



County of Orange

Health Care Agency Behavioral Health Services

Mental Health Services Act FY 2011/12 Update

March 11, 2011

DRAFT FOR PUBLIC COMMENT

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OVERVIEW AND EXECUTIVE SUMMARY

In October 2010, Department of Mental Health (DMH) issued Information Notice No. 10-21 entitled “Proposed Guidelines for Mental Health Services Act (MHSA) Fiscal Year 2011/12 Annual Update to the Three-Year Program and Expenditure Plan.” The requirements for the update and the challenges faced by counties due to county and state budget issues were presented at the MHSA Steering Committee meeting on December 6, 2010. At the following MHSA Steering Committee meeting (January 3, 2011), the Committee reviewed the Update requirements and reached a consensus decision that Orange County would keep all Community Services and Supports (CSS) programs at their current funding level and request an increase in funding of 25% for all Prevention and Early Intervention (PEI) programs. The MHSA Steering Committee also decided that all FY 11/12 Innovation funding be spent on already approved projects rather than on new projects. Start-up on Innovation Projects has been delayed by hiring freezes and county budget issues. The FY 11/12 Innovation funds will likely be needed to supplement existing funding for already approved Innovation programs since the timeline for reversion of prior-year Innovation funding is fast approaching.

The planning process for the FY 2010/11 Mental Health Services Act (MHSA) Update builds on the MHSA planning processes for previous plans. In addition to the comprehensive prior planning processes, at both the December 2010 and January 2011 MHSA Steering Committee meetings, FY 2011/12 planning activities were conducted. During these meetings, there were also 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. Decisions about allocations of MHSA funding were made in the context of other financial situations and events that impact service provision. The Committee acknowledged the need to maximize the benefit of MHSA funding in supporting the public mental health system.

The proposed Plan was approved by the MHSA Steering Committee in a meeting on January 3, 2011. Based on the direction of the Steering Committee staff then wrote a draft Plan, and posted it for a 30-day Public Comment Period commencing March 11, 2011. Finally, the Mental Health Board will hold a Public Hearing on the Plan on April 14, 2011.

The Plan supports the array of previously approved programs and services. Although Orange County will receive a decrease in both the CSS and PEI allocations in FY 11/12, the decision was made to keep the CSS funding level constant by using other MHSA funding available to sustain the existing programs. With regard to PEI, Orange County has unrequested funding available for that component; thus, the Steering Committee approved a 25% increase above the amount of funding that was approved for PEI in FY 10/11.

In addition, included in the FY 11/12 MHSA Update is Orange County's request for \$493,300 in FY 11/12 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, a lengthy county hiring freeze, and the community's concern about implementing programs that might not be sustainable.

All approved 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 create an Electronic Health Record System. Due to the need for additional funding to meet Electronic Health Record requirements by 2014, the Steering Committee reached consensus on a proposal to change the percentage split in funding between Capital Facilities and Technological Needs. The new percentages are 65% for Technological Needs and 35% for Capital Facilities. A new Technological Needs project is currently being developed and will be submitted to DMH this spring.

COUNTY CERTIFICATION

County: Orange

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

Components Included:

☒ CSS	☒ WET
☐ CF	☐ TN
☒ PEI	☒ INN

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 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ 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.²

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 2011/12 annual update/update are true and correct.

 Mark Refowitz (PRINT)

 Signature

 Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Orange

30-day Public Comment period dates: ____

Date: 4-12-11
only: _____

Date of Public Hearing (Annual update only): _____

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 all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input. The planning process for the FY 2011/12 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 2011/12. These processes included hundreds of focus groups, hard copy and electronic surveys, community planning meetings, review by members of the Community Action Advisory Committee, approval by the Orange County MHSA Steering Committee, and public hearings held by the Orange County Mental Health Board. At the MHSA Steering Committee held December 6, 2010, the guidelines and requirements for the MHSA Update were presented by staff and discussed by the Steering Committee. At the January 3, 2011, Steering Committee meeting staff reviewed the requirements and reached consensus on three issues: (1) Programs funded by Community Services and Supports (CSS) should be maintained at the current level for FY11/12; (2) the County should request a 25% increase for programs funded by Prevention and Early Intervention (PEI); and (3) The FY 11/12 funding available for Innovation (INN) should be used for programs that had been previously approved. A draft plan was then written by staff. The Plan was posted by the Clerk of the Board of Supervisors for Public Comment for 30 days, on March 11, 2011. 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.

A public hearing will be held by the Orange County Mental Health Board on April 14, 2011.
2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)
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. CAAC contains representatives from diverse communities including unserved and underserved ethnic groups, veterans, the Deaf and Hard of Hearing community, older adults, substance users, transitional age youth, the LGBTQ community, and those formerly incarcerated. The draft Plan Update was presented for discussion at the March 1, 2011 meeting of this group. The discussion indicated that CAAC members supported the use of MHSA FY 2011/12 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 consolidating programs or 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, starting on March 11, by the Clerk of the Board of Supervisors. A Public Notice was sent to all local news media, including Vietnamese, Spanish, and Farsi language newspapers. In addition, copies of the plan were sent to local libraries. The Executive Summary was translated into Spanish, Vietnamese, and Farsi, and posted. 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.	

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: Orange

Date: 2/9/11

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, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

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.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

☐ WET

☐ PEI

☒ INN

Implementation of CSS Programs

- **CSS Children's and Transitional Age Youth (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.

- **CSS Adult and Older Adult Programs**

All Adult and Older Adult CSS programs are progressing as expected. The Adult Full Service Partnerships (FSPs) and Older Adult FSPs are fully implemented. A contract for a new FSP has been awarded to a provider. This FSP will target consumers returning to the community from Institutes of Mental Disease. 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.

All existing 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 levels of recovery 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.

All programs continue to gather, analyze, and utilize program data to measure effectiveness of services and practices. Preliminary analyses data from the Adult and Older Adult Full Service Partnership programs, comparing the 12-month period prior to enrollment to annualized post enrollment data, show a substantial decrease in days of psychiatric hospitalization, incarceration, and homelessness.

The Wellness Center currently has approximately 700 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 actions and culture of police departments in responding to calls involving the mentally ill. This program has been able to drastically reduce hospitalizations, while increasing clients' linkage to services. The Supported Employment Program has been very successful. 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 has been implemented in a six-bed facility. The Recovery Centers' Program has recently been implemented. Implementation of the Adult and Older Adult Peer Mentoring Programs has begun. Adult Outreach & Engagement (O&E) continues to be active in developing relationships in the underserved and under-represented communities. This team receives praise from the community and MHSA stakeholders on an on-going basis. The O&E program is known for its responsiveness and its 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.

Major Challenges for CSS Programs (all ages)

For Adult and Older Adult programs, 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. The program is currently located at a temporary site. Once the facilities currently under construction at 401 S. Tustin Street in Orange 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 (e.g., Parent Phone Mentors, and Parent Child Interactive Treatment) has been delayed due to budget uncertainties.

Implementation of WET Programs

All of the 19 Actions contained in the WET Plan have been implemented. The Actions related to Cultural Competence Training, Mental Health Training for Law Enforcement, and Training Consumers for Employment in the Mental Health System that were begun under one-time CSS funding have been transitioned 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, WET staff will continue to provide support to complement those developments. All other Actions are in process. Notable achievements include: the selection of a contractor and start of classes for the Recovery Education Institute; the support of expansion of the National Alliance on Mental Illness (NAMI) Family-to-Family programs to the Vietnamese community; the development of the intern supervision programs and Financial Aid programs for employees and consumers; the ongoing training for Law Enforcement Officers in our Crisis Intervention Training (CIT) program (over 500 trained); and continued staff training and conferences on evidence based practices to support the principles and values of MHSA.

Major Challenges for WET Programs

A major challenge to WET programs continues to be 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 was paid by the County have been threatened with disenrollment when payments to their schools were delayed. The Health Care Agency has 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 Paraprofessional Training Program. Due to the economic downturn, the county has had a hiring freeze for over a few years, 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 of PEI Programs

Orange County has made substantial progress in implementing PEI Programs. Examples include, but are not limited to:

- In October 2009, the Postpartum Wellness program was implemented. Culturally and linguistically competent services are now available in the community. Outreach activities were conducted to inform the community about this service.
- In FY 09/10 a peer-led support group for veterans was implemented at a local community college to assist veterans with transition back into the community. Another service aimed at veterans, the Veteran's Combat Court, was also implemented. This is a collaborative program involving Behavioral Health Services, the OC Courts, the Public Defender, Probation, the District Attorney and the Veterans Administration.
- During FY 09/10, PEI Outreach and Engagement services were provided to high-risk populations. An evidence-based program, "Seeking Safety," has been implemented to help trauma-exposed members of the community cope with the post traumatic stress induced by major negative life experiences.
- Two programs providing parent education and support have been implemented: Triple P (Positive Parenting) and Youth as Parents. Preliminary evaluations of these programs have shown positive outcomes.
- In September 2010, three important Crisis and Referral programs were implemented: a Crisis Prevention Hotline, peer-staffed Warmline Services and Suicide Survivor Services. These programs provide support for those at risk of suicide and those who have been impacted by the suicide of a family member or close friend.
- School-based services such as Positive Behavioral Interventions and Supports (PBIS) and Violence Prevention Education have also been established. A total of 61 schools are involved in implementing PBIS.

Major Challenges for PEI Programs

Generally, program implementation has been slower than planned due to financial uncertainties; however there have been no changes in the number or types of programs or activities that will be implemented. The process of both developing and implementing multiple programs at once has taken more time than anticipated and required numerous activities in planning and preparing for these services. Despite challenges, such as hiring freezes, eight new county-operated programs and five new contracted programs began providing services in FY 09/10. In addition, the RFP process was close to completion for another three programs which began in September 2010.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

How MHSA Programs are Addressing Community Issues

- **CSS Children's and Transitional Age Youth (TAY) Programs**

A major community issue identified in the planning process for CSS was the need to improve access to services for underserved populations. Several strategies have been used to address this issue. 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/Pacific Islander residents through a contract with a collaborative of community-based organizations. Each member of the collaborative has particular expertise, especially 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. A new Collaborative Court Full Service Partnership was added to address the unique needs of children and TAY in the child welfare and the juvenile justice systems. Enrollment has exceeded expectations. All of the FSPs address the broad range of issues that SMI and SED youth encounter on their path to meaningful independence.

- **CSS Adult and Older Adult Programs**

During the planning process, it became clear that there is a need for better data in evaluating MHSA Programs. Adult Mental Health has established a unit to work with providers in setting up data collection systems and analyzing the data collected. Each Adult and Older Adult FSP has a data liaison that works with county staff to improve measurable outcomes information.

One issue that was identified in the planning process was the need to reduce psychiatric hospitalization of Adults and Older Adults. Successful use of the Centralized Assessment Team has proven valuable in diverting clients from hospitals. In calendar year 2010, the team completed 2,321 evaluations. Fifty-nine percent of those evaluations resulted in successful diversion from hospitalization or incarceration.

Housing is a big issue in Orange County, and it was identified throughout the planning process as a prerequisite for sustained recovery. Annualized data for members of Adult FSPs has shown a 69% drop in homeless days when comparing the number of homeless days in the 12 months prior to enrollment (69,861) and the number of homeless days since enrollment (21,504). Data on other outcome variables such as incarceration days and psychiatric hospitalization days have also shown a significant positive effect of enrolling in an FSP.

- **WET Programs**

Many of our trainings incorporate the principles and best practices to address issues facing the MHSA identified targeted populations. Several of our programs

specifically aim at increasing the workforce, as well as educational opportunities for individuals who have limited English proficiency. The Consumer training program, Recovery Education Institute, and National Alliance on Mental Illness (NAMI), are active partners that continue to expand opportunities for consumers and family members of our most vulnerable populations. Reduction of stigma continues to be a major goal of our training programs and is incorporated into our planning process. In fact, in the FY 09/10 the Orange County Behavioral Health has started the Center of Excellence in Education, Training, Research and Advocacy for Reducing Health Disparities which includes our MHSA Administrative and Reporting Unit, WET, Innovation and Multicultural Development Program (formerly Cultural Competency Unit.)

- **PEI Programs**

In the planning process for PEI, the barriers that often keep community members from seeking mental health services were identified; PEI services have been tailored to address those barriers. For example, services are often provided in the participant's home or neighborhood; services are provided with linguistic and cultural appropriateness; change measures are also provided in preferred languages; and collaboration has been sought with the community leaders or agencies that know these populations best.

All of the PEI programs have outreach components for engaging the underserved and unserved populations. Major community issues have been prioritized in the PEI Plan. Orange County has implemented preventive mental health programs that target both adults and families that are experiencing homelessness, living in transitional housing, and/or at risk of homelessness. Prevention programs have been implemented specifically for families with youth in the juvenile justice system and for families with children of substance abusing and/or mentally ill parents. Collaborating with the Orange County courts and a community college, preventive services for veterans are now provided. All of these programs offer community education for reducing and eliminating mental health stigma and discrimination, and the "Dress Warm Play" has been very successful in educating youth about mental illness. In September 2010, three contract programs were implemented targeting suicide prevention including a hotline/warm line and Suicide Survivor's Support Group. Capacity building activities have supported the County's efforts to increase access to services and better serve the underserved. All solicitations for contracted programs have emphasized a focus on hard to reach populations.

PEI							
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):							
Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	1,736	White	2,549	English	4,438	LGBTQ	429
Transition Age Youth (16-25)	931	African American	220	Spanish	2,842	Veteran	313
Adult (18-59)	4,875	Asian	702	Vietnamese	277	Other	27
Older Adult (60+)	113	Pacific Islander	54	Cantonese	21		
		Native American	20	Mandarin	13		
		Hispanic	3,034	Tagalog	2		
		Multi	44	Cambodian	2		
		Unknown	924	Hmong	2		
		Other	8	Russian	1		
				Farsi	10		
				Arabic	8		
				Other	39		
Total:	7,655		7,555 *		7,655		

* See comments under Prevention Services for explanation of variation in counts.

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount	Target Audience/Participants
1.Crisis Intervention Team (CIT) Training: Provided technical and working knowledge on best-practice first responder-based model for crisis prevention and intervention to Law Enforcement to assist and improve the safety of individuals experiencing mental illness, family members, patrol officers and the community; \$49,428.	Law Enforcement personnel
2.National Crisis Intervention Team Conference 2010: Co-sponsored to provide technical training and enhance capacity with CIT best-practice approach to reduce the need for further involvement with the criminal justice for consumers across systems; \$3,132.	First responders, attorneys, mental health and medical providers, law enforcement, juvenile justice, education, public health, outreach and engagement
3. Community First Conference: Murder Suicide: Co-sponsored to provide technical working knowledge, current research information, social protocols, and practical suicide-prevention approach to providers across systems; \$10,000.	Law Enforcement personnel, mental health providers, judicial officers and social service providers
4. Motivational Interview Training with Professional Consultation: Co-sponsored to provide 77 training and expert technical consultation sessions to providers on co-occurring substance abuse issues to ensure fidelity and sustainability of evidence-base approach; \$20,720.	Mental health providers
5. Child Abuse Prevention Conference, Raise Foundation: Co-sponsored to build technical skills and enhance engagements for effective child abuse prevention work; \$2,500.	Mental health providers

6. Assessment of risk and protective factors: Conducted 25 focus groups among monolingual, multi-ethnic and underserved populations to develop culturally appropriate community-based prevention trainings; \$25,000.	19 multi-ethnic monolingual groups, one LBGTQ group, two Deaf and Hard-of-Hearing groups, and two groups of consumers and family members
7. Preliminary assessment of risk and protective factor and identifying barriers to mental health services: Conducted an on-line survey with 420 respondents to technically assist and develop PEI training capacity; staff time was provided for project.	Mental Health providers, consumers and community members
8. In-Service Trainings: Provided 18 technical skill-building trainings to new PEI staff to build core competency and capacity of a PEI work force; staff trainer time was provided for training.	Prevention and Early Intervention staff
9. Resource Guides: Created and disseminated resource guides to increase access to county and community resources; staff time was provided for project.	Consumers: health and care providers across systems countywide; and community members/partners.
10. OC Network of Care: Enhanced data entry and update to increase search capability and access to community resources for Veterans, un-served and under-served populations; staff time was provided for project.	Internet access to resources for consumers, family members, providers, and community members.
11. Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction: Joined JPA to implement statewide initiatives in collaboration with partners and multi-ethnic communities across county systems; staff time was provided for project.	Access for consumers, community members/partners, students and providers across systems.

