team model, comprised of Clinical Social Workers, Marriage Family Therapists, Mental Health Specialists, Psychiatrists, and a supervisor. This team provides medication services, individual and group therapy, substance abuse and family therapy as well as supportive services such as money management and linkage to community supportive services. The focus of recovery for this population is to address individual strengths and empower consumers to reach their highest potential. Re-integration into community institutions and organizations such as school, employment, and independent housing is stressed. Staff is sensitive to the individual needs of each adult consumer and is knowledgeable of the resources and issues for this population.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (A7) Wellness Center

**Population to Be Served**

The target group for the Wellness Center consists of those adults residing in Orange County, who are:

- Over 18 years of age and have been diagnosed with a serious mental illness and may (or may not) have a co-occurring disorder;
- Relatively stable and have achieved recovery;
- Require a support system to succeed in remaining stable while continuing to progress in their recovery.

The program targets culturally/linguistically diverse groups such as Latinos, Vietnamese, Korean and Iranian, as well as non English speaking monolingual individuals.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_500\_\_\_\_ Total

Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_500\_\_\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total

Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

The Wellness Center supports clients who have achieved recovery by offering a program that is culturally and linguistically appropriate, while focusing on personalized socialization, relationship building, assistance maintaining benefits, setting employment goals, and providing educational opportunities. The Wellness Center will be grounded in the recovery model and will provide services to a diverse client base. These services will facilitate and promote recovery and empowerment in mental health consumers.

Recovery interventions will be client-directed and embedded within the following array of services, including: individualized wellness recovery action plans, peer supports, social outings, and recreational activities. Services will be provided by clients. The Wellness Center program is based upon a model of peer to peer support in a non-judgmental environment. A wide variety of weekend, evening, and holiday social activities will be provided for clients to increase socialization and encourage integration into the community. The ultimate goal is to reduce reliance on the mental health system and to increase self-reliance by building a healthy network of support, which may involve the client's family, friends, and significant others.

The philosophy of the Wellness Center will 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. Wellness Center Program staff will be consumers of mental health services. The Wellness Center uses a community town hall model to make many of their decisions.

The program consists of various social activities and classes. Six components are identified as the core services of the Wellness Center: (1) Wellness/Recovery, (2) Recreation, (3) Garden, (4) Health & Wellness,(5) Resources, and (6)Vocational Training. Substance abuse relapse prevention and recovery support groups will also be offered.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (A8) Recovery Center

**Population to Be Served**

The target population for this program is diverse Adults who have chronic and persistent mental illness and may have co-occurring disorders but have now substantially achieved recovery. These clients still are in need of medication support and may benefit from peer support groups. Targeted populations for this program include Latinos, Vietnamese, Korean and Iranians, as well as non English speaking monolingual individuals, which include the Deaf and Hard of Hearing.

**Work Plan Description**

The Recovery Center program provides a lower level of care for consumers who no longer need traditional outpatient treatment, yet need to continue receiving medication and episodic case management support. This program will allow diverse consumers to receive distinct, mostly self-directed services that will focus on consumer-community reintegration and linkage to health care. To a great extent, the program will rely on client self-management. In addition, an important feature will be a peer-run support program where consumers will be able to access groups and peer support activities.

The ultimate goal of this program is to reduce reliance on the mental health system and increase and maintain self-reliance by building a healthy network support system. This program will provide an option for clients who no longer need the intensive services offered by other programs included in the continuum of Adult services and who are ready to take increasing responsibility for their own wellness and recovery. These are consumers that require less professional care and a greater degree of self-directed and peer support services.

The services are aimed at community reintegration and an eventual exit from the formal mental health system. Activities, services, and supports will focus on relapse prevention, healthy living, maintaining or obtaining independent living, employment, and wellness recovery action planning. Services will also include psychiatric services, health and wellness screening, self-help groups, and other groups that would be a reflection of client's needs and stressors as they move along the continuum of recovery. The program will have a Nurse Practitioner (NP) at each site. The NP will be able to provide ongoing health education. In addition to traditional psychiatric treatment, the NP can provide basic wellness assessments and assist with referrals, if a greater health need is identified. Substance abuse relapse prevention and recovery support groups will also be offered.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_800\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_800\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (A9) Adult Peer Mentoring

**Population to Be Served**

Individuals targeted for the Peer Mentor Program will be diverse adults (18-59). Priority populations include adults with two prior hospitalizations within the past 12 to 18 months, followed by individuals identified as having a high probability of benefiting from this level of community transition assistance. Referrals will come from hospital staff as well as clinicians from outpatient clinics. This program will serve clients from diverse cultural groups such as Latinos, Vietnamese, Koreans, and Iranians as well as non English-speaking monolingual individuals, including Deaf and Hard of Hearing.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_100\_\_\_\_ Total  
 Number of Clients By Funding Category  
 \_\_\_\_\_ Full Service Partnerships  
 \_\_100\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

**Work Plan Description**

The Adult Peer Mentoring program will target some of the most common reasons for re-hospitalization after discharge, including interruption of medications, substance abuse-related problems, and lack of housing resulting in decompensation.

The Adult Peer Mentoring Program will pair qualified, culturally/linguistically competent peer consumers with individuals in certain psychiatric hospitals who are soon to be discharged, and assist them in successfully transitioning to community living. Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers. The goal is to ensure the client's continued recovery and successful transition to healthy and effective community living. Peer Mentors will support the individual's recovery goals and therapeutic needs. Examples of activities include: helping clients get to the first appointment; meeting with the individual's assigned Care Coordinator or Psychiatrist; assisting clients in picking up prescribed medications at a local pharmacy; and encouraging (and at times participating) in their recovery activities. Mentors will also assist in other needs of community living (e.g., acquiring benefits, food, and clothing; doing laundry; learning the bus routes, etc.).

Peer Mentors will have caseloads of six to eight individuals, and work a schedule that allows for some flexibility and rotational on-call in the evening and one weekend approximately every two months.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (O1) Older Adult Services Recovery Program

**Population to Be Served**

The target population of the Older Adult Services Recovery program is diverse, chronically mentally ill adults, sixty years old and above. The population struggles with the acute and chronic symptoms of mental illness and often presents with co-occurring diagnoses and multiple functional impairments. Individuals eligible for this program typically have a chronic mental illness that is complicated by at least one medical condition. Older adults receiving this service are often very isolated, homebound, and have limited resources. This population is multicultural, multilingual and is disproportionately represented in the suicide statistics as well as victimization statistics.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_250\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_250\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

The Recovery Program targets mentally ill seniors (60 +) who struggle with co-occurring diagnoses and are difficult to engage in treatment. The program focuses on delivering culturally/linguistically competent services to seniors in the community to: achieve their maximum level of functioning; decrease isolation and risk of suicide;, and maintain independence in the community. The program provides consumer-focused, recovery-based services. Interventions are provided primarily in the home and community in order to reduce access or engagement barriers. In this multidisciplinary model of treatment, collaboration with primary physical health care and other community and family supports is stressed. The treatment team is comprised of a multidisciplinary group of professional staff, including Clinical Social Workers, Marriage Family Therapists, Mental Health Specialists, Psychiatrists, and a supervisor. This program provides comprehensive behavioral health assessments, including assessments of co-occurring disorders. Medication management services are available. Nurses provide physical health screenings with linkage to physical health care. A pharmacist is also part of the team that reviews prescribed medications and discusses medication interactions and side effects. Peer support counselors conduct outreach to seniors at many community locations. They provide assistance and education to clients and their families. This program is sensitive to the needs of the older adult consumer and staff is knowledgeable of the resources and issues for this population.



