



HCA Proposition 63



County of Orange

Health Care Agency Behavioral Health Services

Mental Health Services Act FY 2010/11 Update

May 17, 2010

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Overview and Executive Summary

On January 20, 2010 Orange County Behavioral Health Services (BHS) received Information Notice No. 10-01 from the California State Department of Mental Health (DMH). The Notice, entitled "Proposed Guidelines for Mental Health Services Act (MHSA) Fiscal Year 2010-2011 Annual Update to the Three-Year Program and Expenditure Plan", presented the requirements that counties must meet to obtain MHSA FY 2010/11 funding and the information needed to be submitted with funding applications. This notice was then superseded by Information Notice 10-04 issued March 16th.

The Planning process for the FY 2010/11 Mental Health Services Act (MHSA) Update builds on the previous MHSA planning processes for previous plans. In addition to the comprehensive prior planning processes, at both the February 1st and March 1st MHSA Steering Committee meetings, FY 2010/11 planning activities were conducted. During these meetings, there were discussions of major cuts in behavioral health resources, the need to plan for levels of service that are sustainable in an era of declining resources, uncertainty about state budget decisions, and the constraints of balancing the local and state budgets. The Steering Committee was provided an overview of the guidelines for the Plan Update and the strategies that might be used to maximize the funding available to Orange County. The Steering Committee showed strong support for maximizing the Orange County Prudent Reserve and for structuring the Update so as to obtain a speedy review from both the Department of Mental Health (DMH) and the Oversight and Accountability Commission (OAC).

The proposed Plan was approved by the MHSA Steering Committee in a meeting on March 29th. Next, it was posted for a 30-day Public Comment Period. Finally, the Mental Health Board held a Public Hearing on the Plan on May 13, 2010. At the Public Hearing, the Plan was unanimously approved.

The Plan supports the array of previously approved programs and services. Due to the decrease in funding available, small (0 to 15%) decreases in amounts budgeted for almost all Community Services and Supports (CSS) programs are included. One program, the Adult Full Services Partnership, was increased by 15%. For Prevention and Early Intervention (PEI) programs and services, an additional 15% for each program is requested. The County of Orange had previously only requested a portion of the PEI money available for FY 09/10. This occurred because PEI funding from previous years was available. Even though the PEI planning estimate is lower in FY 10/11 than in 9/10, there is unspent funding for FY 09/10 that is still available. However, not all of the unrequested funding has been included in the current Update. Once the State mental health budget has been determined. Once the State mental health budget has been determined, it is expected that Orange County will hold an additional PEI planning process to allocate any remaining PEI funds available

In addition, included in the FY2010/11 MHSA Update is Orange County's request for \$493,300 in additional PEI Statewide Projects Training and Technical Assistance funding. This additional training and technical assistance funding will be used for educational

presentations, development and dissemination of training materials, development of on-line and web-based resources, and the development of cross-system networks among various partners implementing the Prevention and Early Intervention programs.

Implementation of current CSS and PEI programs has generally proceeded as expected; however, for some programs, implementation was delayed due to a variety of factors, e.g. the difficulty in finding a site for the Adult Crisis residential program, ongoing budget uncertainty at the State and local levels, and the community's concern about implementing programs that might not be sustainable.

All Workforce Education and Training (WET) programs have been implemented. Orange County has an approved Capital Facilities and Technological Component plan and the County is moving forward with the construction of a three-building campus at 401 S. Tustin Street in Orange. Progress is also being made in the development of infrastructure needed to develop an Electronic Health Record System.

Recently, Orange County developed an Innovation Plan. That Plan was approved by the MHSA Steering Committee on March 29, 2010 and was posted for 30 days prior to a Mental Health Board Hearing on May 13, 2010. At that Mental Health Board Public Hearing, the County's Innovation Plan was unanimously approved. It is expected that the plan will be submitted to DMH and the OAC in May 2010. The Orange County Innovation Plan includes ten research projects. Once the Plan is approved by DMH and the OAC, implementation of these projects can commence.

Exhibit A**COUNTY SUMMARY SHEET**

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County: Orange			Exhibits																			
			A	B	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****
For each annual update/update:			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>													
Component	Previously Approved	New																				
<input checked="" type="checkbox"/> CSS	\$77,430,088	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WET	\$	\$				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/> CF	\$	\$						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>					
<input type="checkbox"/> TN	\$	\$						<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>				
<input checked="" type="checkbox"/> PEI	\$31,393,124	\$				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>			
<input type="checkbox"/> INN	\$	\$					<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
Total	\$108,516,212	\$																				

Dates of 30-day public review comment period:	4-8-10 to 5-8-10
Date of Public Hearing****:	May 13th, 2010
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	April 5, 2010

*Exhibit D1 is only required for program/project elimination**Exhibit F - F5 is only required for new programs/projects

Exhibit G is only required for assigning funds to the Local Prudent Reserve*Exhibit H is only required for assigning funds to the MHSA Housing Program*****Public Hearings are required for annual updates, but not for updates

COUNTY CERTIFICATION

Exhibit B

County: Orange

County Mental Health Director	Project Lead
Name: Mark Refowitz	Name: Bonnie Birnbaum
Telephone Number: (714) 834-6032	Telephone Number: (714) 667-5600
E-mail: mrefowitz@ochca.com	E-mail: bbirnbaum@ochca.com
Mailing Address: 405 W. 5 th Street, Suite 726 Santa Ana, CA 92701	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 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 of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.¹