EXHIBIT D1 – D4: PREVIOUSLY APPROVED PROGRAMS

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

D1: COMMUNITY SERVICES AND SUPPORTS PROGRAMS

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C1 Childrens' Full Service Partnerships

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	308			\$24,245
TAY				
Adults				
Older Adults				
Total	308			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 308				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	43	English	205	LGBTQ	N/A
African American	12	Spanish	85	Veteran	0
Asian	39	Vietnamese	9	Other	
Pacific Islander		Cantonese			
Native American	5	Mandarin			
Hispanic	133	Tagalog	1		
Multi	69	Cambodian			
Unknown	6	Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other	8		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The goal of the program is to improve the mental health of the target population and stabilize the families. The Children's FSPs assist families in identifying their own needs, building on their strengths and developing abilities and skills so that they can successfully sustain their own well-being when they leave the program. Outcome data is being collected. In addition to the traditional measures such as days in school and days homeless, staff is working on a resiliency questionnaire that will be used to evaluate changes that occur as children begin to live a more successful, more stable life. FY09-10 demonstrated a significant level of services to the Hispanic, Asian and Multiethnic communities. The great majority of families served were homeless or at imminent risk of homelessness.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Challenges reflect the general state of the economy. Housing costs are a constant pressure. Helping families gain independence is a challenge with low paying entry level employment and an expensive market for even the most basic rental properties. Food, clothing and shelter needs must be addressed before meaningful progress can be made on Serious Emotional Disturbance issues.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td align="center">7,467,486</td> <td align="center">7,467,486</td> <td align="center">0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	7,467,486	7,467,486	0		
FY 10/11 funding	FY 11/12 funding	Percent Change						
7,467,486	7,467,486	0						
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes ☐	No ☒						
	Yes ☐	No ☐						
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions, the program is considered Revised Previously Approved. Please complete an Exhibit F1.								
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.								
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only				
Child and Youth	375			\$19,912				
TAY								
Adults								
Older Adults								
Total	375							
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 375								

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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 intake, have graduated from the program with mental health services for their child and employment for the parent/s. They have also increased their ability to maintain a stable home and family. The population to be served is diverse Seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) children, from birth to 18 years old, who meet the MHSA criteria for enrollment in a Full Service Partnership (FSP), i.e., children: • who have experienced multiple psychiatric hospitalizations, • have co-occurring disorders, • are exiting the juvenile justice or social service system, • are uninsured, • are unable to function in mainstream school setting; or • who have parents with serious mental illness, • 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C2 Childrens' Outreach and Engagement

Date: 2/10/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			135	
TAY				
Adults				
Older Adults				
Total			135	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 135				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity		Primary Language	# of Individuals	Culture	# of Individuals
White	4	English	48	LGBTQ	N/A
African American	2	Spanish	35	Veteran	0
Asian	69	Vietnamese	35	Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	54	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	6	Russian			
		Farsi			
		Arabic			
		Other	17		
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
FY09-10 demonstrated a significant level of linkages for clients from the Hispanic and Asian communities. Not clearly reflected in the tables above is significant outreach and engagement with members of the Korean community.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Finding, maintaining and compensating multilingual and multiethnic staff is an ongoing challenge.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$325,145</td> <td>\$325,145</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$325,145	\$325,145	0		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$325,145	\$325,145	0						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐	No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐	No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions the program is considered Revised Previously Approved. Please complete an Exhibit F1.								
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.								
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only				
Child and Youth			135					
TAY								
Adults								
Older Adults								
Total			135					
Total Estimated Number of Individuals Served by the Program during FY 11/12: 135								

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. 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 typically require full service partnerships, other mental health services, and/or linkages with community 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs. N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program. N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C3 Children's In-Home Stabilization

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		162		
TAY				
Adults				
Older Adults				
Total		162		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 162				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	47	English	118	LGBTQ	N/A
African American	4	Spanish	43	Veteran	0
Asian	3	Vietnamese	1	Other	
Pacific Islander		Cantonese			
Native American	2	Mandarin			
Hispanic	74	Tagalog			
Multi	28	Cambodian			
Unknown	3	Hmong			
Other	1	Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
As can be seen in the data presented above, the racial and ethnic spread of the program closely mirrors the most recent Census data for youth in the County. No disparities were noted with the possible exception of Asian/Pacific Islanders, who tend to be under-represented. There are specific O/E programs in place to address this issue. There is also the issue of whether having outsiders in the home is accepted in Asian cultures.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
HCA planned to expand this successful program from four teams to six, but funding uncertainty has resulted in that plan being placed on hold.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$1,031,821</td> <td>\$1,031,821</td> <td align="center">0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,031,821	\$1,031,821	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,031,821	\$1,031,821	0					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes ☐ No ☒ Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		175					
TAY							
Adults							
Older Adults							
Total		175					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:175							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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 into the family home youth who have recently experienced a crisis that required residential treatment. On occasion, a referral may be made by an outpatient therapist who sees an impending crisis and uses the program to avoid hospitalization by providing additional family support. As noted above, the program serves a representative sample of the County's under age population, with the possible exception of Asians/Pacific Islanders. Clients range in age between 6 and 17. The number of boys and girls is approximately the same.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C4 Childrens' Crisis Residential Program

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		90		
TAY				
Adults				
Older Adults				
Total		90		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	39	English	73	LGBTQ	N/A
African American	3	Spanish	14	Veteran	0
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	22	Tagalog			
Multi	17	Cambodian	1		
Unknown	3	Hmong			

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

Other	2	Russian			
		Farsi			
		Arabic			
	90	Other	2		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The program served many more clients with multi-ethnic origins than would be predicted by recent census figures. While whites were slightly over-represented, Hispanics were served in substantial numbers despite a preference to resolve issues in a family setting. The program is located a distance from the Central County and despite transportation assistance some families may have chosen alternative supports closer to home.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Finding, maintaining and compensating staff is an ongoing challenge. A 24/7/365 program comes with a level of overhead that is difficult to cut and still maintain a safe licensable facility.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$ 1,232,446</td> <td>\$ 1,232,446</td> <td>0%</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$ 1,232,446	\$ 1,232,446	0%	Yes ☐ No ☐ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$ 1,232,446	\$ 1,232,446	0%					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		90					
TAY							
Adults							
Older Adults							
Total		90					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:: 90							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. This program was developed to provide an alternative to psychiatric inpatient hospitalization and as a step down before returning home for adolescents who no longer meet hospitalization criteria, but whose homes are not ready for them to return. This six bed residential program provides assessment, treatment, case management, and crisis intervention. The targeted age group is 11-17. The facility is co-ed. During FY 2009/2010 43% of the clients served were White, 3% African-American, 4% Asian, 24% Hispanic, 19% Multiethnic and 5% other or unknown. Language breakdown had 81% with English as primary language, 16 % Spanish, 1 % Cambodian and 2% other. Outcome measures indicate that 90% of the clients admitted were not psychiatrically hospitalized within 60 days after admission. This represents a substantial number of diversions from inpatient hospitalization.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C5 Children's Mentoring Program

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		84		
TAY				
Adults				
Older Adults				
Total		84		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 84				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	25	English	54	LGBTQ	
African American		Spanish	28	Veteran	
Asian	2	Vietnamese	1	Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	54	Tagalog			
Multi	3	Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi	1		
		Arabic			
		Other			

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
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. The anticipated outcome of the Mentoring Program is to give SED/SMI Orange County children and youth an opportunity to build life skills and lead productive and rewarding lives by spending time with a trained mentor. Mentors act as role models to assist children and youth in becoming more resilient in their day-to-day functioning. Mentor program outcomes are evaluated by using two primary measures of success established by the National Mentoring Partnership: (1) duration of match and (2) satisfaction surveys and interviews that query the mentee and the mentor.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

During FY 09/10, the Mental Health Association-Project Together Mentoring Program (which includes both the children's and TAY Mentoring Program) has served a total of 132 children and TAY. Sixty-four percent of those matched exceeded the minimum match time of six months, and of those, 35% exceeded nine months. A sample of mentor satisfaction surveys indicated that 90% of the mentees rated the matches of high quality. The productivity standard for FY 09/10 was set at 77 children and parents served. At the end of FY 09/10, 84 clients/parents were served, resulting in a nearly 10% increase over the suggested productivity standard. The productivity standard for TAY clients was 28; however, the program served 48 youth, significantly exceeding the goal. The MHA-PT Mentor Program is fully staffed with diverse personnel who are equipped to fulfill the goals of the MHSA with 10 of the 11 staff members bilingual/bicultural in either Spanish or Vietnamese.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

The MHA-Project Together Mentor Program staff has successfully adjusted to past and present funding fluctuations. Additionally, the program utilizes a large staff of trained and screened unpaid volunteer mentors. These mentors, many who are university students majoring in human services, work one-on-one with a child/TAY on a weekly basis for a minimum of six months. Utilizing a volunteer mentor staff to work with a significant portion of the referred clients is essential in maintaining a quality program during funding fluctuations.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$282,100</td> <td>\$282,100</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$282,100	\$282,100	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$282,100	\$282,100	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		90		
TAY				
Adults				
Older Adults				
Total		90		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				
90				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Program:

The Mental Health Association-Project Together Mentor Program (MHA-PT) provides mentoring services for serious emotional disturbance (SED) in children and youth and serious mental illness (SMI) in transitional age youth who are receiving mental health treatment services through the County of Orange Health Care Agency, Children & Youth Services (CYS) operated or contracted programs. Mentor services are initiated by the child's CYS or CYS contract agency clinician. All mentors are matched based on shared cultural and linguistic needs of the children, youth and families, and the clinician determines when a child/teen or parent/guardian will benefit from a mentor. Once a match becomes mutually agreeable to all parties involved, the clinician supports the mentor-mentee relationship, meets and advises the mentor on a regular basis during the child's/teen's process of forming a trusting, nurturing and one-to-one relationship.

The combined staff for both the Children's mentoring Program and the TAY Mentoring Program is comprised of eight bicultural/Hispanic staff, seven who are bilingual in Spanish, and three bicultural/bilingual Vietnamese staff. All of the staff mentors are bilingual in Spanish or Vietnamese, as are many of the "volunteer" mentor staff. All mentors are trained to interact with clients in a culturally competent manner. Nearly all clients from non-English speaking households are mentored by staff fluent in the client's native language. Throughout this fiscal year, the program targeted recruitment efforts toward finding bilingual/bicultural male volunteer mentors. Additionally, in an effort to serve a larger number of Spanish speaking male youth and TAYs who had been languishing on the referral list, the program increased the hours of one of the male bilingual/bicultural staff mentors from half to full time. The increase in hours resulted in five additional male clients, half from monolingual Spanish-speaking homes, to be matched with a male mentor. This is considered a success since many of the clients on the referral list are males in need of appropriate male role models.

Eligibility:

School age youth five to 15 years of age, Transitional Age Youth (TAY) 16-25 years of age, and the parent/guardian of a client who is currently receiving mental health treatment services from the County of Orange Health Care Agency-Children and Youth Services or a County contracted program

Language(s):

All staff mentors are bilingual/bicultural in either Spanish or Vietnamese. Bilingual volunteer mentors also provide services in

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

Spanish, Farsi, Korean, Tagalog and Mandarin.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C 6 Childrens' Centralized Assessment Team

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		110		
TAY				
Adults				
Older Adults				
Total		110		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 110				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	20	English	86	LGBTQ	N/A
African American	4	Spanish	22	Veteran	0
Asian	6	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	52	Tagalog	1		
Multi	25	Cambodian			
Unknown	2	Hmong			
Other	1	Russian			
		Farsi			
		Arabic	1		
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

This program has been providing assessments for children that are in a crisis situation, so that they can be placed in the most appropriate, least cost level of care. FY09/10 demonstrated a significant level of services to the Hispanic, Asian and Multiethnic communities. The clients served closely mirrored the population of youth in the County.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

This program was a start-up and grew over FY09/10 as staff was hired and positions were unfrozen, despite a County-wide hiring freeze. This program requires finding staff that are willing to work nights and weekends. The program has not achieved full build-out because of concerns about funding and the on-going challenge in getting positions unfrozen in a fiscally defensive atmosphere.

PREVIOUSLY APPROVED PROGRAMS
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SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$1,120,320</td> <td>\$1, 120,320</td> <td align="center">0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,120,320	\$1, 120,320	0	b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,120,320	\$1, 120,320	0					
Yes ☐ No ☒ Yes ☐ No ☐							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		260					
TAY							
Adults							
Older Adults							
Total		260					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 260							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. The target population for this program is diverse children from 5-17 years of age who have a psychiatric emergency and/or are at risk for psychiatric hospitalization. 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. 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS

Community Services and Supports

County: Orange☐ No funding is being requested for this program.Program Number/Name: C7 Parent Phone MentorsDate: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: None. Program not implemented.				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. N/A					
This program has not started and did not provide services in FY 09/10.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Due to concerns about sustainable MHSA funding this program, implementation was put on hold.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$72,250</td> <td>\$72,250</td> <td align="center">0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$72,250	\$72,250	0	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$72,250	\$72,250	0					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes ☐ No ☒ Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		600					
TAY							
Adults							
Older Adults							
Total		600					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:: 600							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. 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).
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C8 Parent-Child Interactive Therapy (PCIT)

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: None, program was not implemented.				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

N/A This program did not provide services in FY 09/10.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Due to concerns about sustainable MHSA funding this program, implementation was put on hold.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$227,500</td> <td>\$277,500</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$227,500	\$277,500	0	b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or, <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm$25% criteria, please provide an explanation below.
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$227,500	\$277,500	0					
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		60					
TAY							
Adults							
Older Adults							
Total		60					
Total Estimated Number of Individuals Served by the Program during FY 11/12: 60							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: C9 Dual Diagnosis Residential Treatment

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 0 None. Program was not implemented.				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
This program did not provide services in FY 09/10.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Due to concerns about sustainable MHSA funding, implementation of this program was delayed.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$273,000</td> <td>\$273,000</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$273,000	\$273,000	0		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$273,000	\$273,000	0						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐	No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐	No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		10		
TAY		10		
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 20				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. The Residential Treatment for Youth with Co-Occurring Disorders work plan is a 90-to-180 day residential treatment program for diverse youth ages 12 to 18 who are diagnosed with co-occurring disorders. The program will offer a strength-based treatment continuum that will implement evidence-based, emerging, and promising service models and interventions that incorporate the principles of recovery-oriented treatment for youth and their families. Assessment, case management, treatment planning, individual and group counseling, education, recreation, and intensive family services will be components of the program. The 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. To meet the needs of Latino SED youth, staff will be culturally competent and linguistically proficient in Spanish, in addition to any other languages that the youth or their families speak, including American Sign Language. The target population for this program is culturally/linguistically diverse Seriously Emotionally Disturbed (SED) children and youth ages 12 to 18, who are dually diagnosed with serious mental illness and substance abuse (Co-Occurring Disorders) and are not participating in a Full Service Partnership. In most cases, the youth will have participated in an outpatient mental health treatment program, and frequently in some drug and alcohol abuse treatment, but have been unsuccessful in making or sustaining positive life changes. This program will serve, in part, the large number of SED Latino youth who suffer from a mental disorder and a co-occurring substance abuse problem and do not have access to appropriate resources.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County Orange

☐ No funding is being requested for this program.

