County of Orange

Health Care Agency Behavioral Health Services

Mental Health Services Act

FY 2012/13 Update

April 23, 2012

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OVERVIEW AND EXECUTIVE SUMMARY

The Planning Process for the FY 2012/13 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 2012/13. These processes included hundreds of focus groups, community planning meetings, approval by the Orange County MHSA Steering Committee and public hearings held by the Orange County Mental Health Board.

At the MHSA Steering Committee meeting held in November 2011, the Steering Committee adopted a new structure to enhance the planning process and provide additional opportunities for MHSA Steering Committee member and public input. The Steering Committee developed Subcommittees that are organized by MHSA component and by each of the age groups within Community Services and Supports (CSS). The role of each Subcommittee is to make recommendations on services and level of funding for MHSA programs.

The four Subcommittees are:

- CSS Children and Transitional Aged Youth (TAY)
- CSS Adults and Older Adults
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET) and Innovation (INN)

Members of the MHSA Steering Committee and Alternates may join up to two Subcommittees of their choice. Members of the public who would like to become Subcommittee members may apply to become members of one or two Subcommittees. This new structure was implemented in January 2012 and the Subcommittees met for the first time on February 6, 2012.

Although the Subcommittees recommended continuing the same level of funding for most programs, the Community Services and Supports Adult and Older Adult CSS Subcommittee proposed to substantially increase the funding for the Centralized Assessment Teams/Psychiatric Evaluation Response Teams (CAT/PERT). Funding for this program increased from approximately $1.6 million in FY11/12 to $2.4 million in FY 12/13.

These programs provide assessments of individuals who may be in crisis and link these individuals to appropriate services. Such programs have proved effective in diverting seriously mentally ill persons from jail and hospitalization. The Subcommittee proposed to approximately double the size of the current program through the use of MHSA

contingency funds. Contingency funds are available to help counties address any unexpected changes in need and/or program costs.

The Plan was posted by the Clerk of the Board of Supervisors for Public Comment for 30 days, April 23 through May 22. 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.

With the exception of the Innovation Projects, implementation of most programs has generally proceeded as expected. The Innovations Plan was the last to be submitted to and approved by the Department of Mental Health (DMH) and the Oversight and Accountability Commission (OAC). Due to the timing, implementation of these programs was delayed by a variety of factors, including hiring freezes, budget uncertainty, and contracting issues. Currently, five of the ten Projects have been implemented and the remaining five are expected to be operational by fall of 2012.

Implementation of PEI Programs has continued. PEI has focused on working in the community to increase access to its programs. 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.

Another focus of both PEI and Innovation has been on data collection and outcome measures. A standardized data collection and reporting system is being developed. Working with a consultant (Resource Development Associates), logic models, evaluation plans, data collection tools, and standardized procedures for data analysis have been created.

All Workforce Education and Training (WET) programs have been implemented. Orange County has an approved Capital Facilities and Technological Component Plan. Progress continues in the development of an electronic health records system. The opening day ceremonies for the three-building campus, located in Orange that was built with MHSA Capital Facilities funding occurred on April 19, 2012. The project will house three programs: the Wellness Center, Adult Crisis Residential Services and a Workforce Education and Training Center.

COUNTY CERTIFICATION

Components Included:
☒ **CSS** ☒ **WET**
☒ **CF** ☒ **TN**
☒ **PEI** ☒ **INN**

County: Orange

County Mental Health Director	Project Lead
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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 hearing[1] 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.

Mary Hale (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.

County: Orange

Date: April 10, 2012

Instructions: 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.

Community Program Planning
1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2012/13 annual update/update.
The Planning Process for the FY 2012/13 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 2012/13. These processes included hundreds of focus groups, community planning meetings, approval by the Orange County MHSA Steering Committee and public hearings held by the Orange County Mental Health Board. As in prior years, the MHSA planning process included a diverse group of stakeholders including clients, family members and representatives of unserved and underserved populations. After the passage of AB 100, the MHSA Steering Committee was apprised of the fact that local MHSA Plans and Updates, no longer needed to be submitted to the State Department of Mental Health (DMH) and the Oversight and Accountability Commission (OAC) for review and approval. Plan approval is now determined at the local level. The Orange County MHSA Steering Committee has always participated in the approval of Plans and Annual Updates, but now this committee will have the final authority to approve these Plans and Updates. At the MHSA Steering Committee held in November 2011, the Steering Committee adopted a new structure to enhance the planning process and provide additional opportunities for MHSA Steering Committee member and public input. The Steering Committee developed Subcommittees that are organized by MHSA component and by each of the age groups within Community Services and Supports (CSS). The role of each Subcommittee is to make recommendations on services and level of funding for MHSA programs. The four Subcommittees are: • CSS Children and Transitional Aged Youth (TAY) • CSS Adults and Older Adults • Prevention and Early Intervention (PEI)

- Workforce Education and Training (WET) and Innovation (INN)

Members of the MHSA Steering Committee and Alternates may join up to two Subcommittees of their choice. Members of the public who would like to become Subcommittee members may apply to become members of one or two Subcommittees. Subcommittee members are expected to make a commitment to participate for least one year. Meetings are held on even numbered months. Meetings are open to the public. The Steering Committee as a whole meets on odd number months. This new structure was implemented in January 2012 and the Subcommittees met for the first time on February 6th.

Data on program budgets and past expenditures was reviewed in preparation for developing recommendations on program funding in FY 12/13. Recommendations were based on the premise that the total amount available in FY 12/13 will be approximately the same as the amount in FY 11/12.

Although the Subcommittees recommended continuing level funding for most programs, the Adult and Older Adult CSS Subcommittee proposed to increase the funding for Centralized Assessment Teams/Psychiatric Evaluation Response Teams (CAT/PERT). These services provide assessments of individuals who may be in crisis and link these individuals to appropriate services. Such programs have proved effective in diverting seriously mentally ill persons from jail and hospitalization. The Subcommittee proposed to double the size of the current program through the use of MHSA contingency funds. Contingency funds are available to help counties address any unexpected changes in need and/or program costs. Current annual spending for Adult CAT/PERT is approximately $2 million. This proposal, which would increase CAT/PERT funding for Adults and Older Adults to $4 million for FY 12/13, was presented to and approved by the MHSA Steering Committee on March 5th.

The Plan was posted by the Clerk of the Board of Supervisors for Public Comment for 30 days, April 23 through May 22. 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 May 23, 2012.

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

The Orange County community planning process includes a wide variety of stakeholders. The MHSA Steering Committee consists of 65 members representing: consumers, family members, underserved communities, education, social services, the justice system, substance abuse treatment providers, advocates for each age group, faith-based organizations, the deaf community, the gay and lesbian community, homeless individuals, veterans, agencies providing mental health and supportive services to the mentally ill, ethnic services organizations, community–based organizations, 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. This year Subcommittees were established that include not only Steering committee members and alternates, but interested members of the public, as well.

Orange County also has a Community Action Advisory Committee (CAAC) made up of consumers and family members. The draft Plan Update was presented for discussion at the March 2, 2010 meeting of this group. Discussion indicated that CAAC members supported the use of MHSA FY 2012/13 funds as presented in the draft Plan Update.

The Mental Health Board includes 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.

Local Review Process

3. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA Plan Update was posted on the local MHSA website and the Network of Care website. The MHSA Plan Update was also posted for 30 days by the Clerk of the Board of Supervisors. A Public Notice was sent to local news media, including the Vietnamese, Farsi, and Spanish 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, as well. Both hard copies and electronic copies were made available to anyone who requested them.

4. 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.

To Be Determined.

PREVIOUSLY APPROVED PROGRAMS

COMMUNITY SERVICES AND SUPPORTS PROGRAMS

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: C1 Children's FSPs
Number of individuals to be served in FY 12/13: 325

FY 11/12 funding	FY 12/13 funding	Difference
$ 7,467,486	$ 7,467,486	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	300	White	38	English	189	LGBTQ	
Transition Age Youth (16-25)		African American	17	Spanish	92	Veteran	
Adult (18-59)		Asian	40	Vietnamese	14	Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American	5	Mandarin			
		Hispanic	194	Tagalog			
		Multi	1	Cambodian			
		Unknown	3	Hmong			
		Other	2	Russian			
				Farsi			
				Arabic			
Total	300	Total	300	Other	5		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

This program serves Seriously Emotionally Disturbed and Severely Mentally Ill (SED/SMI) children ages birth to18. The program is filled to capacity. Children currently being served or waiting for enrollment all meet the MHSA criteria for the FSP. The FSP program assists enrolled families by linking them to a wide range of culturally and linguistically appropriate community resources, including mental health, medical, education, employment, housing, youth and parent mentoring, transportation, benefit acquisition, respite care, and co-occurring disorders services. Through a "whatever-it-takes" approach families are assisted in gradually moving toward self-sufficiency. As a result, many families, homeless at in-take, have graduated from the program with mental health services for their child and employment for the parent/s. They have also increased their ability to maintain a stable home and family.