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

MARK A. REFOWITZ
Mental Health Director/Designee (PRINT)
Mark Refowitz


Signature _____ Date 05/13/2010

¹ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

Exhibit C**County: Orange****Date: March 30, 2010**

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/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.
<p>The Planning Process for the FY 2010/11 Mental Health Services Act (MHSA) Update builds on the previous MHSA planning processes. Orange County is neither adding new programs nor eliminating programs previously approved. Thus, the current array of services, which was created based on extensive planning processes, will remain in the MHSA Plan for 2010/11. These processes included hundreds of focus groups, community planning meetings, approval by the Orange County MHSA Steering Committee and public hearings held by the Orange County Mental Health Board</p>
<p>At the MHSA Steering Committee held February 1, 2010 the guidelines and requirements for the MHSA Update were presented and discussed by the Steering Committee. It was agreed that the timeframe for planning was very short and that not adding new programs to our current plan was important, both because of the decreases in the FY 2010/11 funding allocations and the need to expedite the planning process.</p>
<p>The March 1st, Steering Committee meeting also included discussion of the FY 2010/11 MHSA Plan Update. There was strong support for maximizing the Prudent Reserve and structuring the Plan Update so as to facilitate a quick review by the State. The Plan Update was then presented at the March 29, 2010 meeting. Following discussion of the Plan, a consensus process was used to obtain Steering Committee approval of the draft Plan.</p>
<p>The Plan was posted by the Clerk of the Board of Supervisors for Public Comment for 30 days, April 8th through May 8th. The draft Plan Update was also posted on the Orange County MHSA website and the Network of Care website. In addition, copies were made available at Orange County libraries. No Public Comments on the Plan were submitted.</p>
<p>A public hearing was held by the Orange County Mental Health Board on May 13, 2010. The Board unanimously approved the MHSA FY 10/11 Update.</p>

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

The Orange County community planning process includes a wide variety of stakeholders. The MHSA Steering Committee consists of 65 members representing: consumers, family members, underserved communities, education, social services, the justice system, substance abuse treatment providers, advocates for each age group, faith-based organizations, the deaf community, the gay and lesbian community, homeless individuals, veterans, and other diverse perspectives. Efforts are made to be as inclusive as possible. Public agencies, community-based service providers, and consumers are all well-represented.

Orange County also has a Community Action Advisory Committee (CAAC) made up of consumers and family members. The draft Plan Update was presented for discussion at the March 2, 2010 meeting of this group. Discussion indicated that CAAC members supported the use of MHSA FY 2010/11 funds as presented in the draft Plan Update.

Members of the Mental Health Board include representatives with diverse perspectives as well. They are selected from all geographic regions within the County and consist of consumers and professionals (including a member of the County Board of Supervisors). The Health Care Agency conducts a transparent process and endeavors to obtain input from all components of the stakeholder community.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A

Local Review Process
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA Plan Update was posted on the local MHSA website and the Network of Care website. The MHSA Plan Update was also posted for 30 days by the Clerk of the Board of Supervisors. A Public Notice was sent to all local news media, including the Vietnamese and Spanish language newspapers. In addition, copies of the plan were sent to local libraries. The Executive Summary was translated into Spanish and Vietnamese and posted as well. Both hard copies and electronic copies were made available to anyone who requested them.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

No written comments were submitted during the Public Comment Period. At the Public Hearing, there was one Public Comment; however, no substantive changes in the Plan were suggested.

Exhibit C1**County: Orange****Date: March 31, 2010**

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI
<p>1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.</p> <p><u>Implementation Progress for Community Services and Supports (CSS)</u></p> <p><u>Adult and Older Adult Programs</u></p> <p>All Adult and Older Adult CSS programs are progressing as expected. The Adult Full Service Partnerships (FSP's) are fully implemented. The Older Adult Support and Intervention (OASIS) is an FSP that has adapted well to the needs of Older Adults. Increased nursing assistance with medication education and linkage with a primary care medical home has been found to be of great help to clients. Another benefit of the program is involvement in the clubhouse, with focus on community integration. The Adult Program of Assertive Community Treatment (PACT) is operating at full membership capacity. The Older Adult PACT program is in full operation and still accepting clients.</p> <p>All Adult and Older Adult FSPs and PACT programs are now utilizing the Milestones of Recovery Scale (MORS) in determining the recovery levels of members. This has allowed for the development of a step down in service approach (Next Step) within the FSP programs. The step down has allowed for an increase in slots (census) at the lower level of recovery (admission) and for increased independence and self-reliance of those members who so choose and are at higher levels of recovery. Programs are now focusing on developing services and implementing best practices at the higher end of the recovery continuum, such as supported employment and education opportunities.</p> <p>All programs are developing expertise and working collaboratively in gathering, analyzing, and utilizing program data to measure effectiveness of services and practices. The FSP programs' data is now available on the Orange County MHSA website, and the data from other MHSA programs will soon follow.</p>

The Wellness Center opened in October of 2009 and currently has over 500 enrolled members. The Wellness Center is 100% consumer-run and has been a great success. It is highly utilized by consumers that have moved farther along in their recovery. Members have found that the support and services provided assist in their community/mainstream integration.

The Centralized Assessment Team (CAT) continues to affect the response and culture of police departments in responding to calls involving the mentally ill. This program has been able to drastically reduce hospitalizations, while increasing members' linkage to services.

The Supported Employment Program has been very successful; in FY 08/09 there were 171 referrals for employment. After training, 20 clients attained full-time employment and 86 attained part-time employment. In FY 09/10, 144 referrals for employment have resulted in full-time employment for nine clients and part-time employment for another 25 clients. In FY 09/10, the Supported Employment Program also opened a second site, so that there are now sites in both north county and south county. The new site has provided 41 referrals so far, resulting in full-time employment for one client and part-time employment for another.

The Adult Crisis Residential program contract has been awarded to a provider and is in the start-up phase of development. The Recovery Centers Program has recently been implemented. Staff has been identified and clients transitioned into the program. The Adult Peer Mentoring Program is under development. A Request for Proposals (RFP) was issued and the proposals submitted are currently under review.

Adult Outreach & Engagement continues to be active in developing relationships in the underserved and under-represented communities. This team receives praise from the community and stakeholders of MHSA on an on-going basis for its responsiveness and ability to develop relationships with those who have gone unnoticed or underserved in the community. The Older Adult Recovery Services program continues to engage older adults in their homes.