Program Number/Name: C10 Medi-Cal Match MH Services

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total		0		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: None. Program was not implemented.				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
N/A This program did not provide services in FY 09/10.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Due to concerns about sustainable MHSA funding, implementation of this program was delayed.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$127,500</td> <td>\$127,500</td> <td align="center">0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$127,500	\$127,500	0	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$127,500	\$127,500	0					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes ☐ No ☒ Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		10					
TAY		25					
Adults							
Older Adults							
Total		35					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 35							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. Services target children of all cultures/languages, including the Deaf and Hard of Hearing. The priority populations to be served include: • Diverse youth with multiple psychiatric hospitalizations or those cycling through different institutional settings • Diverse children with co-occurring disorders • 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: T1 TAY Full Service Partnerships

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY	489			\$14,976
Adults				
Older Adults				
Total	489			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 489				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable. 489					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individual s
White	155	English	421	LGBTQ	N/A
African American	22	Spanish	54	Veteran	7
Asian	44	Vietnamese	4	Other	
Pacific Islander	1	Cantonese			
Native American	9	Mandarin			
Hispanic	166	Tagalog			
Multi	88	Cambodian	1		
Unknown	2	Hmong			
Other	2	Russian			
		Farsi			
		Arabic			
		Other	9		
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
FY09-10 demonstrated a significant level of services to the Hispanic and Multiethnic clients. The great majority of the individuals served were homeless or at imminent risk of homelessness. Many had been in the Juvenile Justice and/or the child welfare systems.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Challenges represent the general state of the economy. Housing costs are a constant pressure. Helping families and /or individuals gain independence is a challenge with low paying entry level employment and an expensive market for even the most basic rental properties. Food, clothing and shelter needs must be addressed before meaningful progress can be made on SMI issues.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>7,323,367</td> <td>7,323,367</td> <td>0%</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	7,323,367	7,323,367	0%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
7,323,367	7,323,367	0%						
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,	Yes ☐	No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes ☐	No ☐						
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.								
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.								
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only				
Child and Youth								
TAY	500			\$14,647				
Adults								
Older Adults								
Total	500							
Total Estimated Number of Individuals Served by the Program during FY 11/12: 500								

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. The population to be served is Seriously Emotionally Disturbed or Severely Mentally Ill (SED/SMI) Transitional Aged Youth (TAY) who meet the MHSA criteria for enrollment in a Full Service Partnership (FSP), i.e., experiencing one or more of the following: • First psychotic episode, • Homelessness, • Multiple psychiatric hospitalizations, • Co-occurring disorders, • Lack insurance and exiting Probation/ Social Services, or • Member of unserved/underserved due to cultural or linguistic isolation such as Latinos, Vietnamese, Koreans, Iranians, and the Deaf and Hard of Hearing populations. There are specific providers that serve the Asian/Pacific Islander community. Other providers serve a population that is diverse, including monolingual Spanish-speaking clients.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: T2 TAY Outreach and Engagement

Date: 2/11/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY			108	
Adults				
Older Adults				
Total			108	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 108				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	18	English	69	LGBTQ	N/A
African American	7	Spanish	13	Veteran	0
Asian	46	Vietnamese	14	Other	
Pacific Islander	1	Cantonese			
Native American		Mandarin			
Hispanic	27	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	9	Russian			
		Farsi			
		Arabic			
		Other	12		
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
The goal of the program is to improve the mental health of the target population and stabilize TAY and, where appropriate, their families. The TAY FSPs assist TAY in identifying their own needs, building on their strengths and developing abilities and skills so that they can successfully sustain their own well-being when they leave the program. Outcome data is being collected. In addition to the traditional measures such as days in school and days homeless, staff is working on a resiliency questionnaire that will be used to evaluate changes that occur as children begin to live a more successful, more stable life. FY09-10 demonstrated a significant level of linkages for clients from the Hispanic and Asian communities. Not clearly reflected in the tables above is significant outreach and engagement with members of the Korean community.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Finding, maintaining and compensating multilingual and multiethnic staff is an ongoing challenge.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$447,721</td> <td>\$447,721</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$447,721	\$447,721	0		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$447,721	\$447,721	0						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐	No ☒						
	Yes ☐	No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions, the program is considered Revised Previously Approved. Please complete an Exhibit F1.								
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.								
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only				
Child and Youth								
TAY			110					
Adults								
Older Adults								
Total								
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:110								

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. 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 is on those TAY and their families who are Latino, Vietnamese, Korean, Farsi, monolingual non-English speakers and the Deaf and Hard of Hearing populations.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs. N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program. N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: T3 TAY Crisis Residential

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		72		
Adults				
Older Adults				
Total		72		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 72				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	33	English	65	LGBTQ	N/A
African American	5	Spanish	6	Veteran	0
Asian	2	Vietnamese		Other	
Pacific Islander		Cantonese	1		
Native American		Mandarin			
Hispanic	17	Tagalog			
Multi	12	Cambodian			
Unknown	1	Hmong			
Other	2	Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. The TAY Crisis Residential program is a much needed service that served 72 TAY in FY09-10. A significant level of services was provided to the Hispanic and Multiethnic communities. The great majority of individuals served were at risk of needing inpatient psychiatric services. This program provided a safe alternative to that very costly intervention.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. Finding, maintaining and compensating staff is an ongoing challenge. A 24/7, 365 days a year program comes with a level of overhead that is difficult to cut and still maintain a safe licensable facility.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%;"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$1,098,691</td> <td>\$ 1,098,691</td> <td align="center">0</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,098,691	\$ 1,098,691	0	Yes ☐ No ☐ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,098,691	\$ 1,098,691	0					

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		80		
Adults				
Older Adults				
Total		80		
Total Estimated Number of Individuals Served by the Program during FY 11/12: 80				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. This program promotes resiliency in Seriously Mentally Ill (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. 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. The program served an ethnically diverse population though the great majority participated in English. Bilingual/bicultural staff was available.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: T4 TAY Mentoring Program

Date 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		48		
Adults				
Older Adults				
Total		48		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 48				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	17	English	45	LGBTQ	
African American	1	Spanish	3	Veteran	
Asian	6	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	23	Tagalog			
Multi	1	Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. The anticipated outcome of the Mentoring Program is to give SED/SMI Orange County children and youth an opportunity to build life skills and lead productive and rewarding lives by spending time with a trained mentor. Mentors act as role models to assist children and youth in becoming more resilient in their day-to-day functioning. Program success outcomes are evaluated by using two primary measures of success established by the National Mentoring Partnership: (1) duration of match and (2) satisfaction surveys and interviews that query the mentee and the mentor. The Mental Health Association-Project Together Mentoring Program serves both Children and TAY. During FY 09-10, it has served a combined total of 132 children and TAY. Sixty-four percent of those matched exceeded the minimum match time of six months, and of those, 35% exceeded nine months. A sample of mentor satisfaction surveys indicated that 90% of the mentees rated the matches of high quality. The productivity standard for FY 09/10 was set at 77 children and parents served. At the end of FY 09/10, 84 clients/parents were served, resulting in a nearly 10% increase over the suggested productivity standard. The productivity standard for TAY clients was 28; however, the program served 48 youth, significantly exceeding the goal. The MHA-PT Mentor Program is fully staffed with diverse personnel who are equipped to fulfill the goals of the MHSA with 10 of the 11 staff members bilingual/bicultural in either Spanish or Vietnamese.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. The MHA-Project Together Mentor Program staff has successfully adjusted to past and present funding fluctuations. Additionally, the program utilizes a large staff of trained and screened unpaid volunteer mentors. These mentors, many who are university students majoring in human services, work one-on-one with a child/TAY on a weekly basis for a minimum of six months. Utilizing a volunteer mentor staff to work with a significant portion of the referred clients is essential in maintaining a quality program during funding fluctuations.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$173,850</td> <td>\$173,850</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$173,850	\$173,850	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$173,850	\$173,850	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		50		
Adults				
Older Adults				
Total		50		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				
50				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Program:

The Mental Health Association-Project Together Mentor Program (MHA-PT) provides mentoring services for serious emotional disturbance (SED) in children and youth and serious mental illness (SMI) in transitional age youth who are receiving mental health treatment services through the County of Orange Health Care Agency, Children & Youth Services (CYS) operated or contracted programs. Mentor services are initiated by the child's CYS or CYS contract agency clinician. All mentors are matched based on shared cultural and linguistic needs of the children, youth and families, and the clinician determines when a child/teen or parent/guardian will benefit from a mentor. Once a match becomes mutually agreeable to all parties involved, the clinician supports the mentor-mentee relationship, meets and advises the mentor on a regular basis during the child's/teen's process of forming a trusting, nurturing and one-to-one relationship.

The staff is comprised of eight bicultural/Hispanic staff, seven who are bilingual in Spanish, and three bicultural/bilingual Vietnamese staff. All of the staff mentors are bilingual in Spanish or Vietnamese, as are many of the "volunteer" mentor staff. All mentors are trained to interact with clients in a culturally competent manor. Nearly all clients from non-English speaking households are mentored by staff fluent in the client's native language. Throughout this fiscal year, the program targeted recruitment efforts towards finding bilingual/bicultural male volunteer mentors. Additionally, in an effort to serve a larger number of Spanish speaking male youth and TAYs who had been languishing on the referral list, the program increased the hours of one of the male bilingual/bicultural staff mentors from half to full time. The increase in hours resulted in five additional male clients, half from monolingual Spanish-speaking homes, to be matched with a male mentor. This is considered a success since many of the clients on the referral list are males in need of appropriate male role models

Eligibility: Children 0-15 and Transitional Age Youth (TAY) 16-25 years of age, and the parent/guardian of a client who is currently receiving mental health treatment services from the County of Orange Health Care Agency-Children and Youth Services or a County contracted program.

Language(s): All staff mentors are bilingual/bicultural in either Spanish or Vietnamese. Bilingual volunteer mentors also provide services in Spanish, Farsi, Korean, Tagalog and Mandarin.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: T5 TAYCentralized Assessment Team

Date: 2-1-2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		360		
Adults		0		
Older Adults		0		
Total		360		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:: 360				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	150	English	293	LGBTQ	
African American	12	Spanish	22	Veteran	
Asian	38	Vietnamese	4	Other	
Pacific Islander	0	Cantonese	0		
Native American	4	Mandarin	1		
Hispanic	101	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	38	Hmong	0		
Other	17	Russian	1		
		Farsi	1		
		Arabic	2		
		Other	36		
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
This program serves a diverse population. About a third of the clients are Latino. Staff attended numerous trainings/workshops on cultural awareness in providing services to multi-cultural/ethnic diversities. The Centralized Assessment Team has over 50% of staff who speak a second language including Spanish, Vietnamese, Hindi, Korean, Tagalog, Cambodian, and Urdu.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
None.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$520,105</td> <td>\$520,105</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$520,105	\$520,105	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$520,105	\$520,105	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		360		
Adults				
Older Adults				
Total		360		
Total Estimated Number of Individuals Served by the Program during FY 11/12: 360				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. The TAY Centralized Assessment Team (CAT) provides mobile response, including mental health evaluations/assessment, for adults aged 18 years -25 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 mobile crisis intervention for hospital diversions, evaluations for involuntary hospitalizations, and assistance for police, fire, and social service agencies. Assessment /consultation services are also provided in Hospital Emergency Departments (ED) for patients in need of, or waiting for, inpatient services. This Multi-lingual/Multi-cultural staff works with family members to provide information, referrals, and community support services. The Psychiatric Evaluation and Response Team (PERT) is a partnership with law enforcement, which includes designated police officers and mental health staff that respond to calls from officers in the field. Mental health consultations are provided for individuals in an apparent mental health crisis. The program also provides outreach and follow up services to ensure linkage to ongoing services.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: T6 TAY Program for Assertive Community Treatment

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		164		
Adults				
Older Adults				
Total		164	1	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 164				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	79	English	148	LGBTQ 6	
African American	7	Spanish	15	Veteran	
Asian	13	Vietnamese		Other	
Pacific Islander	6	Cantonese			
Native American	1	Mandarin	1		
Hispanic	56	Tagalog			
Multi	0	Cambodian			
Unknown	2	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Transitional Age Youth Program for Assertive Community Treatment has served 165 young adults, living with a chronic mental illness during FY 09/10. The consumers have a long history of being underserved due to their unique treatment needs, and they have not successfully linked with traditional adult services. The individuals who participate in this program are typically difficult to engage in treatment and have had multiple psychiatric hospitalizations with failed linkages to outpatient services. The PACT teams use a community outreach model to engage these individuals where they are in their recovery process, and provide services in a way that is respectful of the individual's culture and ethnicity. Specific to the TAY population, the program reaches out to family members and frequently collaborates closely with schools and probation. This collaboration provides the needed community supports for the TAY consumers to make a successful transition from adolescence to adulthood in significant areas of life. There are six PACT clinicians and one Nurse dedicated to TAY PACT, who are stationed throughout the various regional outpatient sites. Two of the clinicians are bi-lingual, Spanish speaking, and one of the staff members is bi-lingual, Tagalog speaking. These language capabilities allow our PACT team to communicate with individuals and family members from various ethnicities and cultural backgrounds in the language that is most familiar and comfortable for them. In addition to the community collaboration and language capabilities, engaging family members through educational groups and family sessions has been crucial in reaching the underserved TAY population. The program began providing substance abuse education groups for parents in FY 09/10, as well as a variety of social and educational groups for consumers, focused on substance abuse, developing social networks, and health and wellness.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There have not been any formal reductions or policy changes for the implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. However, due to the limited funding, the program was implemented with one TAY clinician stationed in each region. This initially created a challenge to the development of a team approach, which is an important aspect of the PACT model. The program identified a central clinical lead who has been successful in facilitating the teamwork necessary to maintain an excellent quality of care. Through this teamwork, the clinicians have been able to efficiently cover a large and culturally diverse geographical area.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%;"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$520,105</td> <td>\$520,105</td> <td>0</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$520,105	\$520,105	0	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$520,105	\$520,105	0					

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		200		
Adults				
Older Adults				
Total		200		
Total Estimated Number of Individuals Served by the Program during FY 11/12: 200				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
The original description of the Transitional Age Youth PACT program is consistent with current services, goals, and populations being served. The program serves individuals 18-26 years of age, who have unique psychosocial needs which have not been addressed in traditional Children's or Adult Outpatient programs. The program provides medication services, individual, group, substance abuse, and family therapy as it is clinically indicated. The critical component of the PACT model is to breakdown any barriers, by providing intensive services in the community. The program implements a "whatever it takes" philosophy which provides the flexibility needed to work successfully with the TAY culture. The targeted population typically has multiple psychiatric hospitalizations and/or incarcerations. PACT provides intensive case management, supportive services such as vocational services, money management training, physical health care, and linkage to community resources and benefits acquisition. The program provides services to a large geographical area with culturally and linguistically competent staff, resulting in improved services to ethnically uninsured and underserved clients. In addition, the statistics reflect that many of our TAY consumers communicate in English. However, many of the family members and parents prefer to communicate in Spanish. Maintaining bi-lingual staff members to engage the consumer's family members in a culturally respectful manner has been very beneficial. Staff members are well trained in substance abuse and cultural diversity.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
This is not a consolidation of programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: T7 TAY Discovery Program.