Four different contract FSPs serve children and their families. They include : **1;** **Project RENEW (Reaching Everyone Needing Effective Wrap) –** Contractor – **Providence Community Services** Project RENEW serves Orange County children from birth to age 18, who are seriously emotional disturbed (SED) or seriously mentally ill (SMI). The program focuses on unserved or underserved children and their families, most of whom are homeless or at risk of homelessness The program is expected to serve 250 children as clients this year. **2**; **Project FOCUS (For Our Children's Ultimate Success)** Contractor **–** Orange County Asian Pacific Islander Community Alliance. Project FOCUS serves culturally and linguistically isolated Asian and Pacific Islander individuals and families in Orange County. The community-based, client-centered program develops individualized care plans for transitional age youth (TAY), ages 16 through 25 years, who have serious emotional disturbances (SED) or severe mental illness (SMI). The program is expected to serve 20 children as clients this year.
3; **YOW (Youthful Offender Wraparound)** Contractor – Community Services Programs. YOW provides culturally competent, in-home and community based intensive mental health rehabilitation and case management services to youthful offenders who have serious emotional disturbances (SED) or severe mental illness (SMI) frequently complicated by substance abuse. The target population has had extensive rehabilitation exposure while in custody and the program is designed to maintain and enhance their gains. The program is expected to serve 15 children as clients this year.

4; **Collaborative Courts** Contractor – Community Services Programs. Collaborative Courts Full Service Partnership (CCFSP) provides culturally competent in-home and community-based intensive mental health rehabilitation and case management services for consumers, dependents and/or wards ages 16-25, who have serious emotional disturbances (SED) or severe mental illness (SMI), and/or truancy and substance abuse issues. The program works closely with three Juvenile specialty Courts: Truancy Court, Juvenile Drug Court and Girls Court. The program is expected to serve 65 children as clients this year.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No program changes are planned. The target population remains the same.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

All the programs made met or exceeded expectations last fiscal year.

Detailed outcomes are outlined at http://ochealthinfo.com/mhsa/fsp/children

The outcomes highlighted below are combined for both Children and TAY FSPs

	School enrollment		Homeless		Psychiatric Hospital		Incarcerations	
	Year Prior	FY 10-11	Year Prior	FY10-11	Year Prior	FY 10-11	Year Prior	FY 10-11
PCS Renew	75%	100%	7	3	23	7	5	11
OCAPICA FOCUS	68%	81%	3	3	5	2	1	4
PCS STAY	18%	26%	159	59	120	57	75	44
CSP Collaborative Courts	34%	98%	7	1	5	0	23	15
CSP YOW	*		12	5	12	8	182	62
Total			181	70	160	74	263	121

*School enrollment data skewed by incarcerations for this population.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Housing remains an issue. The cost of housing for large family groups is frequently beyond the means of families with two working parents. If one parent, loses employment the stability of the family is threatened. Finding alternative housing especially close to employment centers requires significant efforts by the FSPs.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: C2 CYS Outreach and Engagement
Number of individuals to be served in FY 12/13: 200

FY 11/12 funding	FY 12/13 funding	Difference
$325,145	$325,145	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	218	White	4	English	131	LGBTQ	
Transition Age Youth (16-25)	0	African American	1	Spanish	70	Veteran	0
Adult (18-59)	0	Asian	33	Vietnamese	17	Other	
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic/Latino	179	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	1	Russian	0		
		Iranian	0	Farsi	0		
				Arabic	0		
Total	218	Total	218	Other	0		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The HCA/MHSA outreach and engagement program increases utilization of mental health services to unserved and underserved Seriously Emotionally Disturbed (SED) children and transitional age youth (TAY) as well as persistently and severely mentally ill adults and families at risk of homelessness or who are on the verge of homelessness. The programs promote access to full service partnerships, other mental health services, and/or linkages with needed community resources to reduce stigma regarding mental health services. These programs adhere to a “best practice” model by offering services in a culturally competent, family focused, strength and community and culturally based environment that provides opportunities to build trust and encourage the establishment and growth of local support systems. The programs also employ culturally competent, multi-lingual outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services but to build on-going community supports that will sustain future efforts in healthful living.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

Staff will be integrated and working out of one location and staffing pattern may change to accommodate for the changes within the system, to meet the needs of the community.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

This program is often the “go to” program that is called upon in delicate and difficult cases based calls from the community. There are several special projects that the team members are involved in and assigned to participate in on a regular basis. They cover the entire county and attempt to help those in need with the utmost in compassion, integrity and an honest desire to help those less fortunate who are experiencing a mental health crisis that impairs their functioning in daily life. They often are asked to work evenings and also on the weekends to accommodate the needs of the community. They are flexible, dedicated, and devoted to the job that they perform.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

This program is frequently being asked to outreach to individuals in the community who are not its target population, which detracts from the main goal and objective of the program and who it serves.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **C3 Children's In-home Crisis Stablization**
Number of individuals to be served in FY 12/13: **160**

FY 11/12 funding	FY 12/13 funding	Difference
$763,156	$763,156	0

SECTION I: Numbers served for FY 10/11

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

A. **List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	151	White	65	English	175	LGBTQ	Unknown
Transition Age Youth (16-25)	79	African American	8	Spanish	50	Veteran	Unknown
Adult (18-59)		Asian	12	Vietnamese		Other	Unknown
Older Adult (60+)		Pacific Islander	1	Cantonese			
		Native American	2	Mandarin			
		Hispanic	137	Tagalog	2		
		Multi		Cambodian			
		Unknown		Hmong			
		Other	5	Russian			
				Farsi	1		
				Arabic			
Total	230	Total	230	Other	3		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The program provides 24/7/365 services to children and families in crisis. After a first responder determines that a minor does not meet criteria for psychiatric hospitalization and that the family would benefit from developing additional coping skills, the first responder links the family to the In-Home Crisis Program. Immediate telephonic connection is made where the family and the in-home team set-up their first meeting. It can be in the hospital emergency room or the family home the next day. In-home services may last from three to six weeks with the family and in-home team negotiating the intensity of services. During this time the in-home team is setting on-going care for the minor and family. Services are provided in a culturally and linguistically appropriate manner.

The program is also used as a step-down from 24 hour care in the hospital or residential treatment program to assist in reintegrating youth into the family home who have recently experienced a crisis that required residential treatment. On occasion, a referral may be made by an outpatient therapist who sees a crisis impending and uses the program as a means to avoid hospitalization by providing additional family support.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The target population will remain the same. The program is exploring strategies to achieve more rapid response times.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The program served significantly more children and families than they were contracted for (230 vs. 160). Satisfaction surveys conducted by the County after the conclusion of services are uniformly positive. The program expanded the intensity of its family focus.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

In-Home Services represents an attempt to bring the treatment to the clients. It challenges many long held notions about how behavioral health services ought to be provided. An informational booklet is being prepared for first responders to give to parents to help with their expectations.

Date: 4/10/12

MHSA Component: Community Services and Supports
Program Number/Name: C4 Children's Crisis Residential Services
Number of individuals to be served in FY 12/13: 78

FY 11/12 funding	FY 12/13 funding	Difference
$1,031,821	$1,031,821	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	97	White	40	English	85	LGBTQ	Unknown
Transition Age Youth (16-25)	4	African American	6	Spanish	14	Veteran	Unknown
Adult (18-59)		Asian	6	Vietnamese	1	Other	
Older Adult (60+)		Pacific Islander	1	Cantonese			
		Native American	1	Mandarin			
		Hispanic	45	Tagalog			
		Multi		Cambodian			
		Unknown	1	Hmong			
		Other	1	Russian			
				Farsi			
				Arabic			
Total	101	Total	101	Other	1		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

This program promotes resiliency in Seriously Emotionally Disturbed/Seriously Mentally Ill (SED/SMI) Transitional Age Youth (TAY) in crisis by providing them and their families (if applicable) with a short-term, temporary residential resource. This program provides respite for families and also facilitates the teaching of coping strategies that reduce at-risk behaviors, peer and family problems, homelessness, and involvement with the justice system.

Children's Crisis Residential Program (CRP) Services are provided in a group home setting for children and youth with SED and/or SMI, ages 13 to 17, who meet one of three criteria: are at risk for hospitalization but do not meet inpatient criteria; are not ready to return home from an inpatient psychiatric hospitalization; or are returning from extended stays in out-of-home placements and need short term assistance reintegrating into their homes. In this group home setting, clients receive crisis intervention and mental health services, including individual and family therapy and targeted case management focused on linkage with an on-going less restrictive level of services and care. The program also provides 24/7 staffing, youth and parent mentoring, education, transportation, respite care, and co-occurring disorder services.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No changes are anticipated.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Anticipated outcomes for this program are to enable clients to adaptively function at a higher and more productive level in the community and will be measured by the number of clients who show a reduction of days they are psychiatrically hospitalized. Prior to implementation of this program, this level of care was not available to the residents of Orange County. During the first six months of FY 2010-11, 81 new clients and their families were served by CSP and more than 90% were diverted from hospitalization. It is anticipated the program will meet or exceed the contract expectation of 78 clients through June 30, 2013 with similar diversions from hospitalization.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Engaging parents in the program is an occasional challenge. Many times parents have faced a long period of dysfunction leading up to the evaluation for psychiatric hospitalization and would like a respite from the crisis. Experience has shown that family interventions are most effective when undertaken when events are recent and denial is difficult. The program is revising its intake materials to assist with parent engagement.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: C5 Mentoring Program for Children
Number of individuals to be served in FY 12/13: 95

FY 11/12 funding	FY 12/13 funding	Difference
$282,100	$282,100	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	80	White	25	English	65	LGBTQ	Unknown
Transition Age Youth (16-25)		African American	0	Spanish	12	Veteran	N/A
Adult (18-59)		Asian	5	Vietnamese	3	Other	-
Older Adult (60+)		Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	50	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
Total	80	Total	80	Other	0		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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.