Children and TAY Programs

The Children's and TAY CSS programs are operating as designed, with the exception of the Children's Centralized Assessment Team, which is in the development process. A countywide hiring freeze has made the identification and hiring of new staff slow and difficult. At present the team is 75% staffed and is about two months from being fully operational. The Children's Full Service Partnership programs are operating at full capacity and generally exceed the targeted number of clients. The existing Transitional Age Youth Full Service Partnerships are also operating at full capacity and serving slightly more clients than targeted. The children's in-home crisis program and both children and TAY crisis residential programs are very well-utilized and serve the targeted number of clients or more. The TAY and child mentoring programs are also fully operational and meeting or exceeding targeted numbers. Implementation of a few programs was delayed due to budget uncertainties at the state and local levels.

Major Challenges for CSS Programs (all ages)

For Adults and Older Adults, a major challenge has been the current economic climate, which has made it more difficult to assist consumers in finding affordable housing and employment. In addition, for many clients, limitations in eligibility for housing subsidy programs such as Shelter Plus Care have created barriers to accessing housing. Lack of adequate housing options makes recovery very difficult. Obtaining a site for the Adult Crisis Residential Program was also challenging. However, a contract has been awarded and a temporary site selected. Once the facilities currently under construction have been completed, the program will be moved to its permanent location. For Children and Transitional Age Youth, access to suitable and long term housing is also a challenge; however, the FSPs are working to creatively meet housing needs of program participants. Implementation of a few programs (eg., Children's Dual Diagnosis Residential Treatment Program, Parent Phone Mentors, and the Medi-Cal Match Mental Health Services Program) has been delayed due to budget uncertainties.

Implementation Progress for Workforce Education and Training (WET)

All of the 19 Actions contained in the WET Plan are in some stage of implementation. The Actions related to Cultural Competence Training, Mental Health Training for Law Enforcement, and Training Consumers for Employment in the Mental Health System were begun under one-time CSS funding and will be transitioning to WET funding.

The Actions related to developing High School Academies and Community College Certificate programs have been modified to reflect the fact that such programs were already being developed within the community. Therefore, the WET programs will provide support to complement those developments.

All other Actions are in the process of being implemented as described in the WET Plan. Notable achievements include: the solicitation of a contractor to implement the Recovery Education Institute (and the use of Capital Facilities funds to build a dedicated facility for this program); the support of expansion of the National Alliance on Mental Illness (NAMI) Family-to-Family programs to the Vietnamese community; and the development of both funded intern supervision programs and Financial Aid programs for employees and consumers.

Major Challenges for WET

A major challenge to implementation of WET programs has been the difficulty fitting certain actions, such as financial incentives and the "20/20" program, to the county purchasing procedures. County procedures do not allow us to pay individuals directly; the processing time for payment to colleges and universities is slow enough that the students whose tuition we have paid have been threatened with disenrollment when payments to their schools were delayed. We have had to limit the "20/20" program because of this and are seeking an outside provider to administer the tuition payment portion of the program.

Another challenge has been securing employment for graduates of the Para-professional Training Program. Due to the economic downturn, the county has had a

hiring freeze for over a year, and many contract providers have been limited in their ability to hire new employees. The Health Care Agency is working with the community to open more opportunities for program graduates.

Implementation Progress for Prevention and Early Intervention (PEI)

The PEI plan was approved at the end of March 2009. A major task accomplished in the first quarter of the PEI Plan implementation was establishing a new division for Behavioral Health Services, the Prevention and Intervention (P&I) Division, which consists of existing prevention programs as well as the new PEI programs. This entailed designing the organization of the division; establishing a budget and accounts; instituting administrative procedures for office operations, personnel, and record keeping; developing the data collection system; setting up a new location; and many other start-up tasks.

A second major task of this period was to develop the necessary infrastructure to support the new type of services – prevention and early intervention. Almost all of the forms, procedures and documents relating to mental health used “treatment” terms and perspectives. Prevention requires a different way of thinking, a different vocabulary and changes in administrative processes and forms to support it. Although the development of the infrastructure is an ongoing process, major steps were accomplished.

The Orange County PEI Plan lists 33 distinct activities that are grouped into eight separate programs. The period April to June 2009 was also a preparatory period for those activities that would be initiated in the next fiscal year. Preparation has included program specific community collaboration; staff education and training; and development of program procedures, record systems, and data collection instruments. For the programs that will be operated by contract agencies, preparation has included the Request for Proposals process and all the accompanying documentation.

Major Challenges for PEI

Challenges for this period have included the budget uncertainties at both the state and local level, the high expectations of a community that had been very involved in the planning process, and the complexity of the approved plan. These challenges have led to a staggered implementation plan, but it is anticipated that all of the approved programs will be realized.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

Community Services and Supports:

Unserved and underserved communities have been a major focus of the Orange County outreach efforts, and major advances have been made in this area. The Casa de la Familia “Promotora Program” has established strong relationships within the Latino community, providing education, outreach, engagement and linkage to appropriate levels of services. The number of Asian/Pacific Islander clients has also increased in the MHSA programs; most notable is the recent increase in older adults

being served in the Older Adult FSP.

All Children and TAY programs continue to outreach to traditionally underserved racial/ethnic minorities. Specific outreach efforts have been made to a variety of Asian and Pacific Island residents through a contract with a collaborative of community-based organizations that have particular expertise, particularly in the area of overcoming stigma within specific cultural contexts. The county-operated Outreach and Engagement team serves both Children and TAY. Many of the team members are bilingual and focus on the Spanish-speaking underserved population.

Workforce Education and Training

Under the WET Plan, the program for Training Consumers for Employment in the Mental Health System has trained a cohort of consumers that reflects the ethnic diversity of the County. In addition, monolingual Korean and Arabic-speaking consumers have been included in this program using a mentoring process in place of the classroom experience. Classes for additional underserved groups, such as monolingual Spanish, Farsi, and Vietnamese-speaking individuals are planned for the coming year.

The NAMI Family-to-Family program supported under WET as “Training Provided by Consumers and Family Members” has translated the program into both Vietnamese and Korean and has plans to translate it into Farsi. (It already exists in Spanish). The Vietnamese program was subcontracted by NAMI to a Vietnamese Consumer and Family Member non-profit organization. Training in Cultural Competence has focused on a variety of ethnic groups within the County, including Koreans, Vietnamese, Iranians, Latinos and the disabled community. A deaf trainer has been hired under the WET Cultural Competence Training program and has provided trainings to both the staff and the community on how to serve the deaf and hard of hearing community.