Date: 2/14/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total	0	0		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 0				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
This program did not provide services in FY 09/10.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
Due to concerns about sustainable MHSA funding this program, implementation was delayed.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$583,383</td> <td>\$583,383</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$583,383	\$583,383	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$583,383	\$583,383	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		125		
Adults				
Older Adults				
Total		125		
Total Estimated Number of Individuals Served by the Program during FY 11/12: 125				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. 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. 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. Primary target populations are Seriously Emotionally Disturbed or Severely Mental Ill Clients TAY not enrolled in a Full Service Partnership (FSP), but who otherwise meet the same 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: A1 Adult Full Service Partnerships

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0			\$18,652
TAY	61			
Adults	663			
Older Adults	26			
Total	750			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 750				

**PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports**

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	476	English	640	LGBTQ	
African American	67	Spanish	15	Veteran	35
Asian	63	Vietnamese	34	Other	
Pacific Islander	5	Cantonese	0		
Native American	10	Mandarin	0		
Hispanic	114	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	0	Hmong	0		
Other	15	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	61		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Preliminary outcomes analyses have provided evidence for the success of Adult FSPs. Using data comparing the 12-month period prior to enrollment in an FSP and annualized data on the period since enrollment, specific outcomes include: • An 86 % decrease in Incarceration Days • A 69% decrease in Homeless days • A 47% increase in consumers participating in education • An insignificant increase in Days Employed (.4%) All Full Service Partnerships have ethnic and language capability to serve all of Orange County's threshold languages (Spanish, Vietnamese and Farsi). The outreach and engagement efforts focus on underserved and unserved populations. These populations are a high priority, and outreach staff network extensively in those communities to promote access in to the public mental health system and programs.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. FSP's have had no reduction in funding. The FSP budget is carefully monitored, as well as Medi-Cal revenue, in order to sustain over time the number of participants and quality of service. Development of new MHSA housing allows for reduction in subsidies for housing, and Orange County has also created a program to allow for members on Shelter Plus Care to exit the system and enter into full community integration without the loss of their housing subsidy from the Shelter Plus Care Program.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$13,989,158</td> <td style="text-align: center;">\$13,989,158</td> <td style="text-align: center;">0</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$13,989,158	\$13,989,158	0	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$13,989,158	\$13,989,158	0					

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0			\$16,458
TAY	61			
Adults	763			
Older Adults	26			
Total	850			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				
850				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
FSP's provide full array of services from outreach and engagement of members referred, and while in the program, psychiatric services including medication and case management, housing, education, employment and community integration activities. All FSP's have been focused on data and outcomes as way of assessing effectiveness and are now implementing best practices and measures to ensure positive results and outcomes. Integration of co-occurring disorders treatment and medical/health has been a primary focus in these programs. Adult FSP's primarily serve members from 18 to 59. 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: A2 Centralized Assessment Team/Psychiatric Evaluation and Response Team (CAT/PERT)

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		360		
Adults		1,115		
Older Adults		203		
Total		1,678		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 1,678				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	799	English	1,307	LGBTQ	
African American	76	Spanish	114	Veteran	
Asian	192	Vietnamese	91	Other	
Pacific Islander	7	Cantonese	0		
Native American	9	Mandarin	3		
Hispanic	316	Tagalog	3		
Multi	0	Cambodian	1		
Unknown	218	Hmong	0		
Other	61	Russian	2		
		Farsi	10		
		Arabic	3		
		Other	144		
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. The Adult Centralized Assessment Team (CAT) has proven very effective in diverting individuals in crisis from entering the hospital or going into jail. For calendar year 2010, of the evaluations conducted by CAT, 59% resulted in successful diversion from hospitalization or incarceration. Staff attended numerous trainings/workshops on cultural awareness in providing services to diverse multi-cultural/ethnic populations. The Centralized Assessment Team has over 50% of staff who speak a second language including Spanish, Vietnamese, Hindi, Korean, Tagalog, Cambodian, and Urdu.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. N/A					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$1,668,310</td> <td>\$1,668,310</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,668,310	\$1,668,310	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,668,310	\$1,668,310	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		360		
Adults		1115		
Older Adults		203		
Total		1,678		
Total Estimated Number of Individuals Served by the Program during FY 11/12: 1,678				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
2. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
This program includes two types of services. The first is a Centralized Assessment Team (CAT) that provides mobile response, including mental health evaluations/assessment, for Adults aged 18 years or older 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 mobile crisis intervention for hospital diversions, evaluations for involuntary hospitalizations, and assistance for police, fire, and social service agencies. Assessment /consultation services are also provided in Hospital Emergency Departments (ED) for patients in need of, or waiting for, inpatient services. The multi-lingual/multi-cultural staff works with family members to provide information, referrals, and community support services. The second service is a 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. 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 monolingual non English-speaking clients, Latinos, Vietnamese, Koreans, and Iranians as well as Deaf and Hard of Hearing populations.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
4. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: A3 Adult Crisis Residential Program

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		1		
Adults		8		
Older Adults		0		
Total		9		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 9				

**PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports**

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	7	English	9	LGBTQ	
African American	1	Spanish	0	Veteran	
Asian	0	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0		
Native American	0	Mandarin	0		
Hispanic	1	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	0	Hmong	0		
Other	0	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	0		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The program was not implemented until late in the fiscal Year. Program start-up trainings focused on providing services to unserved populations. Staffing includes Spanish, Farsi, Vietnamese, and sign language capability.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$1,651,229</td> <td>\$1,651,229</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,651,229	\$1,651,229	0		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$1,651,229	\$1,651,229	0						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☒ Yes ☐ No ☐							
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		27		
Adults		141		
Older Adults		3		
Total		171		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 171				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. The Crisis Residential Services program emulates 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 comply with the standards for the certification of Social Rehabilitation Programs established by Titles 9 and 22 of the California Code of Regulations. The program provides 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 Crisis Residential Program provides 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 has 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS

Community Services and Supports

County: Orange County ☐ No funding is being requested for this program.

Program Number/Name: A4 Supported Employment 2-7-11

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		N/A		
TAY		19		
Adults		161		
Older Adults		15		
Total		195		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 1950			195 Individuals Served	

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	111	English	130	LGBTQ	
African American	11	Spanish	41	Veteran	
Asian	24	Vietnamese	23	Other	
Pacific Islander	0	Cantonese			
Native American	1	Mandarin			
Hispanic	41	Tagalog			
Multi	0	Cambodian	1		
Unknown	0	Hmong			
Other	7	Russian			
		Farsi			
		Arabic			
		Other			
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. The Employment WORKS program surpassed all of its FY09/10 program goals. The demand for services far exceeds capacity. The wide and diverse range of services provided by the program helped 195 participants obtain and maintain their highest levels of personal and economic independence through the power of work. The expansion of the program in FY09/10 to south Orange County has allowed services to reach program participants who reside in South Orange County and who have been limited in their access to this program, primarily due to transportation issues and minimal job opportunities in their region. This expansion has provided access to services and allowed job developers to work with the community in South Orange County to develop job opportunities for the consumers residing in that area based on their abilities and interests.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. Thus far, funding uncertainties have not had a significant impact on program.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$929,469</td> <td>\$929,469</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$929,469	\$929,469	0	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$929,469	\$929,469	0					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		N/A					
TAY		30					
Adults		161					
Older Adults		20					
Total		211					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 211							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. This program is designed for clients who are at the stage of their recovery where they are ready and able to return to the workforce. It provides education and support to diverse adults with mental illness who require long-term job supports to obtain and maintain competitive employment. The program provides education and support for mentally ill and/or dually diagnosed clients referred by Personal Services Coordinators from any program within Orange County Behavioral Health Services. Clients receive job preparation training, which includes: pre-employment classes aimed at identifying individual client skills and interests, workplace responsibilities and expectations; communication skills; information on managing symptoms and stress in the workplace; grooming and dressing for success; resume writing; and successful job application techniques. Job developers act as liaisons in the community and provide education to recruit potential employers and assist in reducing stigma. Job developers provide functional assessments, identify natural support in a client's life, network with the community to meet employers, identify job opportunities, and assist clients in pursuing a position. Job coaches assist clients on-the-job with workplace skill development, business interactions, and problem resolution. They also act as consultants and liaisons with employers. Job coaches maintain contact with Personal Services Coordinators to assure seamless service delivery. Program components include: development of job options for clients, such as social enterprises, agency supported positions, and competitive employment options, as well as volunteerism and other creative activities. The program provides culturally appropriate services to reach persons of racial/ethnic cultures who may be better served in specific culturally-based settings. The program integrates services within ethnic and specific community-based organizations. 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange

☐ No funding is being requested for this program.

Program Number/Name: A5 Adult Outreach and Engagement

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY			30	
Adults			158	
Older Adults			10	
Total			198	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 198				

**PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports**

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	69	English	90	LGBTQ	
African American	6	Spanish	98	Veteran	26
Asian	11	Vietnamese	10	Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	106	Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other	6	Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Outreach is focused on the unserved and underserved communities by partnering with ethnic/cultural community organizations as referral sources, including churches and food banks. The team has a diverse ethnic make-up and language capabilities that mirror the target population. In FY2009/10, the greatest proportion of clients was of white descent (65%+), second was Hispanic (20%+), followed by Asian (12%+), then Africa American (8%+) ,and a small number of "other" (4%). During FY 2009/10 there were 838 unduplicated contacts. A total of 198 individuals were linked to mental health services.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. The amount of people appropriate for outreach has increased with the economic downturn; however, our ability to hire more staff to assist more people has been hampered by a long-term hiring freeze.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒																																			
2) Is there a change in services?	Yes ☐ No ☒																																			
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$888,322</td> <td>\$888,322</td> <td>0</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$888,322	\$888,322	0	Yes ☐ No ☒ ☐ Yes ☐ No ☐																													
FY 10/11 funding	FY 11/12 funding	Percent Change																																		
\$888,322	\$888,322	0																																		
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.																																				
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Age Group</th> <th style="text-align: center;"># of individuals FSP</th> <th style="text-align: center;"># of individuals GSD</th> <th style="text-align: center;"># of individuals OE</th> <th style="text-align: center;">Cost per Client FSP Only</th> </tr> </thead> <tbody> <tr> <td>Child and Youth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Adults</td> <td></td> <td></td> <td align="center">100</td> <td></td> </tr> <tr> <td>Older Adults</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:: 100</td> </tr> </tbody> </table>		Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only	Child and Youth					TAY					Adults			100		Older Adults					Total					Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:: 100				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only																																
Child and Youth																																				
TAY																																				
Adults			100																																	
Older Adults																																				
Total																																				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:: 100																																				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. This program serves adults (age 18 or older) with serious mental illness in historically unserved and underserved populations. Clients are homeless or at high-risk for homelessness and have not already been linked to services. The program emphasizes outreach to ethnically diverse communities and to individuals who speak one of the County's threshold languages (Spanish, Vietnamese, and Farsi). In addition to traditional street outreach, there has also been a focus on community health clinics and other organizations serving as partners to encourage the engagement of individuals in diverse communities who are unfamiliar with service delivery in traditional mental health settings. The outreach team provides extensive education to unserved/underserved populations, while nurturing a relationship that will lead to the client, at some point, to agreeing to obtain services. The outreach team may link a potential client to numerous services, such as benefits counseling, medical care, dental care, and food banks, while continuing to develop trust. Outreach workers build a relationship with a potential client to allow for discussion about the client's goals, desires, and how MHSA FSP programs may provide the support needed to achieve the desired goals.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: A6 Adult Program for Assertive Community Treatment

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults		1,033		
Older Adults				
Total		1,033		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 1,033				

**PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports**

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	494	English	761	LGBTQ	
African American	33	Spanish	80	Veteran	
Asian	39	Vietnamese	136	Other	
Pacific Islander	205	Cantonese	1		
Native American	8	Mandarin	1		
Hispanic	197	Tagalog	2		
Multi	23	Cambodian	27		
Unknown	24	Hmong	3		
Other	10	Russian	2		
		Farsi	2		
		Arabic	3		
		Other	15		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Adult Program for Assertive Community Treatment (PACT) has served 1,033 chronically mentally ill adults during FY 09/10. The consumers who received services in this program are typically difficult to engage in services and have had multiple psychiatric hospitalizations with failed linkages to outpatient services. The PACT teams use a community outreach model to engage these individuals where they are in their recovery, and provide services in a way that is respectful of the individual's culture and ethnicity. There are 20 PACT clinicians and three nurses throughout the various regional teams. The language capabilities of these clinicians include, Vietnamese, Spanish, Farsi, Cambodian, Laotian, Thai, and Tagalog. The language capabilities allow our PACT teams to communicate with individuals and family members from various ethnicities and cultural backgrounds in the language that is most familiar and comfortable for them. Orange County has a specific Asian/Pacific Islander PACT team to address the needs of our rather large Asian/Pacific Islander population, particularly in the West and Central parts of the County. This team does community outreach by attending and presenting mental health resources at various community picnics and festivals. In addition, the team hosts cultural celebrations with consumers and their families in a regional outpatient clinic, where traditional food, music and customs are shared as a social support and networking opportunity for consumers.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
There have not been any formal reductions or policy changes for the implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. However, due to the inability to fill vacant positions it has been a challenge to maintain services to the volume of underserved consumers eligible for PACT services. This has increased the caseloads within some of the regional teams, which in turn challenges the program to continue to accept admissions. In addition, some caseloads have increased temporarily, which leads to challenges in maintaining the very intensive level of care expected from the PACT teams. The supervisors and staff members have been resourceful in utilizing community resources and sharing resources, in order to maintain the high quality of care.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$3,317,645</td> <td>\$3,317,645</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$3,317,645	\$3,317,645	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$3,317,645	\$3,317,645	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults		1,000		
Older Adults				
Total		1,000		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 1,000				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. The original description of the Adult PACT program is consistent the current services, goals, and populations being served. The Adult PACT program serves clients who are high-risk, high-acuity, and difficult to engage in treatment. The program provides medication services, individual, group, substance abuse, and family therapy as it is clinically indicated. The target population is chronically mentally ill consumers 18 years and older, who have a history of multiple psychiatric hospitalizations and/or incarcerations. PACT provides supportive services such as vocational services, money management training, physical health care, and linkage community resources and benefits acquisition. The program provides services in several geographic locations with culturally and linguistically competent staff, resulting in improved services to ethnically diverse clients who are uninsured and underserved.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
This is not a consolidation of programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS

Community Services and Supports

County: Orange☐ No funding is being requested for this program.Program Number/Name: A7 Wellness CenterDate: 2/15/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		-		
TAY		108		
Adults		520		
Older Adults		38		
Total		666		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 666				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	343	English	635	LGBTQ	-
African American	35	Spanish	21	Veteran	3
Asian	42	Vietnamese	10	Other	-
Pacific Islander	5	Cantonese			
Native American	7	Mandarin			
Hispanic	135	Tagalog			
Multi	-	Cambodian			
Unknown	75	Hmong			
Other	24	Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Wellness Center has experienced an increase in members, as well as an increase in the number and types of activities available to clients. The Wellness Center has made serving diverse ethnic and cultural populations a priority. To accomplish this the Center has: • Outreached to the Vietnamese and Farsi-speaking communities. • Provided our calendar in four languages (Vietnamese, Farsi, Spanish, and English). • Made sure our calendar reflected all communities. • Met with people in the surrounding communities that reflected the cultural differences within the Wellness Center (Example: Camino Nuevo Program). Camino Nuevo now holds a group at the Wellness Center weekly.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes ☐ No ☒

2) Is there a change in services? Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$1,365,000	\$1,365,000	0

b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?

c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.

Yes ☐ No ☒

Yes ☐ No ☐

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		130		
Adults		624		
Older Adults		46		
Total		799		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 799

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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 provides services to a diverse client base. These services facilitate and promote recovery and empowerment in mental health consumers.