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

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

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

MHA will increase their service level from 110 (66 children, 44 TAY) to 160 clients (95 children, 65 TAY) in FY 2012-13.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

During FY 10/11, the anticipated outcome of the Mentoring Program was evaluated using the two primary measures of success that are established best practices by the National Mentoring Partnership: (1) a partnership lasting six months or more, and (2) satisfaction surveys and interviews that query the mentee and the mentor.

In this program, the duration of the mentor-mentee partnership is an indicator of a successful outcome. During the last two quarters of FY 10/11, 61% of those partnered exceeded the minimum time of six months, and of those, 45% exceeded nine months. A sample of mentor satisfaction surveys indicated that 90% of the mentors and mentees rated the partnership as high quality.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

More than half of the clients referred to the Mentoring Program are bilingual/bicultural males, many over the age of 12. The continuing challenge is to recruit responsible bilingual males to serve as appropriate mentors for these youth. To address this challenge, MHA continues to focus volunteer and staff mentor recruitment efforts on this target population.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **C6 Centralized Assessment Team**
Number of individuals to be served in FY 12/13: **800**

FY 11/12 funding	FY 12/13 funding	Difference
$1,120,320	$1,120,320	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. *(NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	298	White	128	English	388	LGBTQ	Unknown
Transition Age Youth (16-25)	194	African American	27	Spanish	82	Veteran	O
Adult (18-59)		Asian	29	Vietnamese	7	Other	
Older Adult (60+)		Pacific Islander	5	Cantonese			
		Native American	10	Mandarin			
		Hispanic	273	Tagalog	1		
		Multi		Cambodian	1		
		Unknown	14	Hmong			
		Other	6	Russian			
				Farsi	2		
				Arabic	2		
Total	492	Total	492	Other	9		

* FY 10-11 was the first partial operational year for the Children's Centralized Assessment team. The data is for a partially staffed program.

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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 a day 7 days a 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.

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

The target population for this program is diverse children from 5-17 years of age who have a psychiatric emergency and/or are at risk for psychiatric hospitalization. This population includes the unserved/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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The team will be expanding the population that it responds to. Originally it was minors who had Orange County Medi-Cal or who were uninsured. The new target population is all Orange County minors who would benefit from the service.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The Children's Centralized Assessment Team has been included in two measures for the Agency Balanced Scorecard Project. The Children's CAT met the target goal of 60% diversions from hospitalization. The response time has gone down each month as the CAT has become more efficient and response recording became more standardized.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The main challenge is the unpredictable nature of crises. Matching staffing to clients when unpredictable events occur is not possible.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: C7 Parent Phone mentors
Number of individuals to be served in FY 12/13: 600

FY 11/12 funding	FY 12/13 funding	Difference
$72,250	$72,250	0

SECTION I: Numbers served for FY 10/11

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

Program was judged not to be sustainable, so implementation has not occurred.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Program not sustainable with current funding available.

Date: 4/10/12

MHSA Component: Community Services and Supports

Program Number/Name: C8 Parent Child Interactive Therapy

Number of individuals to be served in FY 12/13: 60

FY 11/12 funding	FY 12/13 funding	Difference
$227,500	$227,500	0

SECTION I: Numbers served for FY 10/11

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

Program not considered sustainable, so implementation has not occurred.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Parent Child Interactive Therapy (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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Program not sustainable with current available funding.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: C9 Dual Diagnosis Residential Treatment
Number of individuals to be served in FY 12/13: 0

FY 11/12 funding	FY 12/13 funding	Difference
$273,000	$273,000	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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 to18 who are diagnosed with co-occurring disorders. The program offers a strength-based treatment continuum that implements 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 are components of the program.

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

In FY 11/12, these funds went to purchase treatment bed days in one of two programs that specialize in the treatment of co-occurring disorders. The funds were directed at clients who would benefit from these programs but who would not qualify for traditional funding.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.
No changes planned.

C. Briefly report on any accomplishments or outcomes for FY 10/11.
N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.
The need for co-occurring beds occasionally outpaces their availability.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: C10 Medi-Cal Match
Number of individuals to be served in FY 12/13: 50

FY 11/12 funding	FY 12/13 funding	Difference
$127,500	$127,500	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	2	White	2	English	10	LGBTQ	N/A
Transition Age Youth (16-25)	13	African American	1	Spanish	4	Veteran	0
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American	1	Mandarin			
		Hispanic	10	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other	1	Russian			
				Farsi			
				Arabic			
Total	15	Total	15	Other	1		

SECTION II Program Narrative
A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.) These funds served as Early Periodic Screening Diagnosis and Treatment (EPSDT) match for programs where MediCal services were expanded to address the needs of clients in residential treatment for co-occurring disorders. This underserved population has been difficult to link with appropriate services. This enabled the County to expand its EPSDT services when other sources of match were depleted.
B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13. No changes planned.
C. Briefly report on any accomplishments or outcomes for FY 10/11. Program was in a start-up phase in FY 10/11. A total of 15 clients were served. Approximately 70% successfully completed the program and were linked to services in the community. A second provider of similar services was identified and will be operational in FY 11/12.
D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers. For FY 10/11, identifiable sources of EPSDT match were necessary to expand services over the County's base year. As state funding formulas change, this type of allocation may no longer be necessary.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **T1 TAY FSPs**
Number of individuals to be served in FY 12/13: **750**

FY 11/12 funding	FY 12/13 funding	Difference
$ 7,323,367	$ 7,323,367	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	247	English	623	LGBTQ	unk
Transition Age Youth (16-25)	720	African American	46	Spanish	85	Veteran	unk
Adult (18-59)		Asian	64	Vietnamese	4	Other	
Older Adult (60+)		Pacific Islander	4	Cantonese			
		Native American	11	Mandarin			
		Hispanic	334	Tagalog	1		
		Multi	1	Cambodian	1		
		Unknown	2	Hmong			
		Other	11	Russian			
				Farsi			
				Arabic			
Total	720	Total	720	Other	6		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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.

Four different contract FSPs serve Transitional Age youth. They include :
1. **STAY Process (Supporting Transitional Age Youth)** Contractor – Providence Community Services STAY Process focuses on transitional age youth (TAY), ages 16 through 25 years, who are seriously emotional disturbed (SED) or severely mentally ill (SMI) and frequently dually diagnosed with substance abuse disorder, who might benefit from increased integration into the community. The program is expected to serve 370 clients this year.
2. **Project FOCUS (For Our Children's Ultimate Success)** Contractor – Orange County Asian Pacific Islander Community Alliance. Project FOCUS serves culturally and linguistically isolated Asian and Pacific Islander individuals and families in Orange County. The community-based, client-centered program develops individualized care plans for transitional age youth (TAY), ages 16 through 25 years, who have serious emotional disturbances (SED) or severe mental illness (SMI). The program is expected to serve 30 TAY clients this year.
3. **YOW (Youthful Offender Wraparound)** Contractor – Community Services Programs. YOW provides culturally competent, in-home and community based intensive mental health rehabilitation and case management services to youthful offenders who have serious emotional disturbances (SED) or severe mental illness (SMI) frequently complicated by substance abuse. The target population has had extensive rehabilitation exposure while in custody and the program is designed to maintain and enhance their gains. The program is expected to serve175 TAY clients this year.
4. **Collaborative Courts** Contractor – Community Services Programs. Collaborative Courts Full Service Partnership (CCFSP) provides culturally competent in-home and community-based intensive mental health rehabilitation and case management services for consumers, dependents and/or wards ages 16-25, who have serious emotional disturbances (SED) or severe mental illness (SMI), and/or truancy and substance abuse issues. The program works closely with

three Juvenile specialty Courts: Truancy Court, Juvenile Drug Court and Girls Court. The program is expected to serve 175 TAY clients this yea

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The plan is to increase focus on employment. Though the programs have made gains in finding job opportunities, a concerted and collaborative effort will be made to find or create job opportunities for FSP clients. Periodic meetings of all the employment coordinators are planned and creative solutions urged. The group has discussed the viability of creating a business among the contractors that would provide supervised experience for program participants before working in the general economy.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The programs all showed gains in the five mandated targeted areas. Most impressive were gains in school attendance and decreases in psychiatric hospitalizations achieved when comparing current functioning to functioning prior to enrollment in the FSP.