Prevention and Early Intervention

PEI Programs were not yet implemented in FY 2008/09.

3. Provide the following information on the number of individuals served:				
Age Group	CSS	PEI	WET	
	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	1,033		Workforce Staff Support	0
Transition Age Youth	836		Training/Technical Assist.	1,245
Adult	6,541		MH Career Pathway	329
Older Adult	619		Residency & Internship	117
Race/Ethnicity			Financial Incentive	16
White	3,626		[] WET not implemented in 08/09	
African/American	368			
Asian	594			
Pacific Islander	97			
Native	80			
Hispanic	3,071			
Multi	Not coded			
Other	156			
Unknown	1,037			
Other Cultural Groups				
LGBTQ	632			
Other				
Primary Language				
English	7,194			
Spanish	1,254			
Vietnamese	270			
Cantonese	3			
Mandarin	4			
Tagalog	7			
Cambodian	14			
Hmong	1			
Russian	3			
Farsi	30			
Arabic	10			
Others:				
Korean	38			
ASL	6			
Other	52			
Unknown	143			
4. Please provide the following information for each PEI Project:				
a) The problems and needs addressed by the Project. b) The type of services provided. c) Any outcomes data, if available. (Optional) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable). N/A, PEI was not implemented in FY 2008/09				

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C1 Children's Full Service WraparoundDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$7,662,486</td> <td>\$7,467,486</td> <td>-2.54%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$7,662,486	\$7,467,486	-2.54%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$7,662,486	\$7,467,486	-2.54%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>This program serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) children ages birth to 18. The program is filled to capacity. The children currently being served or waiting for enrollment 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 in-take, 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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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, 									

PREVIOUSLY APPROVED PROGRAMS

- | |
|--|
| <ul style="list-style-type: none">• who are in families that are homeless, at risk for homelessness or families that 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. |
|--|

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C2 Children's Outreach and EngagementDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$357,302</td> <td>\$325,145</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$357,302	\$325,145	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$357,302	\$325,145	-9.0%								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
<p>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.</p> <p>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 community</p>										

PREVIOUSLY APPROVED PROGRAMS

resources. Special focus is 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. Children 18 and younger are served in this program.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C3 Children's In-Home StabilizationDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$815,656</td> <td>\$763,156</td> <td>-6.44%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$815,656	\$763,156	-6.44%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$815,656	\$763,156	-6.44%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>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.</p> <p>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. One third of the families are Spanish-Speaking Latinos, 2% are Vietnamese, 2% other and 63% designate English as their primary language.</p>										

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C4 Children's Crisis ResidentialDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,133,869</td> <td>\$1,031,821</td> <td>-9.0%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,133,869	\$1,031,821	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,133,869	\$1,031,821	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>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.</p> <p>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. Approximately, 22% of the families are Spanish-speaking, 1% Vietnamese, and the rest designate English as their primary language.</p>										

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C5 Children's MentoringDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$310,000</td> <td>\$282,100</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$310,000	\$282,100	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$310,000	\$282,100	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>The Mentoring Program for Children 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.</p> <p>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.</p> <p>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</p>										

PREVIOUSLY APPROVED PROGRAMS

positive, caring role models who help them succeed and become productive, contributing members of our society.”

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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C6 Children's CATDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,221,542</td> <td>\$1,120,320</td> <td>-8.29%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,221,542	\$1,120,320	-8.29%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,221,542	\$1,120,320	-8.29%								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
<p>The program provides a 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 hospitalizations 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 throughout the community, including 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.</p> <p>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.</p> <p>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</p>										

PREVIOUSLY APPROVED PROGRAMS

psychiatric hospitalization. This population includes the unserved/underserved population in Orange County, which is primarily made up of Latinos, Vietnamese, Koreans and Iranians, as well as monolingual non-English speakers, which include the Deaf and Hard of Hearing.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C7 Parent Phone MentorsDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$85,000</td> <td>\$72,250</td> <td>-15.00%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$85,000	\$72,250	-15.00%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$85,000	\$72,250	-15.00%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This program provides 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 consists 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. Expected outcome measures include: improved attendance rates and positive growth in children and families. The phone parent partner also provides information and referrals to other community resources as needed.</p> <p>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).</p>										

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C8 Parent-Child Interactive Therapy (PCIT)Date: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$250,000</td> <td>\$227,500</td> <td>-9.0%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$250,000	\$227,500	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$250,000	\$227,500	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									

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.

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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C9 Dual Diagnosis Residential TreatmentDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$300,000</td> <td>\$273,000</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$300,000	\$273,000	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$300,000	\$273,000	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>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.</p> <p>The Health Care Agency will 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.</p> <p>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</p>										

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAMS

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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: C10 Medi-Cal Match Mental Health ServicesDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">FY 09/10 funding</th> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$150,000</td> <td style="text-align: center;">\$127,500</td> <td style="text-align: center;">-15.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$150,000	\$127,500	-15.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$150,000	\$127,500	-15.0%								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
<p>The work plan includes provision of medication services, and 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.</p> <p>The priority populations to be served include:</p> <ul style="list-style-type: none"> Diverse youth with multiple psychiatric hospitalizations or those cycling through different institutional settings Diverse Seriously Emotionally Disturbed (SED) youth, including Probation youth exiting incarceration Diverse SED children of parents with serious mental illness 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 Diverse SED youth unserved or underserved because of linguistic or cultural isolation, etc. Diverse children with co-occurring disorders <p>Services target children of all cultures/languages, including the Deaf and Hard of Hearing.</p>										

PREVIOUSLY APPROVED PROGRAMS

County: OrangeProgram Number/Name: T1 TAY Full Service WraparoundDate: 3/31/10**Exhibit D**

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$7,518,367</td> <td>\$7,323,367</td> <td>-2.59%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$7,518,367	\$7,323,367	-2.59%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$7,518,367	\$7,323,367	-2.59%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>The Transitional Aged Youth (TAY) Full Service Partnerships (FSP) program serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) TAY between the ages of 16-25 who qualify for participation in FSPs. 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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>There are specific providers that serve the Asian/Pacific Islander community. Other providers serve a population that is diverse, including monolingual Spanish-speaking clients.</p>									