**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (O2) Older Adult Support and Intervention System (OASIS-FSP)

**Population to Be Served**

The target population for the program is older adults (age 60 or greater) with severe mental illness, including those with co-occurring substance abuse disorder. These seniors are at risk of institutionalization, criminal justice involvement and are homeless or at risk of homelessness. The Program is linguistically and culturally capable of providing services to the underserved ethnic populations in Orange County, including Vietnamese and Spanish-speaking consumers.

**Work Plan Description**

Currently, there are 150 Full Service Partnership slots contracted to serve the Older Adult population (60+). This program provides intensive case management services, integrated mental health, recovery and basic medical monitoring of vital signs and medication interactions. The consumers are assisted by an RN and pharmacist in understanding their medication needs, side effects, and interactions. Housing has been a major challenge in assisting this diverse population, as many of the traditional housing resources (Room and Boards, Board and Cares, etc.) will not accept anyone with physical limitations or medical needs. The Full Service Partnerships provide intensive community-based services and supports that utilize a team approach. The program is available 24/7. The services provided include assistance with housing, education, employment, crisis response, individual and group therapy, alternatives to jail and hospitalization, linkage to medical and dental services, etc. A key component to these programs is a Peer Recovery Specialist who serves as a mentor to the members of the program.

Full Service Partnerships provide an integrated team to work with the consumer to develop plans for and provide the full spectrum of community services, so that the consumers can reach their identified goals. Programs are strength-based, with the focus on the person rather than the disease. Staff is culturally and linguistically competent to address the threshold languages.

Additional funding is requested to expand the Older Adult Full Service Partnerships to assist those older adults who suffer from a mental illness and may be at risk of losing their housing/placement or are at risk of being put in long term placement. The goal is to assist these consumers in living independently at home or in the care of their families for as long as possible.

Services are provided to those seniors who need them to maintain their current housing. Services are delivered at the consumer's home, room and board, assisted living facility, or wherever the consumer resides. The program works with families and significant others to ensure that the client is able to remain in the lowest level of placement.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_200\_\_ Total  
 Number of Clients By Funding Category  
 \_200\_\_\_ Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** ( O3) Older Adult Services Program of Assertive Community Treatment (PACT)

**Population to Be Served**

The target population of the Older Adult Services PACT program is diverse, chronically mentally ill adults, sixty years old and above. The population struggles with the acute and chronic symptoms of mental illness and consumers often present with multiple diagnoses and multiple functional impairments. Individuals eligible for this treatment model have been hospitalized and/or incarcerated prior to admission to the program. This population requires frequent and consistent contact to engage and remain in treatment. The target population is multicultural and includes Latinos, Vietnamese, Koreans and Iranians, and is disproportionately represented in the suicide statistics as well as victimization statistics.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_50\_\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_\_50\_\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

This program is an Assertive Community Treatment program targeted at diverse, mentally ill seniors (60 +) who are high acuity, high risk, and difficult to engage in treatment. The program focuses on delivering culturally competent services to seniors in the community, so that clients may achieve their maximum level of functioning and independence. The program provides consumer-focused, recovery-based services, and provides intervention primarily in the home and community in order to reduce access or engagement barriers.

Collaboration with primary physical health care and providers of community and family supportive services is stressed in this multidisciplinary model of treatment. The treatment team is comprised of a multidisciplinary group of professional staff, including Clinical Social Workers, Marriage Family Therapists, Mental Health Specialists, and a supervisor. Additional funds have been requested to add one full-time Geriatric Psychiatrist.

The team provides medication services, individual and group therapy, substance abuse and family therapy as well as supportive services such as money management and linkage to appropriate services. This program is sensitive to the needs of the older adult consumer and staff is knowledgeable of the resources and issues for this population.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (04) Older Adult Peer Mentoring

**Population to Be Served**

The primary target population for the Peer Mentor Program is diverse older adults (60+) with two prior hospitalizations within the past 12 to 18 months. Individuals identified as having a high probability of benefiting from this level of community transition assistance are also targeted. Referrals will come from hospital staff as well as clinicians from outpatient clinics. Clients served will be from a diverse array of cultures, including Latinos, Vietnamese, Koreans and Iranians, as well as linguistically isolated older adults and the Deaf and Hard of Hearing.

**Work Plan Description**

The Older Adult Peer Mentoring program will target some of the most common reasons for decompensation and hospitalization, including interruption of medications, substance abuse related problems, isolation, depression, and having no place to live. Keeping Older Adult clients out of the hospital is a major focus, since hospitalization often leads to clients being put on conservatorship. This may result in the client losing independence and make it more difficult for him or her to transition back to independent living.

The Older Adult Peer Mentoring Program will pair qualified, culturally/linguistically competent peer consumers with individuals in certain clinical circumstances, including hospitalizations, and assist them in successfully transitioning to community living. Helping selected individuals to make a successful transition into the community will be facilitated by providing assistance and support from qualified, trusted, and well-prepared peers to ensure the client's continued recovery and successful transition to healthy and effective community living.

Peer Mentors will support the individual's recovery goals and therapeutic needs. Examples of activities include: helping clients get to the first appointment; meeting the individual's assigned Care Coordinator or Psychiatrist; assisting clients in picking up prescribed medications at a local pharmacy; assisting clients to re-connect with family and friends or to develop a support network; and encouraging (and at times participating in) their recovery activities. Mentors will also assist in accessing other needs of community living (e.g. assisting in acquiring benefits, food, and clothing; doing laundry; learning the bus routes).

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

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_200\_\_\_ Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 \_\_200\_\_\_ System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** ( O5) Community-Based Senior Support Team

### Population to Be Served

The target groups for this program are diverse Older Adults who may be experiencing symptoms and/or challenges in staying in the community due to their mental illness. Referrals for this program will be made through partnerships with social service agencies that serve this population. Unserved/underserved cultural groups will be among the clients served, including Latinos, Vietnamese, Koreans and Iranians, as well as non English-speaking monolingual individuals and the Deaf and Hard of Hearing.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
\_\_200\_\_ Total  
Number of Clients By Funding Category  
----- Full Service Partnerships  
\_\_200\_\_ System Development  
----- Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
----- Total  
Number of Clients By Type of Prevention  
----- Early Intervention  
----- Indicated/Selected  
----- Universal

### Work Plan Description

This program will collaborate and partner with social services agencies (including primary care physicians) who provide services to the diverse older adult community. Partners may refer clients who are having difficulty in the community as a result of their mental illness. The team will provide short-term interventions.