Detailed reports on each programs successes is posted at http://ochealthinfo.com/mhsa/fsp/tay

The outcomes highlighted below are combined for both Children and TAY FSPs

	School enrollment		Homeless		Psychiatric Hospital		Incarcerations	
	Year Prior	FY 10-11	Year Prior	FY10-11	Year Prior	FY 10-11	Year Prior	FY 10-11
PCS Renew	75%	100%	7	3	23	7	5	11
OCAPICA -FOCUS	68%	81%	3	3	5	2	1	4
PCS STAY	18%	26%	159	59	120	57	75	44
CSP Collaborative Courts	34%	98%	7	1	5	0	23	15
CSP YOW	*		12	5	12	8	182	62
Total			181	70	160	74	263	121

*school enrollment data skewed by incarcerations for this population.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The main challenge is to get these SED/SMI youth into the work force. A combination of their illness, the general economy and the stigma attached to illness and delinquent pasts. Substance abuse remains an ongoing issue with each of the FSPs providing programming addressing it in slightly different manners given the differences in population.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: T2 TAY Outreach and Engagement
Number of individuals to be served in FY 12/13: 200

FY 11/12 funding	FY 12/13 funding	Difference
$447,721	$447,721	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	45	English	154	LGBTQ	
Transition Age Youth (16-25)	165	African American	6	Spanish	52	Veteran	0
Adult (18-59)	49	Asian	20	Vietnamese	8	Other	
Older Adult (60+)	0	Pacific Islander	1	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic/Latino	138	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	3	Russian	0		
		Iranian	1	Farsi	0		
				Arabic	0		
Total	214	Total	214	Other	0		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The HCA/MHSA outreach and engagement program increases utilization of mental health services to unserved and underserved Seriously Emotionally Disturbed (SED) children and transitional age youth (TAY), as well as persistently and severely mentally ill adults and families at risk of homelessness or who are on the verge of homelessness. The programs promote access to full service partnerships, other mental health services, and/or linkages with needed community resources to reduce stigma regarding mental health services. These programs adhere to a "best practice" model by offering services in a culturally competent, family focused, strength and community and culturally based environment that provides opportunities to build trust and encourage the establishment and growth of local support systems. The programs also employ culturally competent, multi-lingual outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services but to build on-going community supports that will sustain future efforts in healthful living.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

Staff will be integrated and working out of one location and staffing pattern may change to accommodate the changes within the system, to meet the needs of the community.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The program is often the "go to" program that is called upon in delicate and difficult cases from calls in the community. There are several special projects that the team members are involved in and assigned to participate in on a regular basis. They cover the entire county and attempt to help those in need with the utmost in compassion, integrity and an honest desire to help those less fortunate who are experiencing a mental health crisis that impairs their functioning in daily life. Team members are often asked to work evenings and also on the weekends to accommodate the needs of the community. They are flexible and are dedicated and devoted to the job that they perform.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The program is frequently being asked to outreach to individuals in the community who are not the program's target population, which detracts from the main goal and objective of the program and who it serves.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: T3 Crisis Residential Services for Transitional Age Youth
Number of individuals to be served in FY 12/13: 96

FY 11/12 funding	FY 12/13 funding	Difference
$1,098,691	$1,098,691	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	37	English	64	LGBTQ	Unknown
Transition Age Youth (16-25)	69	African American	2	Spanish	5	Veteran	0
Adult (18-59)		Asian	2	Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	28	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
Total	69	Total	69	Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Crisis Residential Services Programs are provided to unserved and underserved transitional age youth (ages 18-25)with serious mental illness. The program is licensed as a Social Rehabilitation Program (Crisis). The target population is TAY who are evaluated for inpatient psychiatric services, but do not meet criteria for a hold. However, they are unable to return home or are at risk of homelessness. Admissions to the crisis residential program is voluntary and available on a 24/7 basis depending on bed availability. An on-site/on-call administrator is able to make rapid admission decisions. The crisis residential program staff representative meets with the client and the family either concurrently or sequentially to determine what will need to occur for the client to be successfully reintegrated back into the home. The program provides 24/7 staffing, mental health services, client and parent mentoring, education in home school, transportation, respite care, co-occurring disorders services, etc. Normal stays in the program are three weeks with occasional extensions. A supplemental part of the program is licensed as a Social Rehabilitation Program (Rehab). It provides safe housing for those who no longer need the crisis program but require considerable support before they are ready for independent living.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No changes are contemplated in target population or program activity.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The program helped 69 TAY avoid hospitalization. Satisfaction surveys conducted by the County after discharge show uniformly high praise for the program. The program is used by all the FSPs serving TAY; there is good communication between the program and the FSPs.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The biggest challenge is to find adequate step-down housing once the TAY no longer needs this level of care. Traditional Board and Care facilities are frequently Ill-suited to dealing with TAY, and TAY find them uncomfortable. Housing with some permanence and some degree of mentor oversight would be ideal.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: T4 Mentoring Program for Transitional Age Youth
Number of individuals to be served in FY 12/13: 65 TAY

FY 11/12 funding	FY 12/13 funding	Difference
$173,850	$173,850	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	11	English	32	LGBTQ	Unknown
Transition Age Youth (16-25)	33	African American	1	Spanish	1	Veteran	Unknown
Adult (18-59)		Asian	6	Vietnamese	0	Other	Unknown
Older Adult (60+)		Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	14	Tagalog	0		
		Multi	1	Cambodian	0		
		Unknown		Hmong	0		
		Other		Russian	0		
				Farsi	0		
				Arabic	0		
Total	33	Total	33	Other	0		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Mental Health Association-Project Together Mentor Program provides mental health mentoring services to SED/SMI TAY. The program provides opportunities for mentors to develop supportive relationships with SED/SMI TAY to help them build skills necessary to lead productive and rewarding lives and act as role models to help them become more resilient in their day-to-day functioning. Mentors also provide one-to-one peer support and resource information to parents of SED/SMI children and TAY.

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

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

The Mental Health Mentoring Program for Children serves diverse TAY (ages 16-25) that have emotional or behavioral difficulties indicating the presence of a serious emotional disturbance (SED) as defined by California Welfare & Institution Code 5600.3. Adult peer mentors also serve parents of SED children and youth on a one-to-one basis. Services are provided to children and youth who are receiving services through any HCA Children and Youth Services (CYS) clinic or CYS contract program. All services are provided in a culturally/linguistically appropriate manner. Mentors also provide one-on –one peer support and resource information to parents of SED/SMI Children and TAY.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

MHA will increase their service level from 110 (66 children, 44 TAY) to 160 clients (95 children, 65 TAY) in FY 2012-13.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

During FY 10/11, the Mentoring Program was evaluated using the two primary measures of success that are established best practices by the National Mentoring Partnership: (1) a partnership lasting six months or more, and (2) satisfaction surveys and interviews that query the mentee and the mentor.

In this program, the duration of the mentor-mentee partnership is an indicator of a successful outcome. During the last two quarters of FY 10/11, 61% of those partnered exceeded the minimum time of six months, and of those, 45% exceeded nine months. A sample of mentor satisfaction surveys indicated that 90% of the mentors and mentees rated the partnership as high quality.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

More than half of the clients referred to the Mentoring Program are bilingual/bicultural males, many over the age of 12. The continuing challenge is to recruit responsible bilingual males to serve as appropriate mentors for these youth. To address this challenge, MHA continues to focus volunteer and staff mentor recruitment efforts on this target population.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **T5 TAY Centralized Assessment Team**
Number of individuals to be served in FY 12/13: **140**

FY 11/12 funding	FY 12/13 funding	Difference
$520,105	$520,105	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	56	English	93	LGBTQ	-
Transition Age Youth (16-25)	27	African American	7	Spanish	16	Veteran	-
Adult (18-59)	79	Asian	11	Vietnamese	1	Other	-
Older Adult (60+)	3	Pacific Islander	-	Cantonese	-		
No DOB	3	Native American	-	Mandarin	-		
		Hispanic	35	Tagalog	-		
		Multi	-	Cambodian	-		
		Unknown	2	Hmong	-		
		Other	1	Russian	-		
				Farsi	-		
				Arabic	-		
Total	112	Total	112	Other	2		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The TAY Centralized Assessment Team (CAT) that provides mobile response, including crisis intervention, mental health evaluations/assessment, and initiation of 72-hour involuntary detention when necessary and appropriate, for adults aged 18 to 25 years or older who are experiencing a mental health crisis. The program also provides follow-up services to assist clients in successful linkage to continuing care. 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. Staff works with family members to provide information, referrals, and community support services.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The TAY Centralized Assessment Team was able to reach out and provide supportive crisis intervention services to the younger adult population. The program created a new database in order to pull more accurate and comprehensive performance outcome data.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

None

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: T6 TAY PACT
Number of individuals to be served in FY 12/13: 120

FY 11/12 funding	FY 12/13 funding	Difference
$818,488	$818,488	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	59	English	131	LGBTQ	
Transition Age Youth (16-25)	136	African American	5	Spanish	11	Veteran	
Adult (18-59)	8	Asian	12	Vietnamese	0	Other	
Older Adult (60+)	0	Pacific Islander	1	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	57	Tagalog	0		
		Multi	9	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	1	Russian	0		
				Farsi	0		
				Arabic	0		
Total	144	Total	144	Other	2		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The PACT teams in Orange County target high risk underserved populations, such as the monolingual Pacific Asian community, the mentally ill Transitional Age Youth community, and mentally ill adults and older adults. To qualify for PACT services, the individuals have to have been psychiatrically hospitalized multiple times in the last year for being considered dangerous to people in the community and/or themselves, or because they were unable to avail themselves to basic food, clothing or shelter due to their mental illness. In addition, treatment at a lower level of care must have failed to keep the person stable. The target population for the Transitional Age Youth (PACT) program is diverse, chronically mentally ill TAY, ages 18 to 25. In particular, the program targets the underserved ethnic populations of Latinos, Vietnamese, Korean and Iranian, as well as the linguistically isolated, which includes the Deaf and Hard of Hearing. Assertive Community Treatment is a best practices model and Orange County PACT teams work to further their fidelity to this model.