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: T2 TAY Outreach & EngagementDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$489,314</td> <td>\$447,721</td> <td>-8.5%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$489,314	\$447,721	-8.5%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$489,314	\$447,721	-8.5%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>Community Outreach and Engagement Services identify and engage Seriously Emotionally Disturbed/Seriously Mentally Ill (SED/SMI) Transitional Age Youth (TAY) 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.</p> <p>The population to be served is 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.</p>										

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: T3 TAY Crisis ResidentialDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET												
Previously Approved												
No.	Question	Yes	No									
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2								
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3								
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4								
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly								
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.								
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,201,182</td> <td>\$1,098,691</td> <td>-8.53%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,201,182	\$1,098,691	-8.53%		
FY 09/10 funding	FY 10/11 funding	Percent Change										
\$1,201,182	\$1,098,691	-8.53%										
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>											
<p>This program promotes resiliency in Seriously Emotionally Disturbed/Seriously Mentally Ill (SED/SMI) Transitional Age Youth (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.</p> <p>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. Family involvement is strongly encouraged but it is not always possible. All of the clients reported themselves to be English speaking. The racial/ethnic distribution of the population served is approximately 45% Caucasian clients, 29% Latino, 14% African-American, 7% Hawaiian/Pacific Islander, and 5% Vietnamese.</p>												

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: T4 TAY MentoringDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$190,000</td> <td>\$173,850</td> <td>-8.5%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$190,000	\$173,850	-8.5%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$190,000	\$173,850	-8.5%								
5.	For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served. For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.									
<p>The Mentoring Program for TAY 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 FSPs.</p> <p>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.</p> <p>The benefits of mentoring TAY are highlighted on the Governor's Mentoring Partnership website as follows: "Statistics show that children</p>										

PREVIOUSLY APPROVED PROGRAMS

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 delivering one-to-one peer support and resource information to parents of ethnically diverse SED youth ages 16 and 17.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: T5 TAY CATDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$571,544</td> <td>\$520,105</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$571,544	\$520,105	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$571,544	\$520,105	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>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.</p> <p>Crisis intervention services are offered 24 hours per day and seven 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.</p> <p>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.</p>										

PREVIOUSLY APPROVED PROGRAMS

Special focus is 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.

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAMS

County: OrangeProgram Number/Name: T6 TAY PACTDate: 3/31/10**Exhibit D**

Select one:

- ☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$900,000</td> <td>\$818,488</td> <td>-9.06%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$900,000	\$818,488	-9.06%
FY 09/10 funding	FY 10/11 funding	Percent Change								
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5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This is an Assertive Community Treatment Program targeted at severely mentally ill Transitional Age Youth (ages 18-25) 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.</p> <p>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.</p>										

PREVIOUSLY APPROVED PROGRAMS

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 presents 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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: T7 TAY Discovery ProgramDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
		<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$686,333</td> <td>\$583,383</td> <td>-15%</td> </tr> </tbody> </table>			FY 09/10 funding	FY 10/11 funding	Percent Change	\$686,333	\$583,383	-15%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$686,333	\$583,383	-15%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This program provides 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.</p> <p>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.</p> <p>Primary Target groups are diverse Seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) Transitional Aged Youth (TAY) not</p>										

PREVIOUSLY APPROVED PROGRAMS

enrolled in a 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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A1 Adult Full Service PartnershipDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$12,164,485</td> <td>\$13,989,158</td> <td>+15.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$12,164,485	\$13,989,158	+15.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$12,164,485	\$13,989,158	+15.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									

Currently, there are 560 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 a jail and/or prison term if not for this option. Increased funding was approved in FY 2009/10 to serve an additional 165 consumers. A Request for Proposals (RFPs) was developed for the added slots, focusing on bringing home those mentally ill consumers who remain in IMDs due to lack of resources and necessary

PREVIOUSLY APPROVED PROGRAMS

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.

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 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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A2 CAT/PERTDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,833,308</td> <td>\$1,668,310</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,833,308	\$1,668,310	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,833,308	\$1,668,310	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>This is 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. The bi-lingual/bi-cultural staff works with family members to provide information, referrals, and community support services.</p> <p>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.</p> <p>The target population is diverse adults with serious mental illness who may also have a 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</p>										

PREVIOUSLY APPROVED PROGRAMS

monolingual non English-speaking clients, Latinos, Vietnamese, Koreans, and Iranians as well as Deaf and Hard of Hearing populations.

*PEI Projects previously approved are now called Previously Approved Programs

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A3 Adult Crisis ResidentialDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,814,537</td> <td>\$1,651,229</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,814,537	\$1,651,229	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,814,537	\$1,651,229	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									
<p>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.</p> <p>Currently, a provider has been awarded the contract and program implementation will begin as soon as the licensing process is complete. 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 will provide information, support, assistance, and advocacy for consumers and/or caregivers of consumers of mental health services. They will also provide feedback and perspective to the mental health system relative to the impact and effectiveness of the services provided.</p>										

PREVIOUSLY APPROVED PROGRAMS

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.

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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A4 Supportive EmploymentDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,021,417</td> <td>\$929,489</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,021,417	\$929,489	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,021,417	\$929,489	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>									

The Supportive Employment Program is designed for adult 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

PREVIOUSLY APPROVED PROGRAMS

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 two sites: one in North/Central Orange County and another 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.