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 are 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 is provided for clients to increase socialization and encourage integration into the community. The ultimate goal is to reduce reliance on the mental health system and to increase self-reliance by building a healthy network of support, which may involve the client's family, friends, and significant others. The Wellness Center is a space for people to develop opportunities for socialization and growth in other areas of life outside the mental health system. It is a safe place there people can explore their potential in way that have been either inaccessible or perceived as impossible in the past. The members and staff are proof of recovery and represent a step towards a more transparent and transformative system

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 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
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: County of Orange

☐ No funding is being requested for this program.

Program Number/Name: A8 Adult Recovery Centers

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		0		
TAY		89		
Adults		2,209		
Older Adults		417		
Total		2,716		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1,173	English	1,790	LGBTQ	
African American	78	Spanish	468	Veteran	27
Asian	414	Vietnamese	240	Other	
Pacific Islander	9	Cantonese	3		
Native American	25	Mandarin	3		
Hispanic	799	Tagalog	6		
Multi	6	Cambodian	15		
Unknown	111	Hmong	1		
Other	101	Russian	Not listed		
		Farsi	40		
		Arabic	6		
		Other	144		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Recovery Center Program has done an excellent job of providing episodic case management and mental health services to the chronic and persistent mentally ill population in Orange County. The Recovery Centers have been staffed to accommodate both ethnic and cultural diversity that reflects the demographic makeup of the County. Consumer surveys were conducted to determine how to best meet the needs of the communities being served, and services were modified accordingly.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
The County Recovery Centers were tasked with finding two new appropriately located facilities to cover the entire County. Staffing these new Recovery Centers required transitioning staff whose positions had been cut from other programs within HCA. Staff was then trained for new roles. The target appropriate population was identified. Then, clients were transitioned to the sites that best suited their needs. The Contracted Recovery Centers underwent transformation of their services and developed and sustained effective recovery-oriented programs that have continued to meet consumers' needs. Multiple trainings were required to educate staff to provide them with the tools necessary to transform service delivery. They also had to identify the target population appropriate for the Recovery Center level of care and transition consumers requiring a different level of care.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$6,630,000</td> <td>\$6,630,000</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$6,630,000	\$6,630,000	0	b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or, <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? Yes ☐ No ☒ Yes ☐ No ☐ c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$6,630,000	\$6,630,000	0					
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth		0					
TAY		100					
Adults		2,500					
Older Adults		500					
Total		3,100					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 3,100							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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 is a peer-run support program where consumers are able to access groups and peer support activities.

The ultimate goal of this program is to reduce reliance on the mental health system and increase and maintain self-reliance by building a healthy network support system. This program provides an option for clients who no longer need the intensive services offered by other programs included in the continuum of Adult services. These clients 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. This is Orange County's lowest level of care in the Adult Mental Health System.

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 groups that would be a reflection of client's needs and stressors as they move along the continuum of recovery. The program provides ongoing health education, basic wellness assessments and assists 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
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program. N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: A9 Adult Peer Mentoring

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults			0	
Older Adults			0	
Total			0	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 0				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Peer Mentoring program is a contract program with St. Anselms Cross Cultural Community Center. The Peer Mentoring contract was signed in September 2010 and began seeing consumers in November 2010. The program did not see any individual consumers during fiscal year 09/10. To address the ethnic and cultural disparities evident in accessing mental health services, the program is focused on the hiring process to develop a multi-cultural and multi-linguistic team. Training protocols are being developed to create a team capable of providing culturally respectful field based services to the diverse unserved and underserved adult population in Orange County. The program will employ and train a group of peer mentors who are diverse in terms of age, culture, and language capabilities. The target populations include adults age 18 and above who are at risk of hospitalization or who have been hospitalized.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Due to the uncertainty about state and local budgets, it was prudent to delay the implementation of this new program until the budget issues were resolved. The Adult Peer Mentoring Program was not implemented until September 2010. Since implementation, the program has not had any issues as a result of fluctuation in the MHSA funding and overall mental health funding.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$295,648</td> <td style="text-align: center;">\$295,648</td> <td style="text-align: center;">0</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$295,648	\$295,648	0	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$295,648	\$295,648	0					
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.							
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.							
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only			
Child and Youth							
TAY							
Adults		210					
Older Adults							
Total		210					
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:							
210							

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
- 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.

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.

Individuals targeted for the Peer Mentor Program are diverse adults (18-59). Priority populations include adults with two prior hospitalizations within the past 12 to 18 months, followed by individuals identified as having a high probability of benefiting from this level of community transition assistance. Referrals 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.

2. If this is a consolidation of two or more programs, provide the following information:
- Names of the programs being consolidated.
 - How existing populations and services to achieve the same outcomes as the previously approved programs.
 - The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: O1 Older Adult Recovery Services

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		432		
Total		432		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 432				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	230	English	298	LGBTQ	
African American	5	Spanish	33	Veteran	
Asian	38	Vietnamese	41	Other	
Pacific Islander	45	Cantonese			
Native American	0	Mandarin	1		
Hispanic	48	Tagalog	1		
Multi	3	Cambodian	1		
Unknown	39	Hmong	0		
Other	6	Russian	0		
Iranian	18	Farsi	23		
		Arabic	2		
		Other	32		
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
The Older Adult Recovery program has served 432 chronically mentally ill individuals during FY 09/10. The unserved and underserved older adult population in this program is frequently isolated and homebound, with multiple medical and psychiatric diagnoses, and little access to mental health services. Due to the specific psychosocial needs of the older adult population, the majority of these services take place in the consumer's home or community. In-home services breakdown the barriers to accessing treatment. Engaging individuals where they are in their recovery and providing intensive case management and mental health services in the field are strategies used to better meet the needs of this high-risk population.. In addition, this program utilizes the services of eight clinicians who are bilingual. Three are Spanish speaking, two speak Vietnamese, two speak Farsi, one speaks Hindi and another speaks Korean. The Recovery program also employs three bilingual office support staff; two speak Spanish and the third speaks Vietnamese. The language capabilities allow our team to					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

communicate with individuals and family members from various ethnicities and cultural backgrounds in the language that is most familiar and comfortable for them, and provide services in a way that is respectful of the individual's culture and ethnicity.

In order to reach out into the older adult underserved population, the Recovery Program collaborates with a variety of multi-cultural community partners including St. Anselm's Cross Cultural Community Center, the Asian American Senior Center, Latino Health Access, Community Clinics and faith based communities and senior centers. Additional community partners dedicated to working with this vulnerable population are Adult Protective Services, In-Home Supportive Services, the Elder Abuse Forensic Center, and the Financial Abuse Specialist Team, as well as the Office on Aging and their contracted services and programs that provide home delivered and congregate meals.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

The program has been faced with major challenges as a result of the uncertainty and potential fluctuation in funding, as well as the instability of the economy in the general population. Specifically, older adults who don't suffer from a mental illness, appear to have increasing difficulties in accessing their private providers, which has lead to many individuals not included in the target population attempting to access services. Due to the extensive unmet needs in the general community, it is an ongoing challenge for staff members to maintain the limited resources for the target population. The supervisors and staff members have been resourceful in collaborating with the community partners to maintain the integrity of the Recovery program and link clients to alternative resources.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$1,668,135</td> <td>\$1,668,135</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,668,135	\$1,668,135	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$1,668,135	\$1,668,135	0					
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		500		
Total		500		
Total Estimated Number of Individuals Served by the Program during FY 11/12: 500				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The original description of the Older Adult Recovery program is consistent the current services, goals, and populations being served. The initial approved program reflected the diverse populations in Orange County. Community input during the planning process emphasized and re-emphasized the need for all services to be culturally and age appropriate. The Older Adult population was identified as an emerging population requiring specific services. The services provided, include medication management, nursing assessment and collaboration with primary care providers, substance abuse services, individual and family mental health services, intensive case management services, benefits acquisition, and linkage to community support services. A key component to providing culturally sensitive services to the underserved older adult population is that the majority of services be provided in the consumer's home and/or community.

Older Adult Services meets the diverse cultural needs of the consumers by requiring that staff meet the threshold language requirements of English, Spanish and Vietnamese. The program is also able to serve clients, in languages such as Farsi and Korean and other emerging threshold languages. Translation services for unmet language needs are also available.

The staff hired to perform these services is reflective of the diversity in Orange County and is sensitive to the emerging cultures. It is also understood that services provided for older adults be done by staff specifically educated and experienced in working with older adults. This assures adequate assessment, identification of client strengths, and the development of a client-centered treatment plan. The diverse staffing of the Older Adult Recovery Services Program includes individuals who identify themselves as being of Hispanic, Vietnamese, African, East Indian, Pakistani, Persian, and Korean, as well as Western and Eastern European backgrounds and descent. Older Adult Recovery staff has been well-trained in cultural competency, including issues important to the Lesbian, Gay, Bisexual and Transgender community. Staff members have participated and continue to participate in training and educational opportunities that address issues of gender role as it relates to different cultures and age groups, including specific seminars on LGBT issues.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program. N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange ☐ No funding is being requested for this program.

Program Number/Name: O2 Older Adult Support and Intervention System (OASIS)

Date: 2-7-11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0			\$25,491
TAY	0			
Adults	18			
Older Adults	135			
Total	153			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	118	English	133	LGBTQ	
African American	11	Spanish	6	Veteran	21
Asian	10	Vietnamese	0	Other	
Pacific Islander	3	Cantonese	0		
Native American	1	Mandarin	0		
Hispanic	10	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	0	Hmong	0		
Other	0	Russian	0		
		Farsi	0		
		Arabic	0		
		Other	14		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. This program is an Older Adult Full Service Partnership program. It has the capability to serve clients speaking all of Orange County's threshold languages and emerging cultures. The program makes efforts to outreach to and engage underserved and unserved populations. Staff network extensively in those communities to promote access to the system and programs. Preliminary Outcomes analysis comparing the 12-month period prior to enrollment and annualized data since enrollment demonstrates substantial improvements in many life domains. Examples include: • A 25% decrease in hospital days • An 89% decrease in days of incarceration • A 73% decrease in homeless days
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Thus far, there have been no issues related to fluctuations in funding.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$3,900,062</td> <td>\$3,900,062,</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$3,900,062	\$3,900,062,	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$3,900,062	\$3,900,062,	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				\$23,215
TAY				
Adults	18			
Older Adults	150			
Total	168			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 168				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

This program is an Older Adult Full Service Partnership (FSP) Program. It 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. To meet the needs of an aging population, this program has made medical and psychiatric services a focus. Also included is a peer-run clubhouse, where clients are encouraged and assisted with assimilation into the community.

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

All FSPs have focused on data and outcomes measures as a way of assessing program effectiveness and are now implementing best practices and evaluation measures to ensure positive outcomes.

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.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: O3 Older Adult PACT Program

Date: 2-7-11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		55		
Total		55		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 55				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	42	English	51	LGBTQ	
African American	1	Spanish		Veteran	
Asian	3	Vietnamese	3	Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	2	Tagalog			
Multi		Cambodian			
Unknown	7	Hmong			
Other		Russian			
Iranian		Farsi			
		Arabic			
		Other	1		

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. The Older Adult Program for Assertive Community Treatment (PACT) program served 55 chronically mentally ill individuals during FY 09/10. The unserved and underserved older adult population in this program is frequently isolated and homebound, with multiple medical and psychiatric diagnoses, and little access to mental health services. These individuals have multiple hospitalizations and/or persistent inappropriate use of 911 or emergency rooms. Due to the specific psychosocial needs of the older adult population, and the nature of the ACT model, the majority of these services take place in the consumer's home or community. In-home services breakdown the barriers to accessing treatment, by engaging individuals where they are in their recovery, and providing intensive case management and mental health services in the field. In addition, this program utilizes the services of four clinicians, three of whom are bilingual. Two speak Spanish and one speaks Vietnamese. The language capabilities allow our team to communicate with individuals and family members from various ethnicities and cultural backgrounds in the language that is most familiar and comfortable for them, and provide services in a way that is respectful of the individual's culture and ethnicity. To reach out into the older adult underserved population, the PACT Program collaborates with many hospitals and emergency rooms, covering a large geographical area. Additional community partners who collaborate with PACT are Adult Protective Services, In-Home Supportive Services, the Elder Abuse Forensic Center, and the Financial Abuse Specialist Team, as well as the Office on Aging and their contracted services and programs that provide home- delivered and congregate meals.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding. The program has been faced with major challenges as a result of the uncertainty and potential fluctuation in funding, as well as the instability of the economy in the general population. Specifically, private providers and Insurance companies consistently refer high utilizer consumers to the Older Adult Services PACT team to receive a high level of care. The program is challenged to maintain the limited resources for the target population.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒						
2) Is there a change in services?	Yes ☐ No ☒						
3) a) Complete the table below:							
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$705,433</td> <td>\$705,433</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$705,433	\$705,433	0	
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$705,433	\$705,433	0					
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes ☐ No ☒						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐ No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		80		
Total		80		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				
80				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The original description of the Older Adult Program for Assertive Community Treatment is consistent with the current services, goals, and target populations. The Older Adult Program of Assertive Community Treatment (PACT) is an expansion of the adult PACT team and is run by the County. Staff includes 1.0 Service Chief, 1.0 FTE Mental Health Specialist, 2.0 FTE Clinical Social Workers, and 1.0 FTE Office Supervisor. The total caseload capacity is 50.

The original approved program reflected the diverse populations in Orange County. Community input during the planning process emphasized and re-emphasized the need for all services to be culturally and age appropriate. The Older Adult population was specifically identified as an emerging population requiring specific services. The services provided by Older Adult PACT, include medication management, nursing assessment and collaboration with primary care providers, substance abuse services, individual and family mental health services, intensive case management services, benefits acquisition, linkage to community support services, and collaboration with family or significant others. The program embraces a “whatever it takes” approach to meet the extensive needs of the consumers. A key component to providing culturally sensitive services to the underserved older adult population is that the majority of services be provided in the consumer’s home and/or community. And in their language of choice.

The Older Adult PACT team is multicultural, and has been well-trained in cultural competency including specific seminars on issues of Lesbian, Gay, Bisexual and Transgender community. Staff members have participated and continue to participate in training and educational opportunities that address issues of gender role as it relates to different cultures and age groups.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: O4 Older Adult Peer Mentoring

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total		0		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: None. This program was not implemented in FY 09/10.				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

C. Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Older Adult Peer Mentoring program is a contract program with St. Anselm's Cross Cultural Community Center. The Peer Mentoring contract was signed in September 2010 and the program began serving consumers in November 2010. No services were provided in FY 09/10. To address the ethnic and cultural disparities evident in accessing mental health services, the program is focused on establishing a multi-cultural and multi-linguistic team. Training protocols are being developed to create a team capable of providing culturally respectful field-based services to the unserved and underserved older adult population in Orange County. The program will employ and train a diverse group of peer mentors, with an array of language capabilities. The target populations include older adults age 55 and above who are at risk of hospitalization or who have been hospitalized. Older adults typically access medical facilities and emergency rooms instead of mental health facilities. The program acknowledges this and considers medical hospitalization and emergency room visits as part of admission criteria.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
Due to the uncertainty about state and local budgets, it was prudent to delay the implementation of this new program until the budget issues were resolved. The Adult Peer Mentoring Program was not implemented until September 2010. Since implementation, the program has not had any issues as a result of fluctuation in the MHSA funding and overall mental health funding.