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

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

requires frequent and consistent contact to engage and remain in treatment. This multicultural population typically requires intensive family involvement.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No proposed changes.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Over the last year participants in the TAY PACT programs have shown marked improvement in their quality of life and significant decreases in hospitalization (65% reduction in hospital days), incarceration (18% reduction in incarceration days), homelessness (17% reduction in days homeless) and other high cost services provided by the county.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Due to staff vacancies in the PACT program, at times eligible consumers have been placed on a wait list for services, which impacts other adult service areas and access to treatment.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: T7 TAY Discovery Program
Number of individuals to be served in FY 12/13: 125

FY 11/12 funding	FY 12/13 funding	Difference
$583,363	$583,363	0

SECTION I: Numbers served for FY 10/11

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

Delayed implementation because of uncertainty about ability to sustain program.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)
This program will provide assistance to diverse SED/SMI TAY in securing education, employment and independent living skills. This type of assistance has proved extremely valuable in the current TAY Full Service Partnerships (FSP), allowing many TAY to become self-sufficient and avoid the "chronically disabled and unemployable" role so common in their older counterparts with similar diagnoses. The Discovery House program will allow the extension of these valuable services to the Behavioral Health Services (BHS) clinic population who are not enrolled in an FSP.

Education/Employment specialists will work with TAY to secure education or employment as desired, doing "whatever it takes." FSP experience shows that many TAY are unable to use local resources because of lack of knowledge, anxiety or the severity of their symptoms. Similarly, there are many SED/SMI in the community who are homeless or at risk of homelessness, but who may not need or be willing to use the extensive services of an FSP. They are also often unable to use local resources because of lack of knowledge, anxiety, or the severity of their symptoms.

Partnering with an Education/Employment or Housing Specialist makes accessing local resources a reality. Experience in the FSP shows that an individualized, graduated assistance plan aimed at self-sufficiency with respect to employment, education, housing, and independent living is feasible and realistic with this age group. Primary target populations are Seriously Emotionally Disturbed or Severely Mentally 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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No proposed changes

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Program not sustainable with available funding.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A1 Adult Full Service Partnerships
Number of individuals to be served in FY 12/13: 850

FY 11/12 funding	FY 12/13 funding	Difference
$13,989,158	$13,989,158	0

SECTION I: Numbers served for FY 10/11

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

B. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	519	English	706	LGBTQ	
Transition Age Youth (16-25)	58	African American	67	Spanish	15	Veteran	36
Adult (18-59)	728	Asian	64	Vietnamese	33	Other	
Older Adult (60+)	25	Pacific Islander	7	Cantonese			
		Native American	11	Mandarin			
		Hispanic	124	Tagalog	2		
		Multi	5	Cambodian			
		Unknown	0	Hmong			
		Other	14	Russian			
				Farsi	2		
				Arabic			
				Other	10		
Total	811	Total	811	Unknown	43		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The MHSA FSP program serves adults 18-59 age range. The adult program provides twenty-four hour a day, seven days a week intensive case management/ wrap-around-services, a peer to peer line, community based outpatient services, peer mentoring, supported education/employment services, transportation services, housing, benefit acquisition, and co-occurring disorder treatment. 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.

FSP programs in Orange County address those most in need: the homeless mentally ill, those with co-occurring disorders, those being released from jail with no place to go or support to turn to, and those who would be serving long jail sentences for minor crimes related to life style and/or their illness. There is also a focus on the underserved, including those in IMDs who could come home if a support system were in place and those in Board and Cares who, given the opportunity, could regain control and independence and achieve enhanced recovery.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The MHSA FSP programs continue to learn and adopt new models of emerging and evidenced based practices. In addition improving and expanding the quality and availability of data and data analysis to promote the dissemination of effective, evidenced based interventions and services to advance and identify better health outcomes for individuals, families and communities.

In February, 2012 the FSP Programs in collaboration with California Institute for Mental Health (CIMH) coordinated with 16 other counties in the application Advanced Recovery Practices (ARP), ARP aims to promote mental health providers make innovative changes that result not only in increased service system capacity, but will also reflect improved quality, appropriateness, and effectiveness of the clinical services provided to their clients.

Under the guidance of California Institute for Mental health (CIMH) the MHSA FSP Programs have implemented the core concepts of Transformational Care Planning (TCP); TCP is the understanding and development in the key building blocks of cultural inclusiveness, recovery, resiliency and wellness. TCP calls attention to "Person-first."

Person-first is inclusive and identifies strengths and capabilities, nationality and ethnicity, sexual orientation, faith and spirituality, gender identity, age, social role intellectual and cognitive abilities. TCP is recovery oriented care that challenges us to move past the maintenance of clinical stability to the true pursuit of living a meaningful life in the community.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

For the period ending 12/31/10, outcomes analysis comparing the 12 months prior to joining an FSP to annualized post enrollment, there was a 54.2 % decrease in psychiatric hospitalizations, a 60.7% decrease in individuals incarcerated, and a 64% decrease in individuals who were homeless.

In 2010, Orange County established a new MHSA program called STEPS, Striving Toward Enhanced Partnerships. The program is new and unique to Orange County. The target population has two distinct populations, the first population is members who may be on Lanterman-Petris Short (LPS) conservatorship and the second population will be referred by the Public Defender's Office and are members charged with misdemeanor offenses but are of questionable competence to stand trial.

The STEPS program provides wraparound recovery services, intensive case management, medication support, community integration services, vocational and educational support services, linkage to medical services and supportive socialization.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Services need to be of high quality, but that is not enough. The FSP programs need to continue to participate and adopt the use of emerging and evidenced base practices. Taking these steps now is critical to leading the way in addressing mental health, substance use and medical conditions within national health reform efforts, and to assure that those who are most vulnerable and in need have access to high quality prevention, treatment and recovery services and outcome measures to support it.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A2 Centralized Assessment Team
Number of individuals to be served in FY 12/13: 1,200

FY 11/12 funding	FY 12/13 funding	Difference
$1,668,310	$4,007,323	$2,339,013

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	-	White	600	English	909	LGBTQ	-
Transition Age Youth (16-25)	203	African American	55	Spanish	22	Veteran	-
Adult (18-59)	675	Asian	127	Vietnamese	32	Other	-
Older Adult (60+)	80	Pacific Islander	1	Cantonese	-		
No DOB	24	Native American	2	Mandarin	-		
		Hispanic	159	Tagalog	1		
		Multi	-	Cambodian	-		
		Unknown	9	Hmong	-		
		Other	29	Russian	-		
				Farsi	2		
				Arabic	-		
Total	982	Total	982	Other	16		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

This Centralized Assessment Team (CAT) 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 a day/7 days a 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 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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

Funding for this program has increased substantially. The new funding will be used to hire additional staff to support an increased level of collaboration with local law enforcement by expanding available resources for PERT teams. This will allow us to develop additional partnerships with law enforcement officers to provide more effective handling of persons in need of immediate mental health crisis intervention. Additional support for necessary data collection for performance outcome monitoring is also planned. This will also enhance the service delivery to Transitional Age Youth (TAY) through increased linkages to TAY based community services.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Provided Crisis Evaluation Services to adults in the County of Orange 24/7. Provided ride along partnerships with the Orange Police Department, Garden Grove Police Department, Westminster Police Department, and South Orange County Sherriff Department. The program created and implemented a new database in order to pull more accurate and comprehensive performance outcome data, which was in place by the 3rd Quarter of the fiscal year. The 3rd and 4th Quarter results confirmed the largest referral source for CAT response was law enforcement, at 41% of total calls. The second largest referral category (at 38%) was the category of "Private and Other", which includes family, clients, treatment centers and many others. In addition, the CAT team was able to provide successful diversions on over 50% of the evaluations, which reduced inpatient hospitalizations. Also of note, 41% of calls were received between 5 p.m. – 8 a.m. and on Saturday and Sunday.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A3 Crisis Residential
Number of individuals to be served in FY 12/13: 322

FY 11/12 funding	FY 12/13 funding	Difference
$1,651,229	$1,651,229	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	75	English	-	LGBTQ	-
Transition Age Youth (16-25)	24	African American	7	Spanish	-	Veteran	-
Adult (18-59)	95	Asian	3	Vietnamese	-	Other	-
Older Adult (60+)	2	Pacific Islander		Cantonese	-		
		Native American		Mandarin	-		
		Hispanic	26	Tagalog	-		
		Multi		Cambodian	-		
		Unknown	1	Hmong	-		
		Other	9	Russian	-		
				Farsi	-		
				Arabic	-		
Total	121	Total	121	Other	-		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Crisis Residential Program provides short term crisis intervention services to the needs of adults with a mental disorder and who may be at risk of psychiatric hospitalization. The individual is in a secure residential setting for an average of 14 days not to exceed 30 days. The program offers assistance with self-administration of medication, counseling, and educational groups and activities to assist the client in recovery and a safe return to the community. The focus is on client empowerment, illness management, and reintegration into the community. The current capacity is for six adults.

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.