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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A5 Adult Outreach & EngagementDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET						
Previously Approved						
No.	Question	Yes	No			
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2		
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3		
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4		
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly		
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.		
				FY 09/10 funding	FY 10/11 funding	Percent Change
				\$976,178	\$888,322	-9.0%
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p>					
<p>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.</p> <p>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.</p> <p>This program targets the unserved and underserved populations of Orange County who are severely and chronically mentally ill and have</p>						

PREVIOUSLY APPROVED PROGRAMS

not received mental health services in the past. The target populations include Latinos, Vietnamese, Koreans and Iranians, as well as monolingual non-English speakers, including the Deaf and Hard of Hearing.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A6 PACTDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change			0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
		0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>This 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.</p> <p>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</p>									

PREVIOUSLY APPROVED PROGRAMS

	<p>adult consumer and is knowledgeable of the resources and issues for this population.</p> <p>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, monolingual non-English speakers, and the Deaf and Hard of Hearing populations</p>
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PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A7 Wellness CenterDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,500,000</td> <td>\$1,365,000</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,500,000	\$1,365,000	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,500,000	\$1,365,000	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>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 is grounded in the recovery model and will provide services to a diverse client base. These services facilitate and promote recovery and empowerment in mental health consumers.</p> <p>Recovery interventions are 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.</p> <p>The philosophy of the Wellness Center draws upon cultural strengths and utilizes service delivery and assistance in a manner that is trusted by, and familiar to, many of Orange County's ethnically and culturally diverse populations. Wellness Center Program staff</p>									

PREVIOUSLY APPROVED PROGRAMS

are consumers of mental health services. The Wellness Center uses a community town hall model to make many of their decisions.

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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A8 Recovery Center ProgramDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
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FY 09/10 funding	FY 10/11 funding	Percent Change								
		0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>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 allows diverse consumers to receive distinct, mostly self-directed services that focus on consumer-community reintegration and linkage to health care. To a great extent, the program relies on client self-management. In addition, an important feature will be a peer-run support program where consumers are able to access groups and peer support activities.</p> <p>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 provides 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.</p> <p>The services are aimed at community reintegration and an eventual exit from the formal mental health system. Activities, services, and supports focus on relapse prevention, healthy living, maintaining or obtaining independent living, employment, and wellness recovery action planning. Services also include psychiatric services, health and wellness screening, self-help groups, and other</p>									

PREVIOUSLY APPROVED PROGRAMS

groups that would be a reflection of client's needs and stressors as they move along the continuum of recovery. The program has a Nurse Practitioner (NP) at each site. The NP is 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 are also offered.

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, and the Deaf and Hard of Hearing.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: A9 Adult Peer MentoringDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$324,888</td> <td>\$295,648</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$324,888	\$295,648	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$324,888	\$295,648	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>The Adult Peer Mentoring program targets 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.</p> <p>The Adult Peer Mentoring Program pairs qualified, culturally/linguistically competent peer consumers with individuals in certain psychiatric hospitals who are soon to be discharged, and assists 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 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 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.</p> <p>Individuals targeted for the Peer Mentor Program are diverse adults (18-59). Priority populations include adults with two prior</p>									

PREVIOUSLY APPROVED PROGRAMS

	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 come from hospital staff as well as clinicians from outpatient clinics. This program serves clients from diverse cultural groups such as Latinos, Vietnamese, Koreans, and Iranians as well as non English-speaking monolingual individuals, and Deaf and Hard of Hearing.
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PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: O1 Older Adult Recovery ServicesDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$1,853,483</td> <td>\$1,668,135</td> <td>-10%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$1,853,483	\$1,668,135	-10%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$1,853,483	\$1,668,135	-10%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>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.</p> <p>The target population for 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</p>									

PREVIOUSLY APPROVED PROGRAMS

	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.
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PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: O2 Older Adult Support and InterventionDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below. <table border="1" data-bbox="1081 755 1711 812"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$4,081,781</td> <td>\$3,900,062</td> <td>-4.45%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$4,081,781	\$3,900,062	-4.45%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$4,081,781	\$3,900,062	-4.45%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>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.</p> <p>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.</p> <p>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</p>									

PREVIOUSLY APPROVED PROGRAMS

	<p>others to ensure that the client is able to remain in the lowest level of placement.</p> <p>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.</p>
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PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: O3 Older Adult PACTDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET											
Previously Approved											
No.	Question	Yes	No								
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2							
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3							
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4							
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly							
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.							
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$775,201</td> <td>705,433</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$775,201	705,433	-9.0%	
FY 09/10 funding	FY 10/11 funding	Percent Change									
\$775,201	705,433	-9.0%									
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>This 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, to reduce access or engagement barriers.</p> <p>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.</p> <p>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.</p> <p>The target population of the Older Adult Services PACT program is diverse, chronically mentally ill adults, sixty years old and above.</p>										

PREVIOUSLY APPROVED PROGRAMS

	<p>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.</p>
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PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: O4 Older Peer MentoringDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET										
Previously Approved										
No.	Question	Yes	No							
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2						
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3						
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4						
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly						
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.						
				<table border="1"> <thead> <tr> <th>FY 09/10 funding</th> <th>FY 10/11 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$800,000</td> <td>\$728,000</td> <td>-9.0%</td> </tr> </tbody> </table>	FY 09/10 funding	FY 10/11 funding	Percent Change	\$800,000	\$728,000	-9.0%
FY 09/10 funding	FY 10/11 funding	Percent Change								
\$800,000	\$728,000	-9.0%								
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>The Older Adult Peer Mentoring program targets 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.</p> <p>The Older Adult Peer Mentoring Program pairs qualified, culturally/linguistically competent peer consumers with individuals in certain clinical circumstances, including hospitalizations, and assists them in successfully transitioning to community living. Helping selected individuals to make a successful transition into the community is 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.</p> <p>Peer Mentors 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</p>									

PREVIOUSLY APPROVED PROGRAMS

encouraging (and at times participating in) their recovery activities. Mentors 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 are 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 are addressed. Mentors 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 is provided while working with consumers.

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 come from hospital staff as well as clinicians from outpatient clinics. Clients served are 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.