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒																																			
2) Is there a change in services?	Yes ☐ No ☒																																			
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td>\$728,000</td> <td>\$728,000</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$728,000	\$728,000	0	b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or, <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.																													
FY 10/11 funding	FY 11/12 funding	Percent Change																																		
\$728,000	\$728,000	0																																		
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.																																				
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Age Group</th> <th style="width:20%;"># of individuals FSP</th> <th style="width:20%;"># of individuals GSD</th> <th style="width:20%;"># of individuals OE</th> <th style="width:20%;">Cost per Client FSP Only</th> </tr> </thead> <tbody> <tr> <td>Child and Youth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TAY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Adults</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Older Adults</td> <td></td> <td align="center">450</td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td align="center">450</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 330</td> </tr> </tbody> </table>		Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only	Child and Youth					TAY					Adults					Older Adults		450			Total		450			Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 330				
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only																																
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TAY																																				
Adults																																				
Older Adults		450																																		
Total		450																																		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 330																																				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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.

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.

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 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

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

County: Orange County

☐ No funding is being requested for this program.

Program Number/Name: O5 Older Adult Community-Based Senior Support Team

Date: January 3, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total		0		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: None.				

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. List the number of individuals served by this program during FY 09/10, as applicable.					
Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
Iranian		Farsi			
		Arabic			
		Other			
C. Answer the following questions about this program.					
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.					
This Program was not implemented in FY 2009/10.					
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.					
The program has been faced with major challenges as a result of the uncertainty and potential fluctuation in funding, as well as the instability of the economy in the general population. This program has not yet been implemented due to uncertainty of the funding.					

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒						
2) Is there a change in services?	Yes ☐	No ☒						
3) a) Complete the table below:								
<table border="1"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$817,242</td> <td>\$817,242</td> <td>0</td> </tr> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$817,242	\$817,242	0		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$817,242	\$817,242	0						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes ☐	No ☒						
	Yes ☐	No ☐						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions, the program is considered Revised Previously Approved. Please complete an Exhibit F1.								
A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.								
Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only				
Child and Youth								
TAY								
Adults								
Older Adults		500						
Total		500						
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 500								

PREVIOUSLY APPROVED PROGRAMS
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served. This program will collaborate and partner with social services agencies (including primary care physicians) who provide services to the diverse older adult community. Partners may refer clients who are having difficulty in the community as a result of their mental illness. The team will provide short-term interventions. The goals of this program include: - Reaching the intended population, who may be under-treated and struggling to stay in the community. - Improving the linkage between older adult community service providers and health care professionals through appropriate referrals, better communication, and effective partnerships. Services will include: culturally and linguistically appropriate assessment/screening, brief supportive counseling, brief case management, resource referral and follow-up as needed. An expected outcome is improving access to preventive healthcare services. This team will also provide education regarding mental illness and information about specific resources for the older adult population to clients, families, significant others, social service agencies and older adult stakeholders. 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.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
1. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

D2: WORKFORCE EDUCATION AND TRAINING PROGRAMS

**PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training**

County: Orange

☒ No funding is being requested for this program.

Program Number/Name: WET 1 Workforce Staffing Support

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Workforce Education Training (WET) program coordination includes, but is not limited to:

- Stakeholder meetings
- Making presentations and facilitating trainings/conferences to staff, consumers, family members and the community
- Updating the WET Plan

These functions continue to require a training coordinator and support staff. This team continues to communicate with the identified crucial stakeholders, and keep them apprised of the regulations and guidelines related to Workforce Education and Training and any changes to the WET plan. This is done through a monthly steering committee meeting.

There are liaisons assigned to each division within our system of care that help to assess the training needs of all staff and implement appropriate seminars, workshops, and conferences.

County of Orange also participates in the Southern Region WET partnership. A consumer Employee Support Specialist has been providing support to our system, particularly to employees who self identified as consumers, in terms of policy and guideline setting to promote recovery in the work place.

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒							
2) Is there a change in the activities and strategies?	Yes ☐ No ☒							
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <thead> <tr> <th align="center">FY 10/11 funding</th> <th align="center">FY 11/12 funding</th> <th align="center">Percent Change</th> </tr> </thead> <tbody> <tr> <td align="center">\$0</td> <td align="center">0</td> <td align="center">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$0	0	0	Yes ☐ No ☒ Yes ☐ No ☒	
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$0	0	0						
N/A								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.								

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☒
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes have been made to these programs.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training**

County: Orange

☒ No funding is being requested for this program.

Program Number/Name: WET 2 Training and Technical Assistance

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of Financial relief, established partnerships among education and training that are connected to service needs, etc).

All of the seven Actions contained in the WET Plan related to training and technical assistance have been implemented. HCA is in the process of achieving the goals outlined in the Orange County WET Plan.

Notable achievements include:

- The graduation of more than 200 consumers and family members from the consumer training program with 35% employed either full or half time providing services to the mental health community
- The support of expansion of the National Alliance on Mental Illness (NAMI) Family-to-Family programs to the Vietnamese and Korean communities
- Mental Health Training for Law Enforcement has trained more than 500 Law Enforcement officers to better understand the mentally ill and provide appropriate interventions
- The Health Care Agency has started implementation a contract with UCLA to provide training to staff, countywide on evidence-based treatment models for individuals with co-occurring disorders.

Staff trainings and conferences that are especially important to note include:

- Understanding Disparities
- Crisis Intervention

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

- Education Expo
- Immersion Training
- Chronic Disease
- Stigma Reduction
- Consumer Employee Workforce Development
- Foster Parent Training

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒							
2) Is there a change in the activities and strategies?	Yes ☐ No ☒							
3) a) Complete the table below: <table border="1" style="margin: 10px auto; width: 60%; border-collapse: collapse;"> <thead> <tr> <th align="center">FY 10/11 funding</th> <th align="center">FY 11/12 funding</th> <th align="center">Percent Change</th> </tr> </thead> <tbody> <tr> <td align="center">\$0</td> <td align="center">0</td> <td align="center">0</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$0	0	0	Yes ☐ No ☒ Yes ☐ No ☒	
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$0	0	0						
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.								

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☒
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes have been made to these programs
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

County: Orange☒ No funding is being requested for this program.Program Number/Name: WET 3 Mental Health Career PathwaysDate: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

2. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Orange County has four action items related to Mental Health Career pathways. 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 their development. The graduation of 200 consumers and family members in the mental health field via the mental health worker certificate programs at a local community college is a significant success. In June of 2010, the County selected a contractor to implement the Recovery Education Institute to provide training on basic issues of life, career management skills, and other skills need to work in the public mental health system, as well as college prep courses to all OC consumers currently enrolled for services in our system.

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

3) Is there a change in the work detail or objective of the existing program(s) or activity(s)?

Yes ☐ No ☒

4) Is there a change in the activities and strategies?

Yes ☐ No ☒

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$0	0	0

b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, **or**,

Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?

Yes ☐ No ☒

c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☒
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

2. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes have been made to these programs.
3. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

**PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training**

County: Orange

☒ No funding is being requested for this program.

Program Number/Name: WET 4 Residency and Internship

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of Financial relief, established partnerships among education and training that are connected to service needs, etc).

The four action items in support of this program continue to meet the objectives included in the Orange County WET Plan. More than 50 staff members are funded to provide supervision to interns of all levels, including psychiatric residents from the University of California at Irvine, who provide a yearly clinical rotation with the Orange County Behavioral Health system. The Health Care Agency is in the process of developing a one to two-year Community Psychiatry Fellowship with UCI.

**PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒						
2) Is there a change in the activities and strategies?	Yes ☐ No ☒						
3) a) Complete the table below: <table border="1" style="margin: 10px 0;"> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> <tr> <td>\$0</td> <td>0</td> <td>0</td> </tr> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$0	0	0	Yes ☐ No ☒ Yes ☐ No ☒
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$0	0	0					
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☒
Financial Incentive	☐

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes have been made to these programs.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

County: Orange☒ No funding is being requested for this program.Program Number/Name: WET 5 Financial IncentivesDate: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of Financial relief, established partnerships among education and training that are connected to service needs, etc).

The three action items related to financial incentives continue to be a success. The initial MSW graduates that were funded with one-time CSS money have been transitioned to the WET plan funds and are expected to graduate in Spring 2012. They will then begin providing services in Spanish and Vietnamese. The tuition assistance program continues to provide financial support to county and contract employees, consumers and family members at local colleges, and universities from all AA to graduate levels. The County has supported a total of 42 individuals via this program annually.

**PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒							
2) Is there a change in the activities and strategies?	Yes ☐ No ☒							
3) a) Complete the table below:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th align="center">FY 10/11 funding</th> <th align="center">FY 11/12 funding</th> <th align="center">Percent Change</th> </tr> </thead> <tbody> <tr> <td align="center">\$0</td> <td align="center">0</td> <td align="center">0</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$0	0	0
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$0			0	0				
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.								

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☒

PREVIOUSLY APPROVED PROGRAMS
Workforce Education and Training

B. Answer the following questions about this program.

3. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
No changes have been made to these programs.
4. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

D3: PREVENTION AND EARLY INTERVENTION PROGRAMS

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 1 Crisis & Referral Services ☐ Please check box if this program was selected for the local evaluation

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

In 2009, the County engaged the community in the development and implementation of three programs—Crisis Prevention Hotline, Warmline, and Suicide Survivor Support via the competitive Request for Proposals (RFP) process. The process was concluded with the funding approval for all three of these programs by the Board of Supervisors in July of the new fiscal year of 10/11. These programs were implemented in September of 2010.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
TAY (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			
Total	0						

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1.	Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable N/A
2.	Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program ³ , please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
N/A	

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒						
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒						
3. a) Complete the table below:	Yes ☐ No ☒ Yes ☐ No ☐							
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="padding: 2px 5px;">FY 10/11 funding</th> <th style="padding: 2px 5px;">FY 11/12 funding</th> <th style="padding: 2px 5px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">\$1,947,482</td> <td style="padding: 2px 5px;">\$2,434,352</td> <td style="padding: 2px 5px;">25% increase</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,947,482	\$2,434,352	25% increase
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$1,947,482			\$2,434,352	25% increase				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,								
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

A. Answer the following questions about this program.		
1. Please include a description of any additional proposed changes to this PEI program, if applicable.		
N/A.		
2. If this is a consolidation of two or more previously approved programs, please provide the following information:		
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	1,700	1,300
Total Families:	6,000	500

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 2 Early Intervention Services ☐ Please check box if this program was selected for the local evaluation

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individual s
Child and Youth (0-17)		White	34	English	154	LGBTQ	unknown
Transition Age Youth (16-25)	22	African American	15	Spanish	125	Veteran	108
Adult (18-59)	258	Asian	11	Vietnamese	3	Other	
Older Adult (60+)	2	Pacific Islander	2	Cantonese			
		Native American	5	Mandarin			
		Hispanic	197	Tagalog			
		Multi		Cambodian			
		Unknown	17	Hmong			
		Other	1	Russian			
				Farsi			
				Arabic			
				Other			
Total	282		282		282		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

First Onset Services and Supports:

Orange County Postpartum Wellness (OCPW) Program: This program was implemented in October 2009. Services were provided in the community, most often at the participant's location of residence. For participants who were geographically clustered, the locations of group activities for support and education were determined by identifying locations central to participants. To accommodate the underserved monolingual Spanish speaking community in a culturally and linguistically competent manner, more than 70% of these services were provided in Spanish. In addition, community outreach events including presentations on Postpartum Depression were provided in Spanish. The Patient Health Questionnaire (PHQ-9) is used for both the initial assessment of depressive symptoms and suicidality and to measure changes during the course of the program. The PHQ-9 was administered in English, Spanish, or Vietnamese, according to the participant's preferred language. One early challenge that was quickly corrected was with program start up, staffing did not support the number of monolingual Spanish participants seeking services. However, now all staff members are bilingual Spanish/English speakers.

First Onset of Psychiatric Illness Program: During FY 2009/10, significant program development took place, however, no direct services were provided. Challenges included a hiring freeze and finding an appropriate new community site for this program.

Early Intervention Services for Stressed Families: Initial development of this program began during FY 2009/10,;however, no direct services were provided. Program implementation has been delayed because of a hiring freeze.

Peer Led Support Groups (Drop Zone): During FY 2009/10, a peer-led support group called the "Drop Zone" was implemented for the veteran population of OC. Top priority for provision of services was the community colleges. Student veterans provide the highest congregation of veterans in OC and transition issues (especially co-occurring substance use problems) are prominent and ideal for prevention and early intervention. A Memorandum of Understanding (MOU) was implemented with largest community college district (Santiago Canyon) and the "Drop Zone" was established on campus.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

Using staff members who are veterans has been effective in providing resources and referrals. In addition, trainings for community providers have been successful in building the capacity of the community in linking veterans to mental health services.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

OCCPW Program: During FY 2009/10, this program enrolled 65 individuals into early intervention services and an additional 109 individuals were assessed for services and referred to appropriate community services. The primary change measure used was the 9-item Patient Health Questionnaire (PHQ-9), and preliminary outcome findings demonstrated decreased symptoms of depression. Collaborative relationships with other community providers were established to maintain an open conversation regarding community needs relative to postpartum depression. Criteria for inclusion into the program have become more flexible based on demonstrated community need.

Peer Led Support Groups (Drop Zone): During FY 2009/10, 108 individuals utilized the Drop Zone, and most of them were repeat users. In addition, outreach and engagement services were also provided to an estimated 550 individuals in a variety of community settings, including homeless shelters, community colleges, and community veteran events to publicize services, including the Drop Zone. Outcomes for this program are measured by the number of participants repeating the use of the college center and a client satisfaction survey.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒						
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒						
3. a) Complete the table below:	Yes ☐ No ☒ Yes ☐ No ☐							
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$3,922,659</td> <td style="padding: 2px;">\$4,903,324</td> <td style="padding: 2px;">Increase 25%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$3,922,659	\$4,903,324	Increase 25%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$3,922,659			\$4,903,324	Increase 25%				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,								
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

A. Answer the following questions about this program.		
1. Please include a description of any additional proposed changes to this PEI program, if applicable.		
N/A.		
2. If this is a consolidation of two or more previously approved programs, please provide the following information:		
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	250	750
Total Families:	50	300

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 3 Outreach and Engagement Services ☐ Please check box if this program was selected for the local evaluation

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	9	English	825	LGBTQ	UNK
Transition Age Youth (16-25)		African American	2	Spanish	50	Veteran	UNK
Adult (18-59)	865	Asian		Vietnamese		Other	UNK
Older Adult (60+)	10	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	6	Tagalog			
		Multi		Cambodian			
		Unknown	858	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			
Totals	875		875		875		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1.	Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
During FY 09/10, Outreach and Engagement services were provided to homeless adults, adults in transitional living, and adults at risk of homelessness. These services primarily included connecting individuals to community services. To better understand barriers to accessing behavioral health services and the diverse needs of the community, a community wide needs assessment was conducted by the Outreach and Engagement Team. The assessment was conducted by distributing surveys in the community. A total of 330 surveys were completed and returned. Based on this community feedback, an evidenced-based intervention, "Seeking Safety," was selected specifically targeting trauma exposed individuals, a PEI Priority Population. Staff was trained to implement the Seeking Safety intervention, created all the necessary forms, and actively looked for community locations to provide this intervention. At the end of FY 09/10, promotion for the Outreach and Engagement Program began in the community. However, full implementation of the program did not begin until the following fiscal year (FY 10/11). It should be noted that this program was under development during this period and some of the data for race, ethnicity and culture was not captured.	
2.	Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
For FY 09/10, outreach and engagement services were provided to 875 individuals. As stated above, this program was under development during this fiscal year, and the intervention piece was not implemented yet.	