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

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The program will be transitioning to a new location that will increase the occupancy from six to fifteen.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

For the period July 1, 2011 through December 31, 2011, the program increased the average occupancy rate each quarter as additional referral sources were added, and reached 74% occupancy by the fourth quarter The program discharged 91% of clients to a lower level of care and linked 84% of clients successfully to outpatient services. Less than 3% of clients required inpatient hospitalization within 48 hours of discharge and patient satisfaction remains at 4.5 on a 5 point scale.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A4 Supported Employment
Number of individuals to be served in FY 12/13: 312

FY 11/12 funding	FY 12/13 funding	Difference
$929,489	$929,489	0

SECTION I: Numbers served for FY 10/11

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

A. **List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)** **Table below only accounts for new members in FY 10/11*

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	165	English	195	LGBTQ	
Transition Age Youth (16-25)	53	African American	16	Spanish	51	Veteran	2
Adult (18-59)	244	Asian	26	Vietnamese	18	Other	
Older Adult (60+)	14	Pacific Islander		Cantonese			
No DOB		Native American		Mandarin			
		Hispanic	81	Tagalog			
		Multi		Cambodian	1		
		Unknown	18	Hmong			
		Other	5	Russian			
				Farsi	5		
				Arabic			
Total	311	Total	311	Other	4		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Employment WORKS is a contracted provider of the Health Care Agency of Orange County. The Employment WORKS program provides evidence-based supported employment services such as job placement, ongoing work-based vocational assessment, benefits planning, individualized program planning, time-unlimited job coaching, counseling, and peer support to individuals with serious and persistent mental illness and/or co-occurring substance abuse disorders. Services are provided in English, Spanish, Vietnamese, Farsi and ASL.

Program participants work with a job developer (JD) to locate job leads using a variety of sources including in-the-field employer canvassing, newspaper publications, online job search engines, job fairs, business mixers, regional job developer conferences and recruitments. The JD strives to build working relationships with prospective employers through cold calling and in-person presentations. The JD is the main liaison between the employer and the program participant. It is the responsibility of the JD to help the employer understand mental illness and combat stigmatization. In addition to locating promising job leads and potential employers, the JD assists consumers with application submissions and assessments, interviewing, image consultation, and transportation services.

Each individual placed into competitive employment has the ongoing support of an Employment Training Specialist (ETS). The ETS is responsible for providing the consumer with one-on-one job support to ensure successful job retention. Specifically, the ETS models appropriate behavior, participates in the training of the consumer to ensure a foundational grasp of job responsibilities, communicates regularly with job site staff to recognize and address consumer successes and challenges, provides consistent encouragement, and practices conflict resolution. The ETS maintains ongoing, open communication with clinical care coordinators to promote positive work outcomes.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The Employment WORKS program has two branches, one in Garden Grove, and the other in Mission Viejo. Program participants meet with their assigned job developer to uncover job opportunities from both north and south county offices, as well as in the field. Upon placement, program participants are supported on-the-job or off-site as needed. In addition, program participants use both facilities to participate in vocational workshops, trainings, and social networking. The need for employment services continues to be on the rise and the Employment WORKS program continues to implement new and innovative strategies to meet this growing need.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The Employment WORKS program served 311 program participants, which included 176 new enrollments. During FY2010-11, the program placed 119 program participants in competitive employment jobs and 5 participants in a paid traineeship. Additionally, 59 program participants graduated from the program after successfully reaching the State of California job retention benchmark. The program also conducted over 400 pre-employment workshops, and supported a number job fairs and other outreach efforts by HCA.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The majority of people living with mental illness wants to work and is one of the largest disability groups referred to the Vocational Rehabilitation system; however the unemployment rate for adults living with mental illness is three to five times higher than for those without mental illness. Many people who live with serious mental illness who do work are underemployed; about 70% who hold college degrees earn less than $10 per hour. On average, people who receive SSI benefits have incomes that are just 18.2% of the median one-person household income. An estimated one-third to one-half of people who live with serious mental illness lives at, or near, the federal poverty level. Effective supported employment models such as the one utilized by Employment WORKS closely integrate mental health and vocational services, consider client preference and skills in job placement and provide individualized ongoing supports and benefits counseling. About two-thirds of people who receive supported employment services become competitively employed. Evidence-based, supported employment programs can reduce unemployment, promote social inclusion and save millions in public assistance costs while increasing productivity and tax revenues.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A5 Adult Outreach and Engagement
Number of individuals to be served in FY 12/13: 700

FY 11/12 funding	FY 12/13 funding	Difference
$888,322	$888,322	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	3	White	392	English	624	LGBTQ	
Transition Age Youth (16-25)	68	African American	57	Spanish	33	Veteran	45
Adult (18-59)	566	Asian	63	Vietnamese	45	Other	
Older Adult (60+)	67	Pacific Islander	4	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic/Latino	169	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	1	Hmong	0		
		Other	15	Russian	0		
		Iranian	3	Farsi	0		
				Arabic	0		
Total	704	Total	704	Other	2		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The HCA/MHSA outreach and engagement program increases utilization of mental health services to unserved and underserved Seriously Emotionally Disturbed (SED) children and transitional age youth (TAY), as well as persistently and severely mentally ill adults and families at risk of homelessness or who are on the verge of homelessness. The programs promote access to full service partnerships, other mental health services, and/or linkages with needed community resources to reduce stigma regarding mental health services. These programs adhere to a "best practice" model by offering services in a culturally competent, family-focused, strength, community and culturally-based environment that provides opportunities to build trust and encourage the establishment and growth of local support systems. The programs employ culturally competent, multi-lingual outreach workers trained in recovery and resiliency concepts, who are locally-based, highly visible, and resource knowledgeable, to not only facilitate access to community mental health services but to build on-going community supports that will sustain future efforts in healthful living.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

Staff will be integrated and working out of one location, and the staffing pattern may change to accommodate these changes and meet the needs of the community.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

This is often the “go to” program that is called upon in delicate and difficult cases from calls in the community. There are several special projects that the team members are involved in and assigned to participate in on a regular basis. They cover the entire county and attempt to help those in need with the utmost in compassion, integrity and an honest desire to help those less fortunate who are experiencing a mental health crisis that impairs their functioning in daily life. They often are asked to work evenings and also on the weekends to accommodate the needs of the community. They are flexible and are dedicated and devoted to the job that they perform.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The program is frequently being asked to outreach to individuals in the community who are not in the target population, which detracts from the main goal and objective of the program and the clients served.

Date: 3/14/12
MHSA Component: Community Services and Supports
Program Number/Name: A 6 Adult PACT
Number of individuals to be served in FY 12/13: 600

FY 11/12 funding	FY 12/13 funding	Difference
$3,317,645	$3,317,645	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	359	English	550	LGBTQ	
Transition Age Youth (16-25)	75	African American	21	Spanish	65	Veteran	7
Adult (18-59)	606	Asian	102	Vietnamese	55	Other	
Older Adult (60+)	9	Pacific Islander	3	Cantonese	0		
		Native American	7	Mandarin	0		
		Hispanic	158	Tagalog	1		
		Multi	18	Cambodian	3		
		Unknown	9	Hmong	0		
		Other	13	Russian	2		
				Farsi	1		
				Arabic	2		
Total	690	Total	690	Other	10		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The PACT teams in Orange County target high risk underserved populations, such as the monolingual Pacific Asian community, the mentally ill Transitional Age Youth community, and mentally ill adults and older adults. To qualify for PACT services, the individuals have to have been psychiatrically hospitalized multiple times in the last year for for being considered dangerous to people in the community and/or themselves, or because they were unable to avail themselves to basic food, clothing or shelter due to their mental illness. In addition, treatment at a lower level of care has had to have failed to keep the person stable. PACT teams serve consumers who are most in need of help due to multiple hospitalizations or incarcerations and have not been able to access appropriate treatment. Assertive Community Treatment is a best practices model and Orange county PACT teams work to further their fidelity to this model.

The program focuses on delivering culturally competent services to adults in the community, to achieve their maximum recovery and independence in functioning. The program provides consumer-focused, culturally/linguistically competent, strength-based services. Interventions are usually provided in the home and community in order to reduce access or engagement barriers. A holistic team approach is stressed in this program, which is in and of itself culturally competent, in that it requires intense collaboration with primary care providers, family members, and other community supports. It is a multidisciplinary team model, comprised of Clinical Social Workers, Marriage Family Therapists, Mental Health Specialists, Psychiatrists, and a Supervisor. This team provides medication services, individual and group therapy, substance abuse and family therapy as well as supportive services such as money management and linkage to community supportive services. The focus of recovery for this population is to address individual strengths and empower consumers to reach their highest potential. Re-integration into community institutions and organizations such as school, employment, and independent housing is stressed. Staff is sensitive to the individual needs of each adult consumer and is knowledgeable of the resources and issues for this population.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No proposed changes.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Over the last year, participants in the Adult PACT programs have shown marked improvement in their quality of life and significant decreases in hospitalization (55% reduction in hospital days), incarceration (68% reduction in incarceration days), homelessness (59% reduction in days homeless) and other high cost services provided by the County.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Due to staff vacancies in the PACT program, at times eligible consumers have had to be placed on a waitlist for services, which impacts other adult service areas and access to treatment.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A7 Wellness Center
Number of individuals to be served in FY 12/13: 1600

FY 11/12 funding	FY 12/13 funding	Difference
$1,365,000	$1,365,000	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	733	English	1361	LGBTQ	
Transition Age Youth (16-25)	237	African American	98	Spanish	48	Veteran	
Adult (18-59)	1,105	Asian	93	Vietnamese	20	Other	
Older Adult (60+)	92	Pacific Islander	8	Cantonese	-		
		Native American	16	Mandarin	-		
		Hispanic	284	Tagalog	-		
		Multi	-	Cambodian	-		
		Unknown	138	Hmong	-		
		Other	68	Russian	-		
				Farsi	-		
				Arabic	-		
Total	1,434	Total	1,434	Other	10		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Wellness Center's mission is to provide a safe and nurturing environment for each individual to achieve his or her vision of recovery while providing acceptance, dignity and social inclusion. The Wellness Center is committed to providing peer-to-peer promotion and community integration of emotional, physical, spiritual and social domains. The Wellness Center facilitates over 100 groups weekly, which includes social outings.