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: O5 Community-Based Senior Support TeamDate: 3/31/10

Select one:

- ☒ CSS
☐ WET
☐ PEI
☐ INN

CSS and WET					
Previously Approved					
No.	Question	Yes	No		
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2 accordingly; If no, answer question #2	
2.	Is there a change in the service population to be served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #3	
3.	Is there a change in services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F1; If no, answer question #4	
4.	Is there a change in funding amount for the existing program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #4(a); If no, complete Exh. E1 or E2 accordingly	
a)	Is the change within $\pm 15\%$ of previously approved amount?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, answer question #5 and complete Exh. E1 or E2; If no, complete Exh. F1 and complete table below.	
				FY 09/10 funding	FY 10/11 funding
				\$961,461	\$817,242
				Percent Change	
				-15.0%	
5.	<p>For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.</p> <p>For WET programs: Describe objectives to be achieved such as days of training, number of scholarships awarded, strategies that expand outreach, recruitment and retention efforts to increase diversity in mental health workforce and other major milestones to be reached.</p> <p>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.</p> <p>The goals of this program include:</p> <ul style="list-style-type: none"> 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. <p>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.</p>				

PREVIOUSLY APPROVED PROGRAMS

	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.
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PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 1 Crisis & Referral ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 2 Early Intervention ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 3 Outreach & Engagement ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 4 Parent Education & Support ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 5 Prevention ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 6 Screening and Assessment ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 7 School Based ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention				
No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

PREVIOUSLY APPROVED PROGRAMS

Exhibit D

County: OrangeProgram Number/Name: PEI 8 Training ServicesDate: 3/31/10

Select one:

- ☐ CSS
☐ WET
☒ PEI
☐ INN

Prevention and Early Intervention

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, complete Exh. E4; If no, answer question #2
2.	Is there a change in the Priority Population or the Community Mental Health Needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, completed Exh. F4; If no, answer question #3
3.	Is the current funding requested greater than 15% of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer question #4
4.	Is the current funding requested greater than 35% less of the previously approved amount?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, complete Exh. F4; If no, answer questions 5, 5a, and 5b
5.	Describe the proposed changes to the Previously Approved Program and the rationale for those changes.			
None				
5a.	If the total number of Individuals to be served annually is different than previously reported please provide revised estimates			
	Total Individuals: _____ Total Families: _____			
5b.	If the total number of clients by type of prevention annually is different than previously reported please provide revised estimates:	Prevention		Early Intervention
	Total Individuals:			
	Total Families:			

County: Orange

Date: _____

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	\$63,187,200			\$18,141,100		
2. Transfers						
3. Adjusted Planning Estimates	\$63,187,200					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	\$77,430,088	\$0	\$0	\$31,393,123	\$0	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds		\$6,046,514				
b. Unexpended FY 2007/08 Funds ^{a/}		\$8,948,100	\$17,052,478			
c. Unexpended FY 2008/09 Funds	\$29,348,414			\$2,258,142	\$1,446,900	
d. Adjustment for FY 2009/2010	\$14,963,353	\$14,994,614	\$17,052,478	\$0	\$1,446,900	
e. Total Net Available Unexpended Funds	\$14,385,061	\$0	\$0	\$2,258,142	\$0	
4. Total FY 2010/11 Funding Request	\$63,045,027	\$0	\$0	\$29,134,981	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates				\$21,973,666		
e. Unapproved FY10/11 Planning Estimates	\$63,045,027			\$7,161,315		
Sub-total	\$63,045,027	\$0		\$29,134,981	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0	\$0	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation^{b/}	\$63,045,027	\$0	\$0	\$29,134,981	\$0	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

Exhibit E1**FY 2010/11****CSS BUDGET SUMMARY****County: Orange****Date:**

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagemen t	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs											
1.	C1	Children's Full Service Wraparound	\$7,467,486	\$7,467,486				\$7,467,486			
2.	C2	Children's Outreach & Engagement	\$325,145			\$325,145		\$325,145			
3.	C3	Children's In-Home Crisis Stabilization	\$763,156		\$763,156			\$763,156			
4.	C4	Children's Crisis Residential	\$1,031,821		\$1,031,821			\$1,031,821			
5.	C5	Children's Mentoring	\$282,100		\$282,100			\$282,100			
6.	C6	Children's CAT	\$1,120,320		\$1,120,320			\$1,120,320			
7.	C7	Parent Phone Mentors	\$72,250		\$72,250			\$72,250			
8.	C8	Parent-Child Interactive Therapy	\$227,500		\$227,500			\$227,500			
9.	C9	Dual Diagnosis Residential Treatment	\$273,000		\$273,000			\$273,000			
10.	C10	Medi-Cal Match: Mental Health Services	\$127,500		\$127,500			\$127,500			
11.	T1	TAY Full Service Wraparound	\$7,323,367	\$7,323,367					\$7,323,367		
12.	T2	TAY Outreach & Engagement	\$447,721			\$447,721			\$447,721		
13.	T3	TAY Crisis Residential	\$1,098,691		\$1,098,691				\$1,098,691		
14.	T4	TAY Mentoring	\$173,850		\$173,850				\$173,850		
15.	T5	TAY -CAT	\$520,105		\$520,105				\$520,105		
16.	T6	TAY -PACT	\$818,488		\$818,488				\$818,488		
17.	T7	TAY Discovery Program	\$583,383		\$583,383				\$583,383		
18.	A1	Adult Full Service Partnership	\$13,989,158	\$13,989,158						\$13,989,158	
19.	A2	CAT/PERT	\$1,668,310		\$1,668,310					\$1,668,310	
20.	A3	Adult Crisis Residential	\$1,651,229		\$1,651,229					\$1,651,229	
21.	A4	Supportive Employment	\$929,489		\$929,489					\$929,489	
22.	A5	Adult Outreach & Engagement	\$888,322			\$888,322				\$888,322	
23.	A6	PACT	\$3,317,645		\$3,317,645					\$3,317,645	