The goals of this program include:

- Reaching the intended population, who may be under-treated and struggling to stay in the community.
- Improving the linkage between older adult community service providers and health care professionals through appropriate referrals, better communication, and effective partnerships.

Services will include: culturally and linguistically appropriate assessment/screening, brief supportive counseling, brief case management, resource referral and follow-up as needed. An expected outcome is improving access to preventive healthcare services. This team will also provide education regarding mental illness and information about specific resources for the older adult population to clients, families, significant others, social service agencies and older adult stakeholders.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (PEI 1) Prevention and Early Intervention: Early Intervention Project

**Population to Be Served**

Primary Target groups are:

- Culturally/linguistically diverse children and youth in stressed families, ages 0-25
- Culturally/linguistically diverse individuals experiencing their first onset of serious psychiatric illness, all ages
- Culturally/linguistically diverse Children and Youth at risk of or experiencing involvement in the juvenile justice system, ages 0-25

There will be a special focus on the unserved/underserved populations, including those that are culturally or linguistically isolated. However, all populations may be served by this project.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 ----- Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_160\_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_160\_\_\_\_\_ Early Intervention  
 ----- Indicated/Selected  
 ----- Universal

**Work Plan Description**

The Early Intervention Project programs are those directed toward culturally and linguistically diverse individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse.

The Early Intervention Services Project consists of five types of programs:

- Early Intervention Services for Stressed Families
- First Onset Services and Supports
- Socialization Program for Isolated Adults and Older Adults
- Peer Mentors for Youth Program
- Peer-led Support Groups

These programs have been submitted as part of the Orange County Prevention and Early Intervention Plan (PEI) which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training, and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (PEI 2) Prevention and Early Intervention: School Based Services Project

**Population to Be Served**

The population to be served is culturally and linguistically diverse Children and Youth at Risk of School Failure. Per stakeholder and community focus group feedback, many Latino and Vietnamese children are at risk for school failure due to lack of peer and parental support, especially for those parents and other caregivers who are not proficient in English. This population includes but is not limited to the prominent unserved/underserved ethnic populations of Latinos and Vietnamese who are also high risk for school failure as well as the historically unserved Deaf and Hard of Hearing population in Orange County.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 ----- Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 610,257 Total  
 Number of Clients By Type of Prevention  
 21,002 Early Intervention  
 10,995 Indicated/Selected  
 503,304 Universal

**Work Plan Description**

The School-Based Services Project includes four types of programs:

- School-Based Mental Health Prevention and Early Intervention Services
- Positive Behavioral Interventions and Supports (PBIS)
- School-Based Violence Prevention Education
- School Readiness Program Expansion

All four of these School Based Services programs will serve a broad range of students of diverse backgrounds and ages with life experiences that may make them vulnerable to mental health problems.

These programs have been submitted as part of the Orange County PEI Plan, which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (PEI 3) Prevention and Early Intervention: Outreach and Engagement Project

**Population to Be Served**

The target population is underserved Cultural Populations such as Orange County’s Latinos, Vietnamese, Korean and Iranian populations, as well as the hard to reach Deaf and Hard of Hearing population. In addition, those who are monolingual Spanish, Vietnamese, Korean, Farsi and ASL speaking will be a primary target population but the project will serve all populations and ages.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 ----- Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 6,720 Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 2,240 Indicated/Selected  
 4,480 Universal

**Work Plan Description**

This project will proactively identify members of the diverse Prevention and Early Intervention (PEI) priority populations who are at risk of emotional, behavioral or mental health conditions and will provide easy and immediate access, information, and referral assistance to culturally competent early intervention services as needed. They will serve a wide range of residents from different backgrounds and different ages who are seeking mental health-related information or who have had life experiences that may make them vulnerable to mental health problems. Within this population, linguistically and culturally isolated populations are of particular concern because of their low rates of use of mental health services. The staffing pattern and protocols used in the program will be designed to improve access to services for these groups

The Outreach and Engagement Services Project consists of two programs:

- Information and Referral Services
- Outreach and Engagement Services

These programs have been submitted as part of the Orange County PEI Plan, which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** ( PEI 4) Prevention and Early Intervention: Parent Education and Support Project

**Population to Be Served**

The population to be served includes diverse parents and other caregivers (such as grandparents, and extended family members) who have the responsibility of caring for diverse children and youth. This specifically includes those parents/caregivers who are not proficient in English and are monolingual in Spanish, Vietnamese, Korean, Farsi or ASL. It also includes those parents/caregivers who may not be familiar with American parenting practices, such as new arrivals and refugees who require a higher level of support and education that also takes into consideration their cultural beliefs and values.

While this is the primary target group, all populations may be served by this project.

**Work Plan Description**

The Parent Education and Support Project specifically targets diverse mothers and fathers, as well as grandparents and others who have responsibility for caring for at-risk children and youth. The five programs included in this project foster effective parenting skills and family communication, healthy identities and extended family values, child growth and development, and self-esteem. Parenting support, education, and skills training for parents or other adults who suffer from a mental illness and who are raising children would also be considered. All five Parent Education and Support Programs are designed to serve families from many different backgrounds. The primary focus of each of these programs is to reach and support those families whose stressors may make the children more vulnerable to mental health problems.

The five Parent Education and Support programs are:

- Positive Parenting Program,
- Parent Empowerment Program,
- Parent Training Program,
- Promotora Program
- Family to Family Program

These programs have been submitted as part of the Orange County PEI Plan, which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 ----- Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 ----- Total  
 Number of Clients By Type of Prevention  
 \_\_640\_\_ Early Intervention  
 \_\_2,200\_\_ Indicated/Selected  
 ----- Universal



**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (PEI 5) Prevention and Early Intervention: Prevention Services Project

**Population to Be Served**

The primary target groups include culturally/linguistically diverse individuals experiencing the onset of a serious psychiatric illness, as well as those exposed to trauma, including new arrivals and refugees, who present with very specific needs, and diverse children and youth at risk of/or experiencing juvenile justice involvement.

However, all populations may be served by this project.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Funding Category  
 \_\_\_\_\_ Full Service Partnerships  
 \_\_\_\_\_ System Development  
 \_\_\_\_\_ Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_5,328\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_2,216 \_ Indicated/Selected  
 \_\_\_3,112\_ Universal

**Work Plan Description**

The Prevention Services Project and associated programs will enable Orange County to provide universal, selective, and indicated prevention services and resources to reduce many community mental health problems. These include prolonged suffering/trauma, homelessness, community/domestic violence, school failure or school dropout, and the number of children removed from their homes/families. The Prevention Services Project will provide valuable technical assistance and linkage to resources that can help professionals on the frontlines (e.g., educators, health care providers, emergency responders) to expand their behavioral health expertise and promote resiliency in various at-risk populations.