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

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

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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

Target population remains the same. Members must be 18 years of age or older and current residents of Orange County who are participating in mental health services.

The Wellness Center is currently operating at a temporary site in Santa Ana. This spring, the Wellness Center will move to a new a 7,600 square foot facility built with MHSA Capital Facilities funding in the City of Orange. The facility was planned by consumers for consumers and is expected to enhance the services provided.

Upon moving to the new mental health campus, the Wellness Center will add several new groups and expand existing groups. The cooking class will be increased from one to three times per week. The walking group will be increased to three times a week. The classroom-size room will allow the Wellness Center to expand group sizes from 15 participants to 20 per class. The Wellness Center plans to expand the volunteerism program to twice a week to allow for more community integration. Volunteer hours for the Wellness Center's ambassador program will increase from 200 to 225 hours a month.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Twice yearly the Wellness Center members are asked to complete Satisfaction Surveys. The survey consists of 18 questions. The content of the questions includes demographic information, member information and the ability of the Wellness Center to meet the needs of the individual. The Wellness Center uses the results to assist in planning strategies for new group ideas and for insuring member satisfaction. The surveys are also a good tool to gage how well the Wellness Center is meeting members' needs. In fiscal year 2010/11 168 groups were offered a total of 3,898 times.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Transportation for members to and from the Wellness Center is always a concern. The Wellness Center serves all of Orange County. Some bus routes for can be very long, sometimes requiring several transfers. The new location for the Wellness Center will be more centrally located. The Wellness Center is educating members about the new location and existing bus routes.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **A8 Recovery Centers**
Number of individuals to be served in FY 12/13: **2900**

FY 11/12 funding	FY 12/13 funding	Difference
$6,630,000	$6,630,000	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	-	White	1145	English	1809	LGBTQ	-
Transition Age Youth (16-25)	178	African American	77	Spanish	501	Veteran	29
Adult (18-59)	2,231	Asian	332	Vietnamese	165	Other	-
Older Adult (60+)	263	Pacific Islander	7	Cantonese	3		
		Native American	27	Mandarin	2		
		Hispanic	836	Tagalog	6		
		Multi	-	Cambodian	12		
		Unknown	116	Hmong	1		
		Other	132	Russian	1		
				Farsi	44		
				Arabic	11		
Total	2,672	Total	2,672	Other	117		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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.

These services are delivered along a continuum of care model that addresses individual needs of the client based upon their stage of recovery and are targeted to reduce reliance on the mental health system and increase self-responsibility with the ultimate goal of community reintegration. Services include, but are not limited to medication management, individual and group mental health services, case management, crisis intervention, educational and vocational services, and peer support activities.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

Recovery Centers will continue to increase their caseloads and work towards a more client centered system of care through the use of tools like Advancing Recovery Practices (ARP) and Transformational Care Planning (TCP).

C. Briefly report on any accomplishments or outcomes for FY 10/11.

There has been a renewed focus on the use of Performance Outcome data that will be continued to be tracked by the program on a monthly basis to monitor the efficacy of each program. The AMHS Adult and Older Adult Performance Outcome Department (APOD) advises on the policies and procedures regarding the submission of said data.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Programs have been challenged to advance the recovery services offered and to utilize data outcomes in a way that is meaningful to those they serve. Strategies include participation in a year-long CiMH pilot project, Advancing Recovery Practices, and continued training and guidance provided by the AMHS APOD and program management. Programs are developing quarterly goals and objectives based on their APOD outcomes.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: A9 Adult Peer Mentoring
Number of individuals to be served in FY 12/13: 140

FY 11/12 funding	FY 12/13 funding	Difference
$295,648	$295,648	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	-	White	69	English	-	LGBTQ	-
Transition Age Youth (16-25)	32	African American	1	Spanish	-	Veteran	-
Adult (18-59)	108	Asian	30	Vietnamese	-	Other	-
Older Adult (60+)	-	Pacific Islander	1	Cantonese	-		
		Native American	-	Mandarin	-		
		Hispanic/Latino	26	Tagalog	-		
		Multi	-	Cambodian	-		
		Unknown	13	Hmong	-		
		Other		Russian	-		
		Iranian		Farsi	-		
				Arabic	-		
Total	140	Total	140	Other	-		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Peer Mentoring program was created to build community support services that bridge existing gaps in the recovery continuum. The services target some of the most common reasons for re-hospitalization after discharge, including interruption of medication, lack of social support and unstable housing. These services include, social support, assisting with basic household items, food, clothing, and transportation needs which have been identified to assist the consumer. The majority of the services provided by the peer mentors are in the field. Service locations include hospitals, consumer's homes, and various places in the community, such as primary care facilities. 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.

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 is 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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The program is working to increase referrals by going out to the clinics and ensuring that the community understands the referral process and the services provided.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Peer mentoring has been very successful in obtaining high consumer and staff satisfaction score Both the peer mentors providing services and the referring clinician also provided high satisfaction ratings.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The program has had some trouble maintaining a stable peer mentoring work force due to stress related to paperwork and treatment planning. These issues have been addressed by keeping paperwork simple and stress has decreased.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **O1 Older Adult Recovery Services**
Number of individuals to be served in FY 12/13: **300**

FY 11/12 funding	FY 12/13 funding	Difference
$1,668,135	$1,668,135	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	226	English	305	LGBTQ	
Transition Age Youth (16-25)		African American	17	Spanish	44	Veteran	2
Adult (18-59)	77	Asian	89	Vietnamese	49	Other	
Older Adult (60+)	381	Pacific Islander	1	Cantonese	1		
		Native American	1	Mandarin	2		
		Hispanic	52	Tagalog	1		
		Multi	4	Cambodian	0		
		Unknown	42	Hmong	0		
		Other	26	Russian	1		
				Farsi	20		
				Arabic	4		
Total	458	Total	458	Other	31		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Older Adult Recovery Program serves individuals 60 years of age or older who are serious and persistently mentally ill. They show clear functional impairments as a result of the mental disorders. These consumers are in the most need of on-going services. The Recovery Program provides initial psychiatric services in the consumer's home. As clients progress in their recovery they are scheduled for follow-up appointments at the Recovery Clinic. Consumers have access to case management, crisis, medication, and therapy (individual, group, and family) services at the recovery both at home if needed and in the clinic.

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

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No changes for target population planned in the next year.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

The Older Adult Recovery Program continues to provide services to consumers in great need. The program is working to collect more complete data to study consumer satisfaction in the next year. In addition, staff plans to track the success of clients moving through the continuum of care by utilizing the peer mentoring program. Also, when the program has the older adults Milestones of Recovery Scale (MORS), this will be implemented as another tracking tool.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

There has been a challenge helping clients progress in recovery and linking to lower levels of care. Often consumers in this program have difficulty making the transition out of the public mental health system. The program's goal over the next year is to utilize the older adult peer mentoring program to help facilitate that linkage and to continue the consumers progress in recovery.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: O2 OASIS
Number of individuals to be served in FY 12/13: 180

FY 11/12 funding	FY 12/13 funding	Difference
$3,900,062	$3,900,062	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	122	English	148	LGBTQ	
Transition Age Youth (16-25)	0	African American	13	Spanish	10	Veteran	20
Adult (18-59)	15	Asian	15	Vietnamese	3	Other	
Older Adult (60+)	161	Pacific Islander	1	Cantonese			
		Native American	3	Mandarin			
		Hispanic	17	Tagalog			
		Multi	0	Cambodian			
		Unknown	0	Hmong			
		Other	5	Russian			
				Farsi	3		
				Arabic			
				Other	12		
Total	176	Total	176	Unknown			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The MHSA FSP Older Adults Program serves the target population of 60 and over. Services include twenty-four hour a day, seven days a week intensive case management/wraparound services, community based outpatient services, peer mentoring, housing supports, meal services, transportation services, benefit acquisition, supported employment/education services, linkage to primary health care and integrated services for co-occurring disorder treatment.

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. 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. 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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The MHSA FSP programs continue to learn and adopt new models of emerging and evidenced-based practices. In addition improving and expanding the quality and availability of data and data analysis to promote the dissemination of effective, evidenced-based interventions and services to advance and identify better health outcomes for individuals, families and communities.

In February, 2012 the FSP Programs in collaboration with California Institute for Mental Health (CIMH) coordinated with 16 other counties in the application Advanced Recovery Practices (ARP), ARP aims to promote mental health providers make innovative changes that result not only in increased service system capacity, but will also reflect improved quality, appropriateness, and effectiveness of the clinical services provided to their clients.