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒						
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒						
3. a) Complete the table below:	Yes ☐ No ☒ Yes ☐ No ☐							
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$3,922,659</td> <td style="padding: 2px;">\$4,903,324</td> <td style="padding: 2px;">25% increase</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$3,922,659	\$4,903,324	25% increase
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$3,922,659			\$4,903,324	25% increase				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,								
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)								
N/A								

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	750	200
Total Families:		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 4 Parent Education and Support Services ☐ Please check box if this program was selected for the local evaluation

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	121	White	34	English	94	LGBTQ	
Transition Age Youth (16-25)		African American	2	Spanish	118	Veteran	
Adult (18-59)	94	Asian	11	Vietnamese	3	Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	167	Tagalog			
		Multi		Cambodian			
		Unknown	1	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			
Total	215		215		215		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

- 3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.**

Triple P – The Positive Parenting Program: Triple P (the Positive Parenting Program) specifically addresses conduct problems in children. Triple P provides training that spans from early intervention to treatment. The program has been implemented widely in Orange County. Nineteen community-based organizations, as well as the Orange County Health Care Agency and Orange County Social Services Agency requested 227 training slots for Triple P. Together the 227 trainees represent every geographic and cultural/linguistic group represented within Orange County. Triple P training was piloted in Orange County in 2009-10, training 60 case management staff from homeless shelters and home visiting programs, as well as other community programs. Extensive additional training is slated for FY 10/11.

Youth As Parents Program: This program began implementation 11/6/09. Participants are primarily teen moms who are unserved or underserved as a result of barriers to accessing a variety of existing teen parenting programs. Such barriers include: a need for mental health services, lack of resident status, and /or lack of access to other services. Case management staff and the supervisor have completed training on Levels 2, 3, and 4 of Triple P and are using this intervention with participants. Over 80% of the teen moms in the program are monolingual Spanish speakers, and all services are provided in the client's home in a culturally and linguistically competent manner. Obtaining additional staff has been a challenge due to a hiring freeze, which has impacted the number of participants the program has been able to serve.

- 4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:**
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

Triple P – The Positive Parenting Program: Highlights from a survey of participating agencies coordinated by the Children and Families Commission in September of 2010 noted the following outcomes and feedback about participation in this pilot training program:

- 100% of staff were accredited in Triple P
- 100% of trained staff had implemented Triple P
- 7 of the 8 agencies were interested in providing Triple P services within their agencies
- 7 of 8 agencies are interested in receiving further Triple P training
- 6 of the 8 agencies reported that trained staff reported greatly improving their knowledge of childhood development and behavior. Of the remaining two, one reported having slightly more knowledge post training. The last respondent noted no change.

In a follow-up study, client-level data on child behavior (as noted by parent participants) was collected from home visiting staff. Following services, 89% (n=34) noted a reduction in symptoms, 5% (n=2) noted no change and 5% (n=2) noted an increase in problem behaviors.

Youth As Parents Program: This program served 155 individuals (82 pregnant and/or parenting teens and 73 children) during FY 09/10. A monthly assessment of participant's functionality around employment, living arrangements, social connectedness, educational status, and overall health of the parent and child are used to evaluate progress. The instrument being used to measure outcomes is the 9-item Patient Health Questionnaire (PHQ-9), which assesses depressive symptoms and suicidality. For FY 09/10, this measure was implemented in the last quarter, and initial findings have demonstrated a statistically significant change (decrease) in Depressive Symptoms (PHQ-9 Scores) reported between pre and post-test.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes ☐ No ☒

2. Is there a change in the type of PEI activities to be provided?

Yes ☐ No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$3,055,235	\$3,819,044	Increase 25%

b) Is

the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, **or**,

For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?

Yes ☐ No ☒

Yes ☐ No ☐

c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

a. Names of the programs being consolidated

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

b. The rationale for consolidation		
c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		160
Total Families:		80

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 5 Prevention Services
 selected for the local evaluation

☐ Please check box if this program was

Date: 216/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individual s
Child and Youth (0-17)	140	White	87	English	316	LGBTQ	
Transition Age Youth (16-25)		African American	16	Spanish	33	Veteran	2
Adult (18-59)	210	Asian	3	Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	112	Tagalog			
		Multi	26	Cambodian			
		Unknown	4	Hmong			
		Other	2	Russian			
				Farsi	1		
				Arabic			
				Other			
Total	350		250*	-see note on next page	350		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

*It should be noted that race and ethnicity data is missing for 100 CSPP participants. These prevention program services occurred early in FY 09/10 when our system of data collection was still under development.

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Children's Support and Parenting Program (CSPP): This program was up and running during FY 09/10 and has been effective in serving PEI priority populations, including children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of experiencing juvenile justice involvement. Collaborations were developed with several community providers to allow the program be administered at their program sites. A primary challenge has been the inability to hire necessary staff because of hiring freezes, which has impeded the program's ability to conduct more prevention services.

Stop The Cycle Program: This program was implemented on 11/10/09. As indicated in the table above, Hispanics made up the largest ethnic group, and monolingual Spanish-speaking adults were identified as an underserved population early on in the Stop the Cycle Program. As a result, the Stop the Cycle Program has been provided, primarily, to monolingual Spanish-speaking parents and/or caregivers in a culturally and linguistically competent manner. Also, the undocumented status of many of these families has been a barrier to getting parents to attend the program. However, excellent retention has been achieved by developing relationships with participants before they started the program and paying attention to the collateral needs of the families. These needs include day care, transportation, cultural competency, and food. Scheduling the program to fit the availability of all family members has also helped to obtain and maintain participation. As a result of participating in this program, three self-sustaining parent support groups of monolingual Spanish-speaking caregivers have developed. A primary challenge has been the inability to hire necessary staff. A county hiring freeze has both delayed program implementation and impeded the program's ability to conduct more prevention services. Despite challenges, this program has been successful in establishing community collaborations, especially with the Orange County Probation Department.

PREVIOUSLY APPROVED PROGRAMS
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2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Children's Support and Parenting Program (CSPP): This program conducted 15 group prevention training series at a variety of community sites, serving 275 individuals in over 200 families during FY 09/10. This program has used a pretest and post-test questionnaire to measure changes in parenting skills, parent-child interactions, and child behaviors. The preliminary analysis of this survey data has demonstrated some significant positive change within families. In addition, it resulted in consideration of further refining our change measure to better capture these changes, as well as adding other constructs, such as resilience. Moreover, qualitative data both from participants and referral sources has been very positive. Finally, during FY 09/10, a celebratory event for all program graduates took place and included participant interviews regarding the programs' impact on families. Celebratory events and booster sessions will continue to be a component of this program. They will provide another means of obtaining outcomes data through both family interviews and focus groups.

Stop The Cycle: This program has served 58 individuals including 20 families in its group prevention series during FY 09/10. Similar to the CSPP, the Stop The Cycle Program has used a pretest and post-test questionnaire to measure changes in parenting skills, parent-child interactions, and child behaviors. The preliminary analysis of this survey data has demonstrated some significant positive change within families. In addition, it resulted in consideration of further refining our change measure to better capture these changes, as well as adding other constructs, such as resilience. Moreover, qualitative data both from participants and referral sources has been very positive. Finally, during FY 09/10, a celebratory event for all program graduates took place and included participant interviews regarding the programs' impact on families. Celebratory events and booster sessions will continue to be a component of this program. They will provide another means of obtaining outcomes data through both family interviews and focus groups.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒						
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒						
3. a) Complete the table below:	Yes ☐ No ☒ Yes ☐ No ☐							
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left; padding: 2px;">FY 10/11 funding</th> <th style="text-align: left; padding: 2px;">FY 11/12 funding</th> <th style="text-align: left; padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$1,947,462</td> <td style="padding: 2px;">\$2,434,328</td> <td style="padding: 2px;">Increase 25%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,947,462	\$2,434,328	Increase 25%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$1,947,462			\$2,434,328	Increase 25%				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,								
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								
2. If this is a consolidation of two or more previously approved programs, please provide the following information:								
a. Names of the programs being consolidated b. The rationale for consolidation								

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	500	
Total Families:	170	

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 6 Screening & Assessment Services ☐ Please check box if this program was selected for the local evaluation

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individual s
Child and Youth (0-17)		White	69	English	98	LGBTQ	
Transition Age Youth (16-25)	9	African American	6	Spanish		Veteran	98
Adult (18-59)	83	Asian	5	Vietnamese		Other	
Older Adult (60+)	6	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	13	Tagalog			
		Multi	3	Cambodian			
		Unknown	2	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			
Total	98		98		98		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Professional Assessors (Veterans Combat Court): A strategic plan was developed that identified priority groups within the population of Orange County. Military veterans were identified as a group with significant barriers that prevent early access to behavioral health treatment, and a sub-set of veterans with behavioral health issues frequently intersect with the legal system. The Orange County Combat Court, a collaborative court program consisting of the Orange County courts, Public Defender, Probation and District Attorney offices, Behavioral Health Services (BHS) and the VA was implemented. Strong relationships were developed with the local VA Medical Center (VA Long Beach) resulting in a 'first in the nation' VA MSW liaison being assigned to the Court. BHS staff provided screening and assessment for Post Traumatic Stress Disorder (PTSD) criteria for admission to the court. Program participants were then managed either by the VA or by BHS Veteran staff and linked to community resources such as the Vet Centers, Alcohol and Drug programs, transitional housing, legal aide, and the OC Veteran's Service office (veteran's compensation and benefits). Of special note is the linkage to another MHSA program, the Pacific Clinics "Mental Health Peer Worker Program."

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
 - a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

During FY 09/10, 98 veterans were screened and assessed for their mental health needs and their appropriateness for the program. Fifty-seven of those assessed were accepted into the program. In addition, 20 of these veterans were

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

successfully linked to the Orange County Veteran's Service Office. Only two participants have been removed from the program, prior to completion, resulting in 55 active program participants at end of FY 9/10. In addition, two program participants who graduated from the Pacific Clinics "Mental Health Peer Worker Program" plan to work as veteran peers. The court has a higher success rate than other collaborative courts. The plan for FY 10/11 is to develop a transitional program for graduates using the VET Connect Innovation Program.

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Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒						
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒						
3. a) Complete the table below:	Yes ☐ No ☒ Yes ☐ No ☐							
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\$908,566			\$1,135,708	Increase 25%				
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<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
- Names of the programs being consolidated
 - The rationale for consolidation
 - Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:		50
Total Families:		

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 7 School -Based Services
 local evaluation

☒ Please check box if this program was selected for the

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	450	White	1,116	English	1,351	LGBTQ	129
Transition Age Youth (16-25)	300	African American	54	Spanish	1,716	Veteran	80
Adult (18-59)	2,565	Asian	422	Vietnamese	171	Other *	15
Older Adult (60+)	20	Pacific Islander	52	Cantonese	21		
		Native American	15	Mandarin	13		
		Hispanic	1,614	Tagalog	2		
		Multi	15	Cambodian	2		
		Unknown	42	Hmong	2		
		Other	5	Russian	1		
				Farsi	9		
				Arabic	8		
				Other ==Korean	39		
Totals:	3,335		3,335		3,335		

* Hearing-impaired individuals

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable. **Please see descriptions below of progress for specific activities provided under School Based Services.**
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
 - a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Orange County is in the process of contracting with an outside evaluation team to work closely with program staff from the County and contract providers to conduct the local evaluation of the PEI School-Based Services. In the meantime, County staff has been working with the program providers to collect baseline and other outcomes data, as programs have started enrolling participants and implementing services. All **School-based services** adhere to the principle of outcomes-based program design and provide a broad range of personalized social development services that are culturally and linguistically appropriate and consistent with California's Mental Health Services Act, Prevention and Early Intervention model.

Connect the Tots: This was in the early stages of development in FY 2009/10. It was implemented in November 2009 as a pilot project. The program was able to reach a significant number of individuals from underserved backgrounds. Hispanics made up the largest ethnic group, with Spanish being the predominant language. One of the most significant challenges toward implementation was the lack of sufficient Spanish-speaking staff until later in the fiscal year. Collaborations with school districts did not result in the number of referrals initially anticipated, which required a re-focusing of the program's partnerships and outreach methods.

Positive Behavioral Interventions and Supports (PBIS) and **Violence Prevention Education (VPE)**: The primary site for these activities has been in the Orange County schools, administered by the Orange County Department of Education

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Prevention and Early Intervention

(OCDE). During fiscal year 09/10, 61 school applications were accepted to receive PBIS three tier training. The 61 schools implementing PBIS methods will impact approximately 20,000 students. Public school enrollment was 502,239 in 2009/10, of which 141,608 (28%) were English Learners (EL). Approximately 3% of the school population identify as LGBTQ. PBIS, and VPE programs provided school-based prevention and early intervention services to students, incarcerated youth, teachers, administrators, staff, parents, and community members from a majority of Orange County's schools (public, private, and charter). Participating cities received a variety of school-based services, including professional development trainings, conferences, focus groups, presentations, and participation in community meetings. A pilot version of PBIS was also implemented at the University of California, Irvine Child Development Center for a small group of students.

Of specific note was the development of the Vietnamese version of OC-Safe from the Start toolkit, with a Vietnamese CD. Several focus groups with parents whose primary language is Vietnamese provided input to that project. Three percent of students enrolled in Orange County schools were classified as English Learners whose primary language is Vietnamese.

Gang Prevention programs reached unserved and underserved populations of incarcerated (n=257), adjudicated (n=40), and at-risk (n=136) youth during FY 09/10.

Connect the Tots (Pilot): During FY 2009/10, 79 adults and 28 children were enrolled in early intervention services, and 658 individuals received some form of outreach service. Outcomes were evaluated through observations and a brief satisfaction survey. Qualitative data reflected a positive response by participants and an increasing awareness of the availability of support and resources by the community in general. Participant satisfaction was measured through a brief survey that was completed in writing or assessed verbally through a show of hands during outreach events. The Ages & Stages Questionnaire: Social-Emotional (ASQ-SE) was selected as both the screening instrument for enrollment into services and as a way to measure change, thus capturing the impact of program services. Staff members were trained to use this instrument. The program design included a strong collaboration with school nurses in designated school districts serving motel families, and these nurses were the primary referral source. The initial referral process required that nurses complete the first part of the Ages & Stages Questionnaire (ASQ), assessing physical health and milestones, and then give the parents the ASQ-SE to be completed. Unfortunately, this referral process was not effective and was revised during the FY to better facilitate linkage to services and completion of the ASQ-SE in a timely manner. As a result, not enough pre & post ASQ-SE matched sets were collected in that FY to provide adequate outcome data. Since then, the referral process has been changed. Based on the lessons learned, additional impact measures have been added, including the Eyberg Child Behavior Inventory (ECBI) to track frequency and intensity of children's problem behaviors and

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

the Parenting Scale to measure parents' laxness, over-reactivity, and hostility in discipline situations. All measures are available and administered in the County's threshold languages through bilingual staff.

Positive Behavioral Interventions and Supports (PBIS): Impact outcomes measures include: increased use of School-wide Evaluation Tool (SET) school observation, increased school staff knowledge of behavioral practices, and increases in student pro-social behavior.

More than 550 teachers and staff from Orange County schools attended the **PBIS** Response to Intervention Conference in March 2010. This conference focused on closing the achievement gap for all students and supporting schools "doing business differently" in order to meet desired social-emotional and academic outcomes. In addition, 61 new schools (37 elementary schools, 10 middle schools and 14 high schools) in 14 school districts were selected to participate in PBIS Training in the fall of 2010. Starting in the fall of 2010 (FY 10/11), professional development opportunities are being provided for schools with the greatest need for school-wide behavior support and which demonstrate a school-wide commitment for the implementation of an evidence-based practice.

An Observation Study among a sample of seven schools in Orange County with existing PBIS involvement demonstrated high levels of PBIS implementation. A majority of the seven observed schools were implementing the primary prevention practices of school-wide PBIS, as indicated by reaching the PBIS criterion of at least 80% on both the SET Total score and Expectations Taught subscale score.

No changes or modifications were made to PBIS during implementation.