The Prevention Services Project consists of five programs.

- PEI Mental Health Consultants
- Children of Substance Abusers or Mentally Ill Parents
- PEI Services for Parents and Siblings of Youth in the Juvenile Justice System
- Youth Development and Resiliency
- Transition Services

These programs have been submitted as part of the Orange County PEI Plan which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (PEI 6) Prevention and Early Intervention: Screening and Assessment Services

**Population to Be Served**

The primary target group is Trauma-Exposed Individuals. Trauma-Exposed Individuals in Orange County include several subpopulations, including but not limited to, Iranian, Iraqi, Vietnamese, and East African refugees. These subpopulations carry with them very distinct needs due to their level of acculturation, arrival status, linguistic and cultural needs. Additionally, the target population includes diverse victims of domestic violence including women and their children.

However, all populations may be served by this project.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 ----- Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_1,560\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 ----- Early Intervention  
 \_\_1,560\_\_\_\_ Indicated/Selected  
 ----- Universal

**Work Plan Description**

The Screening and Assessment Project includes three types of programs:

- The Assessment Tools and Training Program will provide culturally/linguistically competent testing instruments and training for established community-based organizations, programs and services so that staff members can provide their own screening and assessment to their clients/consumers. The objective of this program is to provide simple tools that a lay person might be able to administer to determine whether an individual's behavior might warrant a referral for mental health services or for further assessment.
- The Integration of Professional Assessors Program will provide a full or part-time employee to be on-site in community agencies to provide culturally/linguistically competent screening and assessment for their clients/consumers and their family members.
- The Mobile Assessment Team will be a centralized assessment service that will be available to community groups, organizations, and outreach services to provide mental health screening and assessment for trauma-exposed-individuals and others to determine whether further referral for mental health services is wanted or needed. The Mobile Assessment Team will be on-call to answer questions or to provide screening and assessment services upon request. This can involve a field visit or might simply involve providing information. The team will include staff that is culturally/linguistically diverse and competent.

These programs have been submitted as part of the Orange County PEI Plan, which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

**Mental Health Services Act-Work Plan Description (EXHIBIT D)**



**County Name:** Orange

**Work Plan Title:** (PEI 7) Prevention and Early Intervention: Crisis and Referral Services Project

**Population to Be Served**

All populations may be served by this project. However, the primary target groups to be served are:

- Underserved cultural/linguistic populations including Latinos, Vietnamese, Korean, Iranian and the Deaf and Hard of Hearing.
- Diverse individuals experiencing onset of serious Psychiatric Illness
- Trauma-Exposed Individuals including, but not limited to, new arrivals, refugees, victims of domestic abuse and their children.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 ----- Total  
 Number of Clients By Funding Category  
 ----- Full Service Partnerships  
 ----- System Development  
 ----- Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_6,720\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_6,560\_\_ Early Intervention  
 \_\_160\_\_ Indicated/Selected  
 ----- Universal

**Work Plan Description**

The Crisis Referral Services Project encompasses a wide range of culturally/linguistically competent, population-specific strategies aimed at reducing suicidal behavior and its impact on family, friends, and communities.

The Crisis and Referral Services Project consists of four programs:

- Crisis Prevention Hotline/Warm Line Network: an accredited 24-hour, toll-free suicide prevention service available to anyone in crisis or experiencing suicidal thoughts in Spanish, Vietnamese, Korean, Farsi, and available in a video relay capacity for the Deaf and hard of hearing populations.
- Crisis Intervention Network: Culturally/linguistically competent teams available to respond to critical incidents in the community that may have psychological/traumatic effects on children, adults, and families.
- Law Enforcement Partnerships: expansion of the current partnerships to include prevention and early intervention options that will enhance the ability of County Mental Health to partner with law enforcement agencies to identify individuals at risk of developing severe mental health problem.
- Survivor Support Services: a culturally/linguistically appropriate peer-led group support model.

These programs have been submitted as part of the Orange County PEI Plan, which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

## Mental Health Services Act-Work Plan Description (EXHIBIT D)



**County Name:** Orange

**Work Plan Title:** (PEI 8) Prevention and Early Intervention: Training Services Project

### Population to Be Served

Primary target groups include culturally/linguistically diverse individuals experiencing first onset of serious psychiatric illness. This includes the family for many of the individuals experiencing a first break. Another target population is underserved cultural populations who have reported a lack of understanding of prevention as well as resources available to them. Trauma-exposed individuals are also a target population, and include very specific and varied sub-populations such as new arrivals, refugees, and those who have experienced domestic violence.

However, all populations may be served by this project.

### COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served  
----- Total  
Number of Clients By Funding Category  
----- Full Service Partnerships  
----- System Development  
----- Outreach & Engagement

### PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served  
\_\_400\_\_ Total  
Number of Clients By Type of Prevention  
\_\_180\_\_ Early Intervention  
\_\_120\_\_ Indicated/Selected  
\_\_200\_\_ Universal

### Work Plan Description

The Training Project targets staff and volunteers working in schools and universities, primary care settings and emergency medical services; refugee and recent immigrant programs; law enforcement; teen programs; violence prevention programs; sexual assault crisis centers; homeless programs; disaster assistance/response programs; and grief support programs.

The Training Project may also target the general community and/or specific at-risk populations in an effort to increase the understanding and awareness of factors that contribute to the development of mental health problems; reduce the potential for stigma and discrimination against individuals with mental illness; and increase access to and awareness of local mental health resources.

The Training Project consists of five programs:

- Training and Technical Assistance
- Child Development Training
- Training in Physical Fitness and Nutrition
- Stress Management for Caregivers and Service Providers
- Community-Based Stigma Reduction Training

These programs have been submitted as part of the Orange County PEI Plan, which is currently in review. While awaiting a response from CA DMH, county staff is preparing administrative, training and service implementation plans relevant to PEI; beginning preparation of Requests for Proposals in anticipation of a competitive bid process for the programs; and completing preliminary administrative and budgeting projects.