*PEI Projects previously approved are now called Previously Approved Programs

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24.	A7	Wellness Center	\$1,365,000		\$1,365,000					\$1,365,000	
25.	A8	Recovery Center Program	\$6,630,000		\$6,630,000					\$6,630,000	
26.	A9	Adult Peer Mentoring	\$295,648		\$295,648					\$295,648	
27.	O1	Older Adult Recovery Services	\$1,668,135		\$1,668,135						\$1,668,135
28.	O2	Older Adult Support & Intervention	\$3,900,062	\$3,900,062							\$3,900,062
29.	O3	Older Adult PACT	\$705,433		\$705,433						\$705,433
30.	O4	Older Adult Peer Mentoring	\$728,000		\$728,000						\$728,000
31.	O5	Community Based Senior Support Team	\$817,242		\$817,242						\$817,242
32.	Subtotal: Programs ^{a/}		\$61,209,556	\$32,680,073	\$26,868,295	\$1,661,188	\$0	\$11,690,278	\$10,965,605	\$30,734,801	\$7,818,872
33.	Plus up to 15% County Administration		\$9,181,433								
34.	Plus up to 10% Operating Reserve		\$7,039,099								
35.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$77,430,088								
New Programs											
1.			\$0								
2.			\$0								
3.			\$0								
4.			\$0								
5.			\$0								
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0								
10.	Total MHSA Funds Requested for CSS		\$77,430,088								

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=53.40%

CSS Majority of Funding to FSPs
Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$32,680,073	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$32,680,073	53%

EXHIBIT E4

FY 2010/11

PEI BUDGET SUMMARY

County: Orange

Date:

PEI Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group			
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult
Previously Approved Programs									
1.		Early Intervention Services	\$3,922,659		\$3,922,659	\$2,015,760	\$863,897	\$317,869	\$725,133
2.		School Based Services	\$7,673,375	\$7,357,232	\$316,143	\$5,931,470	\$1,741,905		
3.		Outreach & Engagement Services	\$3,496,534		\$3,496,534	\$424,939	\$663,606	\$784,342	\$1,623,647
4.		Parent Education and Support Services	\$3,055,235	\$2,366,585	\$688,650	\$2,138,664	\$916,570		
5.		Prevention Services	\$1,947,462	\$1,947,462		\$1,156,820	\$495,780	\$99,953	\$194,908
6.		Screening & Assessment Services	\$908,566		\$908,566	\$260,904	\$111,816	\$291,410	\$244,435
7.		Crisis & Referral Services	\$1,932,266	\$45,988	\$1,886,278	\$743,735	\$318,744	\$417,217	\$452,570
8.		Training Services	\$1,883,210	\$1,506,568	\$376,642	\$611,047	\$261,877	\$432,503	\$577,783
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$24,819,307	\$13,223,835	\$11,595,472	\$13,283,339	\$5,374,195	\$2,343,294	\$3,818,476
17.	Plus up to 15% County Administration		\$3,719,897						
18.	Plus up to 10% Operating Reserve		\$2,853,920						
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$31,393,124						
New Programs									
1.			\$0						
2.			\$0						
3.			\$0						

*PEI Projects previously approved are now called Previously Approved Programs

2010/11 ANNUAL UPDATE

4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% County Administration								
8.	Plus up to 10% Operating Reserve		\$0						
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested for PEI		\$31,393,124						

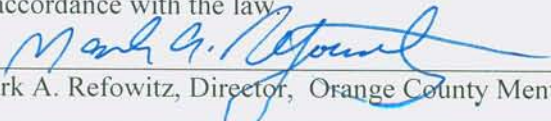
*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years =

75%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, and/or funding as described in the Information Notice are considered New.

**Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Project)
X Previously approved with no changes**

☐ New

Date: 3/31/10	County Name: Orange
Amount Requested for FY 2010/11: \$493,300	
<p>A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).</p> <p>Technical assistance will be provided to improve the capacity of local partners outside the mental health system, such as, education, primary health care, law enforcement, etc., as well as county staff and partners who are working on the development, implementation, and evaluation of prevention and early intervention program. Examples include: educational presentations, development and dissemination of training materials, development of web and on-line resources, and train the trainer approaches. Such training and technical assistance will be applied to programs, such as: early intervention, prevention, school-based services, outreach to underserved communities, parent education and support, screening and assessment, and crisis intervention.</p> <p>To develop the capacity of local organizations outside of county behavioral health services to implement PEI programs, we will provide multidisciplinary conferences and trainings. These activities will also provide opportunities to develop collaborations and enhance communication across systems (education, law enforcement, primary health care, faith-based organizations).</p> <p>It is expected that cross-systems networks will be developed and utilized by the various partners that will be involved in implementing the PEI programs.</p>	
<p>B. The County and its contractor(s) for these services agree to comply with the following criteria:</p> <ol style="list-style-type: none"> 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan. 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services. 3) These funds shall only be used to pay for the programs authorized in WIC Section 5892. 4) These funds may not be used to pay for any other program. 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892. 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities. 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. 	
<p>Certification</p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p> <p></p> <p>Mark A. Refowitz, Director, Orange County Mental Health Program (original signature)</p>	



County of Orange Mental Health Board

405 W. 5th Street, Ste 501
Santa Ana, CA 92701
TEL: (714) 834-5481 / FAX: (714) 834-4586
Email: ddaniels@ochca.com

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Behavioral Health Services

Mary Hale, Chief of Operations
Behavioral Health Services

Danielle Daniels, Staff Specialist
Behavioral Health Services

**Thursday, May 13, 2010
9:00 a.m. – 10:30 a.m.**

**Hall of Administration – Board Hearing Room
10 Civic Center Plaza
(333 West Santa Ana Blvd.)
Santa Ana, CA 92701**

MINUTES

The regular meeting of the Orange County Mental Health Board was held on Thursday, May 13, 2010, at the Hall of Administration, 333 W. Santa Ana Blvd. Santa Ana, CA 92701.

During the regular meeting, a Public Hearing was held to consider the Mental Health Services Act Fiscal Year (FY) 2010/11 Annual Update to the Three-Year Program Expenditure Plan. There were approximately 44 people in attendance with 2 guest speakers.

At the conclusion of the Public Hearing the Mental Health Board, with eight members in attendance, voted unanimously in favor of approving the Mental Health Services Act FY 2010/11 Annual Update to the Three-Year Program Expenditure Plan as written.

Officially Submitted by:

**Danielle Daniels, Mental Health Board Liaison
Reporting Secretary**

Next Meeting: The next Mental Health Board meeting will be held on May 26, 2010 from 9:00 am – 10:30 am, Address Above – Planning Commission Hearing Room.