Violence Prevention: Impact outcomes measured include: increased school staff knowledge of child abuse indicators and increased parent knowledge of brain development, increased teacher knowledge of Crisis Response Network (CRN) services, increased knowledge of bullying and cyber bullying, and increased knowledge of how to effectively work with students who have experienced/been exposed to violence, increased knowledge about child abduction prevention, increased skills and knowledge in conflict resolution (students and parents), increased teacher and administrator knowledge of gang issues and campus safety, increased knowledge of gang issues in the community, and positive attitude changes in the students. The Violence Prevention program has the following components:

The **OC-Safe from the Start** (SFTS) program served a total of 117 parents and 39 professionals; an overall total of 156 people attended various trainings and presentations. Culturally appropriate programming was provided to the community, including a Focus Group in Vietnamese and SFTS Presentations in English and Spanish.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

The **School and Law Enforcement Partnership** program served a total of 75 teachers and 73 school counselors. In the Cyber Savvy Counselors Training, 94% of school counselors 'agreed' or 'strongly agreed' they can now identify a variety of approaches to preventing cyber bullying as a result of attending the workshop. In addition, 96.1% of school counselors 'agreed' or 'strongly agreed' that as a result of this training, they now have a clearer definition of cyber bullying. Increases in knowledge and understanding of threat assessment and crisis response were observed among participants in the Crisis Response Incident Leader Training. 96.1% of Crisis Response Leaders agreed that as a result of the training, they have the knowledge and understanding of how to effectively work with students who have experienced/been exposed to violence. Ten school districts in Orange County received fatality Notification and Offer of Services during the FY 09/10.

The **Child Abduction Prevention** program served a total of 35 students, 65 parents, and 30 staff. Based on pre-post assessment, it is evident that through the "Introduction to Preventing Child Abductions Training," parents learned a lot of new information. One parent commented, they will "talk to my children about safety more often." As a result of this training, one parent said they now want "to keep educating my kids and help my neighbors be more aware and educated." Eighty-nine percent of elementary students who went through the radKIDS® Training said they learned things they didn't already know about safety. The majority of students, parents, and staff served in the first quarter were from the Westminster School District in Orange County. Westminster School District has a diverse population, comprised of 39.2% Asian and 37.4% Hispanic. In addition, the majority of Asian students in this district are Vietnamese.

Gang Prevention Services reached a diverse population including 68 teachers, 136 at-risk students, 257 incarcerated youth, 40 adjudicated youth, and more than 100 community members. A majority of incarcerated youth attending the "Breaking the Chains" Conference believed that the conference encouraged them to strive for goals and look toward the future. A majority of at-risk youth felt the "Save Our Students (SOS)" Conference would help them stay away from negative influences such as gangs, drugs, illegal activity, etc. Results from a Community Gang Assessment survey revealed 71% of Bishop Manors Community Residents feel safer in their community than they did two years ago. However, 92% believe there are gangs in the Bishop Manors community. Seventy-four percent of the Bishop Manors respondents classified themselves as Hispanic. A majority of the student participants in the Gang Programs came from Santa Ana Unified School District (54% of students classified as English Learners) and Orange County Department of Education (OCDE) Alternative Education (ACCESS) sites (72% enrolled classified as Hispanic/Latino in 2008-09).

The **Conflict Resolution** program served a total of 16 parents, 28 professionals, and 48 students. All (100%) of the participants at the Peer Conflict Mediation Coordinator Training either 'agree' or 'strongly agree' that they have a better

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

understanding of conflict mediation, feel they learned the conflict mediation process, and reported they have a better understanding of the Peer Conflict Mediation program. All (100%) of the Huntington Beach High School students attending the Student Conflict Resolution Training 'agreed' or 'strongly agreed' that they feel prepared to teach other students about conflict resolution. One participant at the Parent Conflict Resolution Training commented "I learned how to deal with conflict, and I can now apply that at home with my children." In addition, 100% of parents 'agreed' or 'strongly agreed' that they learned more about conflict resolution as a result of the training. Fifty-six percent of parents participating in Conflict Resolution programs self-identified as Hispanic/Latino, while 13% self-identified as Asian/Pacific Islander.

Preparation for the implementation of the **Hate Crimes and Dating Violence Prevention** programs occurred during the FY 09/10. OCDE is pursuing a partnership with a community organization that has expertise in hate crime prevention and established relationships with 21 high schools and six middle schools in Orange County. In addition, dialog is currently underway with OCDE Alternative, Community, and Correctional Education Schools and Services (ACCESS) and Anaheim Union High School District to implement the Safe Dates curriculum.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12							
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒					
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒					
3. a) Complete the table below: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$7,673,375</td> <td>\$9,591,719</td> <td>Increase 25%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts? c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.	FY 10/11 funding	FY 11/12 funding	Percent Change	\$7,673,375	\$9,591,719	Increase 25%	Yes ☐ No ☒ Yes ☐ No ☐
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$7,673,375	\$9,591,719	Increase 25%					
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.							
A. Answer the following questions about this program.							
1. Please include a description of any additional proposed changes to this PEI program, if applicable.							
N/A							
2. If this is a consolidation of two or more previously approved programs, please provide the following information:							
a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)							
N/A							

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	20,300	5400
Total Families:	500	215

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

County: Orange

Program Number/Name: PEI 8 Training Services ☐ Please check box if this program was selected for the local evaluation

Date: 2/16/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	1025	White	1,200	English	1,600	LGBTQ	300
Transition Age Youth (16-25)	600	African American	125	Spanish	800	Veteran	25
Adult (18-59)	800	Asian	250	Vietnamese	100	Other*	12
Older Adult (60+)	75	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	925	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			
Totals	2,500		2,500		2,500		

* Hearing-impaired individuals

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
Community Based Stigma Reduction Training: In an effort to promote mental health awareness and reduce associated stigma in our community, especially among our youth, a “Dress Warm” play was developed and performed by a diverse group of consumers. “Dress Warm” is an interactive play about four people’s journey with mental illness and recovery. Designed with youth in mind, “Dress Warm” toured middle and high school classrooms, as well as community agencies throughout the County. The play features a 30-minute performance and 20-minute dialogue. Materials about mental health resources are distributed at the end of the dialogue. “Dress Warm” is a shorter version of “Third Tree on The Left”, which was also presented to the community in limited production during FY 09/10.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program’s implementation, if any, and the reason(s) for the changes “Third Tree from the Left” is an original play that addresses mental health stigma. Six performances of “Third Tree on The Left” occurred in FY 09/10. Success of the play, based on audience feedback, prompted development of “Dress Warm.” “Dress Warm” was well-received among participants, as well as systems such as schools and community groups. Of the teachers polled following the performance, 98% said that they liked the performance and felt it was beneficial to their students. In addition, pre-and post survey methods and an instrument adapted from “Talking about Mental Illness: A Guide for Developing an Awareness Program for Youth, A Teacher’s Resource,” Centre for Addiction and Mental Health, 2001 were used to measure changes in knowledge and attitudes. Of those participating in the evaluation, 1,037 students showed significant change in knowledge and attitudes about mental health. To ensure appropriateness for diverse participants, the following strategies were implemented: (a) Cast members were people with lived experience (b) participants were provided with opportunities for feedback and sharing; and (c) Open communication channels were maintained, and consultation was obtained, as needed.

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12								
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒						
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒						
3. a) Complete the table below:	Yes ☐ No ☒ Yes ☐ No ☐							
<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 33%;">FY 10/11 funding</th> <th style="width: 33%;">FY 11/12 funding</th> <th style="width: 33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td align="center">\$1,883,210</td> <td align="center">\$2,354,013</td> <td align="center">Increase 25%</td> </tr> </tbody> </table>			FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,883,210	\$2,354,013	Increase 25%
FY 10/11 funding			FY 11/12 funding	Percent Change				
\$1,883,210			\$2,354,013	Increase 25%				
b) Is the FY 11/12 funding requested outside the $\pm$ 25% of the previously approved amount, or ,								
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm$ 25% of the sum of the previously approved amounts?								
c) If you are requesting an exception to the $\pm$ 25% criteria, please provide an explanation below.								
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.								
A. Answer the following questions about this program.								
1. Please include a description of any additional proposed changes to this PEI program, if applicable.								
N/A								

PREVIOUSLY APPROVED PROGRAMS
Prevention and Early Intervention

2. If this is a consolidation of two or more previously approved programs, please provide the following information: a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	15,000	
Total Families:	1,000	

PREVIOUSLY APPROVED PROGRAMS
Innovation

D4: INNOVATION PROGRAMS

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 1 Integrated Services

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 2 Family-Focused Crisis Management

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 3 Volunteer to Work

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 4 OK to Be Me

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

2. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 5 Vet Connect

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 6 Community Cares Program

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 7 Education, Training, and Research Institute

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

4. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 8 Project Life Coach

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

5. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 9 Training to Meet the Needs of the Deaf Community

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

6. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

**PREVIOUSLY APPROVED PROGRAM
Innovation**

County: Orange

Program Number/Name: INN 10 Consumer Early Childhood Mental Health

Date: 2/7/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. Please complete the following questions about this program during FY 09/10.

7. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

**PREVIOUSLY APPROVED PROGRAM
Innovation**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the primary purpose?	Yes ☐ No ☒
2. Is there a change to the learning goals?	Yes ☐ No ☒
NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.	
3. Please include a description of any additional proposed changes to this INN program, if applicable.	

EXHIBIT E

County: OrangeDate: 3-2-11

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$59,752,100			\$15,539,900	\$3,958,900	
2. Transfer from FY 11/12 ^{a/}						
3. Adjusted Component Allocation	\$59,752,100					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$77,430,088			\$39,271,405	\$3,958,900	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$31,813,881			\$41,746,598	\$2,495,213	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$31,813,881			\$13,942,716	\$2,495,213	
c. Unexpended Funds from FY 10/11	\$0	\$0		\$27,803,882	\$0	
d. Total Net Available Unexpended Funds	\$0	\$0		\$27,803,882	\$0	
4. Total FY 2011/12 Funding Request	\$77,430,088	\$0	\$0	\$11,467,523	\$3,958,900	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}	\$0					
5. Unapproved FY 10/11 Component Allocations ^{b/}	\$142,173			\$10,979,785		
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$59,752,100			\$487,738	\$3,958,900	
Sub-total	\$59,894,273	\$0	\$0	\$11,467,523	\$3,958,900	
7. Access Local Prudent Reserve	\$17,535,815					
8. FY 2011/12 Total Allocation^{c/}	\$77,430,088	\$0	\$0	\$11,467,523	\$3,958,900	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
 2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
 3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
 4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
 5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.
- ^{a/}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.
- ^{b/}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.
- ^{c/} Must equal line B.4. for each component.

EXHIBIT E1: CSS FUNDING REQUEST

County: Orange

CSS Programs			FY 11/12 Requested MH SA Funding	Estimated MH SA Funds by Service Category				Estimated MH SA Funds by Age Group			
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	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		
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	
16.	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	
17.	Plus up to 15% Indirect Administrative Costs	\$9,181,433									
18.	Plus up to 10% Operating Reserve	\$7,039,099									
19.	Subtotal: Programs/Indirect Admin./Operating Reserve	\$77,430,088									

CSS Programs			FY 11/12 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 Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult
New Programs/Revised Previously Approved 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% Indirect Administrative Costs										
8.	Plus up to 10% Operating Reserve										
9.	Subtotal: Programs/Indirect 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%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

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 E3: PEI FUNDING REQUEST

PEI Programs			FY 11/12 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		\$4,903,324		\$4,903,324	\$2,519,700	\$1,079,871	\$397,336	\$906,416
2.	School Based Services		\$9,591,719	\$9,196,540	\$395,179	\$7,414,338	\$2,177,381		
3.	Outreach & Engagement Services		\$4,370,668		\$4,370,668	\$531,174	\$829,508	\$980,428	\$2,029,559
4.	Parent Education and Support Services		\$3,819,044	\$2,958,231	\$860,812	\$2,673,330	\$1,145,713		
5.	Prevention Services		\$2,434,328	\$2,434,328		\$1,446,025	\$619,725	\$124,941	\$243,635
6.	Screening & Assessment Services		\$1,135,708		\$1,135,708	\$326,130	\$139,770	\$364,263	\$305,544
7.	Crisis & Referral Services		\$2,415,333	\$57,485	\$2,357,848	\$929,669	\$398,430	\$521,521	\$565,713
8.	Training Services		\$2,354,013	\$1,883,210	\$470,803	\$763,809	\$327,346	\$540,629	\$722,229
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$31,024,134	\$16,529,794	\$14,494,340	\$16,604,174	\$6,717,744	\$2,929,118	\$4,773,095
17.	Plus up to 15% Indirect Administrative Costs		\$4,649,871						
18.	Plus up to 10% Operating Reserve		\$3,597,401						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$39,271,405						
New/Revised Previously Approved Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested for PEI		\$39,271,405						

*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, Activities, and/or funding as described in the Information

Notice are considered New.

EXHIBIT E4: PEI FUNDING REQUEST

County: Orange

PEI Programs			FY 11/12 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		\$4,903,324		\$4,903,324	\$2,519,700	\$1,079,871	\$397,336	\$906,416
2.	School Based Services		\$9,591,719	\$9,196,540	\$395,179	\$7,414,338	\$2,177,381		
3.	Outreach & Engagement Services		\$4,370,668		\$4,370,668	\$531,174	\$829,508	\$980,428	\$2,029,559
4.	Parent Education and Support Services		\$3,819,044	\$2,958,231	\$860,812	\$2,673,330	\$1,145,713		
5.	Prevention Services		\$2,434,328	\$2,434,328		\$1,446,025	\$619,725	\$124,941	\$243,635
6.	Screening & Assessment Services		\$1,135,708		\$1,135,708	\$326,130	\$139,770	\$364,263	\$305,544
7.	Crisis & Referral Services		\$2,415,333	\$57,485	\$2,357,848	\$929,669	\$398,430	\$521,521	\$565,713
8.	Training Services		\$2,354,013	\$1,883,210	\$470,803	\$763,809	\$327,346	\$540,629	\$722,229
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal: Programs*		\$31,024,134	\$16,529,794	\$14,494,340	\$16,604,174	\$6,717,744	\$2,929,118	\$4,773,095
17.	Plus up to 15% Indirect Administrative Costs		\$4,649,871						
18.	Plus up to 10% Operating Reserve		\$3,597,401						
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$39,271,405						
New/Revised Previously Approved Programs									
1.			\$0						
2.			\$0						
3.			\$0						
4.			\$0						
5.			\$0						
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0
7.	Plus up to 15% Indirect Administrative Costs								
8.	Plus up to 10% Operating Reserve								
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0						
10.	Total MHSA Funds Requested for PEI		\$39,271,405						

*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, Activities, and/or funding as described in the Information

EXHIBIT I: Training, Technical Assistance and Capacity Building Funds Request Form**(Prevention and Early Intervention Statewide Program)**☒ **Previously approved with no changes**☐ **New**

Date: 2/17/11	County Name: Orange
Amount Requested for FY 2011/12: \$493,300	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s). 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. The technical assistance will provide support in developing, implementing, and evaluating prevention and early intervention programs. 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, including early intervention, prevention, school-based services, outreach to underserved communities, parent education and support, screening and assessment, and crisis intervention. HCA will provide multidisciplinary conferences and trainings to develop the capacity of local organizations outside of county behavioral health services to implement PEI programs. These activities will also provide opportunities to develop collaborations and enhance communication across systems (education, law enforcement, primary health care, faith-based organizations). 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.	
B. The County and its contractor(s) for these services agree to comply with the following criteria: 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 Welfare and Institutions Code (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.	
Certification 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.	
_____ Director, County Mental Health Program (original signature)	