## Exhibit E

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Summary Funding Request

County: Orange

Date: 2/24/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>					
2. Transfers <sup>b/</sup>					
3. Adjusted Planning Estimates	\$0	\$0	\$0	\$0	\$0
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$72,573,400				
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds <sup>d/</sup>					
b. Adjustment for FY 2008/09 <sup>e/</sup>					
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$72,573,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates					
3. Unapproved FY 08/09 Planning Estimates					
4. Unapproved FY 09/10 Planning Estimates	<b>\$72,573,400</b>				
<b>5. Total Funding<sup>f/</sup></b>	<b>\$72,573,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Funding Request

County: Orange

Date: 2/24/2009

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	C1	Children's Full Service Wraparoun	E	\$7,662,486	\$7,662,486				\$7,662,486			
2.	C2	Children's Outreach & Engagemer	E	\$357,302	\$73,866		\$283,436		\$357,302			
3.	C3	Children's In-Home Stabilization	E	\$815,656	\$45,666	\$769,990			\$815,656			
4.	C4	Children's Crisis Residential	E	\$1,133,869	\$113,387	\$1,020,482			\$1,133,869			
5.	C5	Children's Mentoring	E	\$310,000		\$310,000			\$310,000			
6.	C6	Children's CAT	E	\$1,221,542	\$122,154	\$1,099,388			\$1,221,542			
7.	C7	Parent Phone Mentors	N	\$85,000		\$85,000			\$85,000			
8.	C8	Parent-Child Interactive Therapy	N	\$250,000		\$250,000			\$250,000			
9.	C9	Dual Diagnosis Residential Treatm	N	\$300,000		\$300,000			\$300,000			
10.	C10	Medi-Cal Match: Mental Health Se	N	\$150,000		\$150,000			\$150,000			
11.	T1	TAY Full Service Wraparound	E	\$7,518,367	\$7,518,367					\$7,518,367		
12.	T2	TAY Outreach & Engagement	E	\$489,314	\$117,458		\$371,856		\$489,314			
13.	T3	TAY Crisis Residential	E	\$1,201,182	\$120,118	\$1,081,064			\$1,201,182			
14.	T4	TAY Mentoring	E	\$190,000		\$190,000			\$190,000			
15.	T5	TAY-CAT	E	\$571,544	\$57,154	\$514,390			\$571,544			
16.	T6	TAY-PACT	E	\$900,000		\$900,000			\$900,000			
17.	T7	TAY Discovery Program	N	\$686,333		\$686,333			\$686,333			
18.	A1	Adult Full Service Partnership	E	\$12,164,485	\$12,164,485					\$12,164,485		
19.	A2	CAT/PERT	E	\$1,833,308	\$183,331	\$1,649,977				\$1,833,308		
20.	A3	Adult Crisis Residential	E	\$1,814,537	\$453,634	\$1,360,903				\$1,814,537		
21.	A4	Supportive Employment	E	\$1,021,417		\$1,021,417				\$1,021,417		
22.	A5	Adult Outreach & Engagement	E	\$976,178	\$181,682		\$794,496			\$976,178		
23.	A6	PACT	E	\$3,317,645		\$3,317,645				\$3,317,645		
24.	A7	Wellness Center	E	\$1,500,000		\$1,500,000				\$1,500,000		
25.	A8	Recovery Center Program	E	\$6,630,000		\$6,630,000				\$6,630,000		
26.	A9	Adult Peer Mentoring	E	\$324,888		\$324,888				\$324,888		
27.	O1	Older Adult Recovery Services	E	\$1,853,483		\$1,853,483					\$1,853,483	
28.	O2	Older Adult Support and Interventio	E	\$4,081,781	\$4,081,781						\$4,081,781	
29.	O3	Older Adult PACT	E	\$775,201		\$775,201					\$775,201	
30.	O4	Older Adult Peer Mentoring	E	\$800,000		\$800,000					\$800,000	
31.	O5	Community Based Senior Support	N	\$961,461		\$961,461					\$961,461	
32.	Subtotal: Work Plans <sup>a/</sup>			\$61,896,979	\$32,895,569	\$27,551,622	\$0	\$0	\$12,285,855	\$11,556,740	\$29,582,458	\$8,471,926
33.	Plus County Administration			\$10,676,421								
34.	Plus Optional 10% Operating Reserve											
35.	Plus CSS Prudent Reserve <sup>b/</sup>											
36.	Total MHSA Funds Required for CSS			\$72,573,400								

<sup>a/</sup> Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=  
<sup>b/</sup>Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

53.15%

## Exhibit F



**EXHIBIT F1(a)**

**Community Services and Supports New Work Plan Narrative  
FY 2009/10 Annual Update  
Mental Health Services Act**

**County: Orange**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

**a) Work Plan Number (C7) Title: Parent Phone Mentors**

**b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

This program will address two priority populations identified in the Community Planning Process:

- 1) Children ages 0-8 who are unable to function in mainstream school, preschool or day care settings because of emotional problems.
- 2) Seriously Emotionally Disturbed (SED) youth underserved because of linguistic or cultural isolation.

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

This program will provide initial and, if needed, ongoing support for the parents of SED Children ages 0-8 who have been referred to the Health Care Agency's Children and Youth Services (CYS) outpatient clinics. No-show and dropout rates are higher in this age group than in older children, and particularly high in non English-speaking families. The service will consist of bicultural/bilingual parent partners contacting parents by phone prior to their first visit to the clinic to remind them of their appointment, answer questions, and discuss what they might expect during the visit. This bridging service can continue for up to four weeks to help solidify the treatment process. Local pilot work in this area and studies of similar programs designed to manage expectations and reduce pre-treatment anxiety have been found to be very effective. It is expected that this will improve attendance rates and support positive growth in children and families. The phone parent partner will also provide information and referrals to other community resources as needed.

On an annual basis, a minimum of 1,200 families will be contacted in this program. These families are, on the average, 55% Latino and 15% Asian/Pacific Islander (this is

primarily a Vietnamese population). The staffing pattern will reflect this distribution and will also include the option of providing culturally competent services to Korean and Farsi speaking families.

Below is a detailed explanation of how this program relates to the General Standards of MHSA.

**Community Collaboration:** This program originated in part in response to the report from many community partners that parents of young children, who were frequently very young themselves, are often fearful of contacting CYS mental health clinics. This program will also help to bring families in contact with the network of community resources available in Orange County.

**Cultural Competency:** Parents from isolated linguistic or cultural groups confront many barriers in securing mental health services for their children in addition to the ones facing the general population. The opportunity to discuss these concerns by phone prior to the first visit sets the model *from the beginning* that a family's individual and culturally-based issues will be addressed.

**Client-Driven:** This program will provide parents additional opportunities to express their preferences about treatment in a non-threatening atmosphere. By presenting this opportunity over the phone, rather than in a face to face visit, it also reduces the burden of transportation, child care, etc. associated with a trip to the clinic.

**Resilience-Focused:** The anticipated end result of this program is parent empowerment. The strength-based resiliency model used in the current CYS Full Service Partnerships and Parent Partner programs will be the basis for the interaction between the telephone parent partners and the families.

**Integrated Service Experience for the Families:** Families are usually referred to CYS because of the problems of one child, but not surprisingly, other children in the family often are experiencing difficulties. This may not surface for several, even many visits by families who are intimidated by the process or fearful that the children will be "taken away," a common concern of isolated cultural groups. The phone parent partner can support the early revelation of these concerns thus ensuring a more appropriate and integrated family treatment experience.

**d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Projected Revenues and Expenditures for New Work Plans

County: Orange Fiscal Year: 2009/10  
 Work Plan #: C7  
 Work Plan Name: Parent Phone Mentors  
 Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$70,457			\$70,457
4. Operating Expenditures	\$14,543			\$14,543
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,000</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$85,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$85,000</b>

Prepared by: Robert Balma  
 Telephone Number: (714) 834-5994

Date: 2/24/09

**EXHIBIT F1(a)**

**Community Services and Supports New Work Plan Narrative  
FY 2009/10 Annual Update  
Mental Health Services Act**

**County Orange**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

**a) Work Plan Number: (C8) Title: Parent-Child Interactive Therapy (Children)**

**b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

The initial community planning process for Community Services and Supports (CSS) rated Peer and Family Problems as high priority issues for both children and Transitional Age Youth (TAY). Additionally, community input during the stakeholder planning process for CSS growth dollars emphasized the need for a specific evidence-based treatment program, Parent-Child Interactive Therapy (PCIT), which provides early intervention for unserved/underserved populations ages 2-8 to reduce the risks associated with untreated mental illness and with living in economically disadvantaged, stressed families. Among the many community risk factors for juvenile delinquency, there are two of them (extreme economic and social deprivation) that can be minimized by providing families with long-lasting child rearing tools that assist them in meeting the challenges that come with poverty.

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

The proposed work plan will integrate Parent-Child Interactive Therapy (PCIT) into an existing County of Orange, Children and Youth Services (CYS) outpatient clinic. The PCIT program will collaborate with local public schools, CYS regional clinics, local community organizations, other MHSA programs, and County agencies. The services will meet the culturally unique needs of the child and her/his family. PCIT was initiated in English, but has been translated into Spanish and successfully implemented with Spanish-speaking families. PCIT has two phases of treatment: the first is “client-driven” and the second is “parent-driven.” PCIT is an evidence-based practice that focuses on the strengths of both the client and the parent/family and fosters the premise that both the consumer and the parent can discover, or rediscover, their strengths and abilities to grow beyond their current difficulties. Offering PCIT in a CYS clinic will incorporate the

standard of an integrated service experience for its clients and their families, through its ability to identify additional needs of the client and family and to refer for, and collaborate with additional service providers.

Below is a detailed explanation of how this program relates to the General Standards of MHSA.

**Community Collaboration:** The PCIT program (as implemented through a CYS clinic) will have the ability to collaborate with multiple entities in an effort to return the client and family to a point where the progress they make in treatment will be sustainable. Collaborative partners could include the Orange County Social Services Agency, the client's school, a mentor or parent partner, and Therapeutic Behavioral Services (TBS), to name a few.

**Cultural Competency:** At the time of referral for PCIT, the child and her/his family's cultural needs will be assessed. While currently PCIT has been implemented in English and Spanish only, it has been used with children and parents of ethnically diverse backgrounds. Care will be taken to provide services tailored to the cultural needs of the client and the family.

**Client-Driven:** In the first phase of PCIT, parents learn to follow their child's lead in play. They learn to use specific types of positive attention and avoid particular types of statements. The child is driving the interaction process; however, the parent is simultaneously being trained to respond in a manner that will promote the goal of the therapeutic process.

**Family-Driven:** In the second phase of treatment, the parents learn to lead and direct their child's behavior when needed. The parents learn to give directions that are direct, age-appropriate, specific, and positively stated. Throughout this process, parents are encouraged to provide the therapist with input that will assist the therapist in providing directions to the parent that are culturally appropriate.

**Wellness, Recovery, and Resilience-Focused:** PCIT is a short-term, goal-based program that focuses on the strengths of both the child and the parents. The parents are given tools to empower them to parent their children in a positive manner. PCIT is resilience-focused. Parents are able to internalize the tools they have been given and sustain the positive changes in both the child and themselves.

**Integrated Service Experiences for Clients and their Families:** When a child enters mental health treatment, over time other family members are often found to be experiencing difficulties. Inherent in the PCIT program is the parental treatment component. In addition, the PCIT program will have the capability of linking family members to appropriate resources in the community.

- d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Projected Revenues and Expenditures for New Work Plans

County: Orange  
 Work Plan # C8  
 Work Plan Name Parent-Child Interactive Therapy  
 Months of Operation 12

Fiscal Year: 2009/10

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$119,607			\$119,607
4. Operating Expenditures	\$130,393			\$130,393
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. Total Funding Requirements</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$250,000</b>

Prepared by: Robert Balma  
 Telephone Number: (714) 834-5994

Date: 2/24/09

**EXHIBIT F1(a)**

**Community Services and Supports New Work Plan Narrative  
FY 2009/10 Annual Update  
Mental Health Services Act**

**County: Orange**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

- a) Work Plan Number: (C9) Title: Residential Treatment for Youth with Co-Occurring Disorders**
- b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

The initial community planning process for Community Services and Supports (CSS) rated Substance Abuse and Juvenile Justice Involvement as high priority issues for both Children and Transitional Age Youth (TAY). Additionally, community input during the stakeholder planning process for CSS growth dollars emphasized the need for a dual-diagnosis residential program that addresses unserved/underserved Serious Emotionally Disturbed (SED) children and youth with co-occurring disorders. These children and youth often end up in juvenile justice facilities as a result of illegal substance use. This type of program is seen as serving, in part, the large number of SED Latino children who suffer from a mental disorder and become prey to environmental factors that not only expose them to illegal substances at an early age, but also promote chronic use of such substances. This program will be developed to meet the needs of those who do not have access to the services and supports required to manage and/or overcome both mental health and substance use issues.

- c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

The proposed work plan will provide a residential mental health treatment program that makes use of existing resources by collaborating with local public schools, community organizations, and County agencies. The residential milieu and the treatment services will be designed to address both substance use and mental health issues in a setting that meets the culturally unique needs of the consumer, including the consumer's and the family's needs for interpreter services for threshold and emerging languages of the County, as well as for the Deaf and Hard-of-Hearing. An evidence-based treatment model for co-occurring disorders will be sought which gives attention to integrating the



entire family in the recovery process. The treatment program will focus on reclaiming disordered lives, encouraging individual responsibility, rewarding positive behavior, and fostering individual growth as well as strengthening families and communities. It will implement recovery-oriented services by maintaining the concept of self-help and honoring the dignity of the individual. The program will utilize interventions that fully incorporate the principles of recovery-oriented treatment for youths, their families, and the systems of care in the community.

Below is a detailed explanation of how this program relates to the General Standards of MHSA.

**Community Collaboration:** This program will integrate existing resources in the community. Examples include: probation, education, social services, and community mental health. The program will promote full access to these services while the children and youth are participating in the residential treatment program. Ensuring attention to legal and educational obligations and utilizing resources from community agencies will promote quicker recovery.

**Cultural Competency:** The residential milieu and the treatment services will be designed to address both substance use and mental health issues in a setting that meets the culturally unique needs of the consumer, including the consumer's and the family's needs for linguistic services for threshold and emerging languages of the County, as well as for the Deaf and Hard-of-Hearing. The cultural competency of the program will rest not only on the multilingual and multicultural environment, but also on trained staff that possess varied backgrounds and linguistic skills that reflect the broad range of cultural groups in the County of Orange.

**Client-Driven:** The program will maintain engagement with the client by ensuring that the treatment goals that are developed are realistic and personalized. Additionally, it will implement recovery-oriented services by maintaining the concept of self-help and honoring the dignity of the individual by continually adjusting and adapting treatment goals based on individual input during the recovery process.

**Recovery-Focused:** An evidence-based treatment model for co-occurring disorders will be provided that highlights all of the principles of a recovery based program. This includes individualized and personal goals, a pace that is based on the individual's capacity for change, opportunities for wellness and life development through utilization of community resources, and an emphasis on collaboration between the provider and the person being served.

**Integrated Service Experience:** An evidence-based treatment model for co-occurring disorders will be provided that gives attention to the entire range of needs of the person receiving services. Full use of the County's system of care that includes many new Mental Health Service Act programs will be made available as needed for the child or youth being served. This could include matching a mentor with the child or youth from

the MHSA Mentoring Program or securing psychiatric services from one of the outpatient mental health clinics.

- d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Projected Revenues and Expenditures for New Work Plans

County: Orange  
 Work Plan # C9  
 Work Plan Name Dual Diagnosis Residential Treatment  
 Months of Operation 12

Fiscal Year: 2009/10

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
5. Estimated Total Expenditures when service provider is not known			\$300,000	\$300,000
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300,000</b>	<b>\$300,000</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300,000</b>	

Prepared by: Robert Balma  
 Telephone Number: (714) 834-5994

Date: 2/24/09

**EXHIBIT F1(a)**

**Community Services and Supports New Work Plan Narrative  
FY 2009/10 Annual Update  
Mental Health Services Act**

**County: Orange**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

**a) Work Plan Number: (C 10) Title: Medi-Cal Match: Mental Health Services (Children)**

**b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

This program will address priority populations identified in the Community Planning Process: Medi-Cal recipients who are:

- 1) Youth with multiple psychiatric hospitalizations or those cycling through different institutional settings
- 2) Seriously Emotionally Disturbed (SED) youth, including Probation youth, exiting incarceration
- 3) SED children of parents with serious mental illness
- 4) Children ages 0-5 and school age children unable to function in the mainstream school, preschool, or day care setting because of emotional problems
- 5) SED youth unserved or underserved because of linguistic or cultural isolation, etc.
- 6) Children with co-occurring disorders

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

This program will provide expanded mental health services to the identified population. Clients will be referred to the Health Care Agency's Children and Youth Services (CYS) outpatient clinics. Services provided will be medication services, individual, group, substance abuse, and family therapy as needed. The services will be provided by culturally and linguistically competent staff, resulting in improved services to ethnically underserved clients.

Below is a detailed explanation of how this program relates to the General Standards of MHSA.

**Community Collaboration:** Community mental health services will collaborate with multiple entities in an effort to maintain the client and family in the community, and ensure progress made in treatment will be sustained. Collaborative partners may include the Orange County Social Services Agency, the client's school, adult or peer mentors and parent partners, and Therapeutic Behavioral Services, etc.

**Cultural Competency:** At time of referral and during the entire treatment process, the cultural needs of the family and client are considered. Care will be taken to provide services tailored to the unique cultural and ethnic needs of the client and family. This includes the client's and family's needs for linguistic services in threshold and emerging languages of the County, as well as for the Deaf and Hard-of-Hearing. The cultural competency of the services will rest not only on the multilingual and multicultural environment, but also on trained staff of varied backgrounds and linguistic skills that reflect the broad range of cultural groups in the County of Orange.

**Client-Driven:** Services will maintain engagement with the client and family by ensuring that realistic treatment goals are developed, personalized, and implemented with a client-centered focus. Additionally, the program will implement recovery-oriented services by maintaining the concept of self-help. It will honor the dignity of the individual by continually adjusting and adapting treatment goals based on individual input during the recovery process.

**Resilience-Focused:** Evidence-based treatment models will be sought which highlight all the principles of a recovery-based program. This includes individualized and personal goals, a pace that is based on the individual's capacity for change, opportunities for wellness and life development through utilization of community resources, and an emphasis on collaboration between the provider and the person and family being served.

**Integrated Service Experience for the Families:** Evidence-based treatment models will be sought which gives attention to the entire range of needs of the child and family receiving services. Full use of the County's system of care that includes many new Mental Health Services Act programs will be made available as needed for the children or youth being served. This could include, but is not limited to, matching a mentor with the child or youth from the MHSA Mentoring Program, matching a parent mentor, or accessing in-home crisis services to divert hospitalization.

**d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Projected Revenues and Expenditures for New Work Plans

County: Orange Fiscal Year: 2009/10  
 Work Plan #: C10  
 Work Plan Name: Medi-Cal Match: Mental Health Services  
 Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures	\$118,435			\$118,435
4. Operating Expenditures	\$31,565			\$31,565
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$150,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>

Prepared by: Robert Balma  
 Telephone Number: (714) 834-5994

Date: 2/24/09

**EXHIBIT F1(a)**

**Community Services and Supports New Work Plan Narrative  
FY 2009/10 Annual Update  
Mental Health Services Act**

**County: Orange**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

**a) Work Plan Number: (T7) Title: Discovery House – TAY Education, Employment and Independent Living Program**

**b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

This program will address the priority population identified in the community planning process: Seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) Transitional Aged Youth (TAY) with one or more of the following characteristics or situations: homelessness; multiple psychiatric hospitalizations; uninsured; exiting Probation or Social Services; unserved/underserved because of cultural or linguistic isolation; and having special needs.

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

This program will provide assistance to diverse SED/SMI TAY in securing education, employment, housing, and independent living skills. This type of assistance has proved extremely valuable in the current TAY Full Service Partnerships (FSPs), allowing many TAY to become self sufficient and avoid the “chronically disabled and unemployable” role so common in their older counterparts with similar diagnoses. The Discovery House will allow the extension of these valuable services to the Behavioral Health Services (BHS) clinic clients who are not enrolled in an FSP.

Education/Employment (E/E) specialists will work with TAY to secure education or employment as desired, doing “whatever it takes.” FSP experience shows that many TAY are unable or unwilling to use local resources offered by the Workforce Investment Board (WIB) or local community colleges, for example, because of lack of knowledge, anxiety, or the severity of their symptoms. Partnering with an E/E specialist can result in securing clothing for work, practicing the skills needed in interviewing, locating potential work sites, securing training for specialty skills, enrolling in a high school or

community college program, identifying financial assistance for education, identifying transportation options for work or school or the myriad of other activities needed for success. This partnership has become more critical as the job market in Orange County has become tighter.

Similarly, there are many SED/SMI in the community who are homeless or at risk of homelessness but who may not need or be willing to use the extensive services of an FSP. They are also often unable to use local resources because of lack of knowledge, anxiety, or the severity of their symptoms. Partnering with a Housing Specialist makes accessing local resources a reality. Experience in the FSP shows that an individualized, graduated rental assistance plan aimed at self-sufficiency is feasible, realistic, and critical for this age group. From the beginning, participants will be responsible for a portion of their housing costs, which increases commensurate with their income.

Partnering with an independent living specialist can result not just in getting clothing for work, practicing the skills needed in interviewing, locating potential work sites, and securing housing, but can also include teaching household skills; discussion of interpersonal challenges with roommates; landlords and neighbors; bill paying; finding furniture and utensils; and all the other activities associated with housing. In the FSPs, this type of partnership has been very successful even in the very tight housing market over the past three years in Orange County.

On an annual basis, it is anticipated that a minimum of 125 TAY will participate in the program.

Below is a detailed explanation of how this program relates to the General Standards of MHSA.

**Community Collaboration:** This program represents an extension of the community collaboration efforts seen to date in the Full Service Partnerships. The TAY FSPs have developed many levels of work and housing experiences for participants all using community-based resources. This program will follow this model but make it available to a broader population.

**Cultural Competency:** Developing education, employment, and independent living services specifically for diverse youth aged 16-25 is in itself a culturally competent step; needs and interests specific to this group are addressed rather than asking them to fit into a program designed for chronically disabled adults, as has happened in the past. The program will have a culturally and linguistic diverse staff and will utilize culturally appropriate resources.

**Client-Driven:** As in the FSPs, the individual goals and level of partnership in securing education, employment and housing is determined by the participant.



**Recovery-Focused:** In the TAY FSPs, the strength-based recovery model has been renamed as the “discovery” model, which seems more appropriate and forward looking for this age. The guiding principles of the program include developing the client’s individualized paths in the pursuit of self sufficiency, self fulfillment and giving back to the community.

**Integrated Service Experience:** Although it is agreed that success in these areas supports recovery, due to the high caseloads throughout the agency, clients in Behavioral Health Services (BHS) treatment programs must often pursue education, employment, and independent living options in other agencies with little or no help from BHS staff. The Discovery House program will allow an integrated service experience for TAY BHS clients.

**d) For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Projected Revenues and Expenditures for New Work Plans

County: Orange Fiscal Year: 2009/10  
 Work Plan #: T7  
 Work Plan Name: TAY Discovery Program  
 Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports			\$191,086	\$191,086
2. General System Development Housing				\$0
3. Personnel Expenditures			\$450,698	\$450,698
4. Operating Expenditures			\$44,550	\$44,550
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$686,334</b>	<b>\$686,334</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$686,334</b>	<b>\$686,334</b>

Prepared by: Robert Balma  
 Telephone Number: (714) 834-5994

Date: 2/24/09

**EXHIBIT F1(a)**

**Community Services and Supports New Work Plan Narrative  
FY 2009/10 Annual Update  
Mental Health Services Act**

**County: Orange**

**Instructions:** Utilizing the following format please provide brief responses. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number and Title. Note: A brief narrative description of the proposed Work Plan and the population to be served as well as the annual number of clients estimated to be served are included as Exhibit D.

**a) Work Plan Number: (O5) Title: Community Based Senior Support Team**

**b) Explanation of how the New Work Plan relates to the priorities identified in the Community Planning Process.**

This program will address three priority populations identified in the Community Planning Process:

- 1) Older Adults (60 years of age and older) who are unserved by the mental health system.
- 2) Older Adults with Serious Mental Illness (SMI) who are at risk of suicide.
- 3) 3) Older Adults with SMI who are frequent users of emergency room services for psychiatric problems.

**c) A description of how the proposed Work Plan relates to the General Standards (Title 9, CCR, Section 3320) of the MHSA.**

This program will provide mobile assessments and brief interventions to Older Adults who are referred from social services agencies, including primary care physicians that provide services to the older adult community. Partners may refer clients who are having difficulty in the community (as a result of their mental illness) to this team to provide short-term interventions. Older Adults are often under-recognized and under-treated and they have the highest rate of successful suicides. The goals of this program include: (1) reaching out to members of the intended population, many of whom may be under-treated and struggling to remain in the community and (2) improving the linkage between community older adult service providers and health care professionals through appropriate referrals, better communication, and effective partnerships.

Services will consist of bicultural/bilingual staff providing: assessment/screening; brief supportive counseling; brief case management; and resource referral and follow-up, including facilitating access to preventive healthcare services. This team will also provide education regarding mental illness and specific resources for the older adult population to clients, families, significant others, social service agencies, and older adult stakeholders.

**d. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

Not Applicable

# Mental Health Services Act Annual Plan Update FY 09/10

## FY 2009/10 Mental Health Services Act Community Services and Supports Projected Revenues and Expenditures for New Work Plans

County: Orange Fiscal Year: 2009/10  
 Work Plan #: O5  
 Work Plan Name: Community Based Senior Support Team  
 Months of Operation: 12

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures			\$778,986	\$778,986
4. Operating Expenditures			\$182,475	\$182,475
5. Estimated Total Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
<b>7. Total Proposed Work Plan Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$961,461</b>	<b>\$961,461</b>
<b>B. Revenues</b>				
<b>1. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. State General Funds				\$0
c. Other Revenue				\$0
<b>2. Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Total Funding Requirements</b>	<b>\$0</b>	<b>\$0</b>	<b>\$961,461</b>	<b>\$961,461</b>

Prepared by: Robert Balma  
 Telephone Number: (714) 834-5994

Date: 2/24/09

**EXHIBIT G**

**Community Services and Supports Prudent Reserve Plan  
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

**County: Orange**

**Date: 2/24/09**

**Instructions:** Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

**1. Requested FY 2009/10 CSS Services Funding** **\$61,896,979**

Enter the total funds requested from Exhibit E1 – CSS line 26.

**2. Less: Non-Recurring Expenditures** **- \$0**

Subtract any identified CSS non-recurring expenditures included in #1 above.

**3. Plus: CSS Administration** **+ \$10,676,421**

Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.

**4. Sub-total** **\$72,573,400**

**5. Maximum Prudent Reserve (50%)** **\$36,286,700**

Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.

**6. Prudent Reserve Balance from Prior Approvals** **\$18,102,141**

Enter the total amounts previously approved through Plan Updates for the local prudent reserve.

**7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update** **+ \$0**

Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.

**8. Prudent Reserve Balance** **\$18,102,141**

Add lines 6 and 7.

**9. Prudent Reserve Shortfall to Achieving 50%** **\$18,184,559**

Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.

Orange County will request additional amounts to the prudent reserve through unspent approved CSS funds from prior fiscal year(s).

**Note:** If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.