Under the guidance of the California Institute for Mental health (CIMH), MHSA FSP Programs have implemented the core concepts of Transformational Care Planning (TCP); TCP is the understanding and development in the key building blocks of cultural inclusiveness, recovery, resiliency and wellness. TCP calls attention to “Person-first.” Person-first is inclusive and identifies strengths and capabilities, nationality and ethnicity, sexual orientation, faith and spirituality, gender identity, age, social role intellectual and cognitive abilities. TCP is recovery-oriented care that challenges clients to move past the maintenance of clinical stability to the true pursuit of living a meaningful life in the community.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Annualized outcomes data for the Older Adult Full Service Partnership program for the period ending 12/31/10 shows a 25% decrease in hospital days, an 89% decrease in incarceration days, and a 70.3% decrease in homeless days when comparing the 12 month period prior to joining the FSP to the 12 months after joining.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Services need to be of high quality, but that is not enough. The program needs to continue to participate and adopt the use of emerging and evidenced-based practices. Taking these steps now is critical to leading the way in addressing mental health, substance use and medical conditions within national health reform efforts, and to assure that those who are most vulnerable and in need have access to high quality prevention, treatment and recovery services and outcome measures to support it.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: O3 Older Adult PACT
Number of individuals to be served in FY 12/13: 50

FY 11/12 funding	FY 12/13 funding	Difference
$705,433	$705,433	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	48	English	66	LGBTQ	
Transition Age Youth (16-25)	0	African American	3	Spanish	2	Veteran	
Adult (18-59)	17	Asian	5	Vietnamese	2	Other	
Older Adult (60+)	56	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	6	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	9	Hmong	0		
		Other	2	Russian	0		
				Farsi	0		
				Arabic	0		
Total	73	Total	73	Other	3		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

PACT teams in Orange County target high risk underserved populations, such as the monolingual Pacific Asian community, the mentally ill Transitional Age Youth community, and mentally ill adults and older adults. To qualify for PACT services, individuals must have been psychiatrically hospitalized multiple times in the last year for being considered dangerous to people in the community and/or themselves, or because they were unable to avail themselves to basic food, clothing or shelter due to their mental illness. In addition, treatment at a lower level of care must have failed to keep the person stable. PACT teams serve consumers who are most in need of help due to multiple hospitalizations or incarcerations have not been able to access appropriate treatment. Assertive Community Treatment is a best practices model and Orange County PACT teams work to further their fidelity to this model.

The program focuses on delivering culturally competent services to seniors in the community, so that clients may achieve their maximum level of functioning and independence. The program provides consumer-focused, recovery-based services, and provides intervention, primarily in the home and community, to reduce access or engagement barriers. Collaboration with primary physical health care and providers of community and family supportive services is stressed in this multidisciplinary model of treatment.

The population struggles with the acute and chronic symptoms of mental illness and consumers often present with multiple diagnoses and multiple functional impairments. This population requires frequent and consistent contact to engage and remain in treatment. The target population is multicultural and includes Latinos, Vietnamese, Koreans and Iranians, and is disproportionately represented in the suicide statistics, as well as victimization statistics.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No proposed changes

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Over the last year, participants in the OAS PACT programs have shown marked improvement in their quality of life and significant decreases in hospitalization (25% reduction in hospital days), incarceration (100% reduction in incarceration days), 911 calls (98% reduction in calls), ER Visits (84% reduction in visits), homelessness (60% reduction in days homeless) and other high cost services provided by the County.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Due to staff vacancies in the PACT program, eligible consumers have at times been placed on a waitlist for services, which impacts other adult service areas and access to treatment.

Date: 4/10/12
MHSA Component: Community Services and Supports
Program Number/Name: O4 Older Adult Peer Mentoring
Number of individuals to be served in FY 12/13: 40

FY 11/12 funding	FY 12/13 funding	Difference
$728,000	$728,000	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	-	White	30	English	-	LGBTQ	-
Transition Age Youth (16-25)	-	African American	1	Spanish	-	Veteran	-
Adult (18-59)	-	Asian	2	Vietnamese	-	Other	-
Older Adult (60+)	40	Pacific Islander	-	Cantonese	-		
		Native American	-	Mandarin	-		
		Hispanic/Latino	2	Tagalog	-		
		Multi		Cambodian	-		
		Unknown	4	Hmong	-		
		Other	1	Russian	-		
		Iranian	-	Farsi	-		
				Arabic	-		
Total	40	Total	40	Other	-		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Peer Mentoring program was created to build community support services that bridge existing gaps in the recovery continuum. The services target some of the most common reasons for re-hospitalization after discharge, including interruption of medication, lack of social support and unstable housing. These services include, social support, assisting with basic household items, food, clothing, and transportation needs which have been identified to assist the consumer. The majority of the services provided by the peer mentors are in the field. Service locations include hospitals, consumer's homes, and various places in the community, such as primary care facilities.

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).

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The Older Adult peer mentoring program is working to increase referrals by adding a track for older adults who need help linking to a lower level of care in the recovery continuum. There will be a peer mentor dedicated to this track. This is in response to what staff have heard is needed from the community and providers of services to older adults.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Peer mentoring has been very successful with consumer and staff satisfaction scores. Consumers rated the satisfaction with services they received very highly. High satisfaction was also rated very high by both the peer mentors providing services and the referring clinician.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

The program has had some trouble maintaining a stable peer mentoring work force due to stress related to paperwork and treatment planning. These issues have been addressed by keeping paperwork simple and stress has decreased.

Date: **4/10/12**
MHSA Component: **Community Services and Supports**
Program Number/Name: **O5 Older Adult Community –Based Senior Support Team**
Number of individuals to be served in FY 12/13: **500**

FY 11/12 funding	FY 12/13 funding	Difference
$817,242	$817,242	0

SECTION I: Numbers served for FY 10/11

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

Program has been delayed due to budget uncertainty.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

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

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

WORKFORCE EDUCATION AND TRAINING PROGRAMS

Date: 4/10/12
MHSA Component: Workforce Education and Training
Program Number/Name: WET1 Workforce Staffing Support
Number of individuals to be served in FY 12/13: 3,000

FY 11/12 funding	FY 12/13 funding	Difference
0	0	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total	3,398	Total	3,398	Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

In May 2010, Orange County Behavioral Health started the Center of Excellence (COE) 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.)

Under the COE, staff continues to coordinate MHSA stakeholder meetings and provide numerous educational programs, seminars, and conferences to county and contracted employees, as well as consumers, family members and the community. There are liaisons assigned to each division within our system of care helping to assess the training needs of all staff and implement appropriate seminars, workshops and conferences. The 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.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

N/A

C. Briefly report on any accomplishments or outcomes for FY 10/11.

As mentioned above, in 2010 COE provided the following trainings:

1. Quarterly Immersion Training-to orient participants to the vast array of services within the Behavioral Health System of Care.
2. Topics related to placement and housing assistance.
3. Topics related to Wellness and Recovery.
4. Topics related to Health Care Integration.
5. Topics related to Stigma and Advocacy.
6. Topics related to Consumer Employment and Supports.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

Since many of the trainings were conducted by several staff at different times of the day to different audiences the COE didn't have a systematic way of getting demographic data. Starting FY 11-12, staff for this specific WET component has started to use a uniform evaluation form that includes questions on demographic data.

Date: 4/10/12
MHSA Component: Workforce Education and Training
Program Number/Name: WET2 Training and Technical Assistance
Number of individuals to be served in FY 12/13: 4,000

FY 11/12 funding	FY 12/13 funding	Difference
0	0	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	1,481	English	3,661	LGBTQ	188
Transition Age Youth (16-25)	183	African American	142	Spanish	240	Veteran	50
Adult (18-59)	3,464	Asian	371	Vietnamese	173	Other	
Older Adult (60+)	521	Pacific Islander	23	Cantonese			
		Native American	18	Mandarin			
		Hispanic	890	Tagalog	6		
		Multi	50	Cambodian			
		Unknown	1,106	Hmong			
		Other	87	Russian			
				Farsi	62		
				Arabic			
Total	4,168	Total	4,168	Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Under this plan our county has conducted numerous training/conferences on topics such as evidence-based practices, cultural competency (including ethnic, client, Deaf and Hard of Hearing, and gender cultures), issues related to foster youth, etc. Many of the trainings were also conducted by consumers and family members. Our target audience includes staff, consumers, family members and community stakeholders.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No change.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Below are some of the conferences that were held during FY 10/12:

- 1st Annual Crisis Intervention Training – "Building Bridges"
- Understanding Disparity and Disproportionality in Human and Health Services as First Step in Prevention and Intervention.
- Hoarding Disorder Symposium.
- 1st Annual Veterans' Conference.
- The Amazing Adolescent Brain: Opportunities and Vulnerabilities.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

One of the main challenges is to get staff to participate in most of our training. Due to the shortage of staff and hiring freeze, many couldn't find the time to attend weekday trainings. Thus the COE is in the process of taping the trainings and posting them online for non in-person training. Hopefully, many staff will be able to find time to attend the trainings at a later time. CEUs will be given as an incentive.

Date: 4/10/12
MHSA Component: Workforce Education and Training
Program Number/Name: WET3 Mental Health Career Pathway
Number of individuals to be served in FY 12/13: 400

FY 11/12 funding	FY 12/13 funding	Difference
0	0	0

SECTION I: Numbers served for FY 10/11

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

A. **List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	72	English	92	LGBTQ	7
Transition Age Youth (16-25)	23	African American	14	Spanish	55	Veteran	14
Adult (25-59)	180	Asian	36	Vietnamese	30	Trans F->M	1
Older Adult (60+)		Pacific Islander	1	Cantonese		Trans M->F	
Not known	15	Native American		Mandarin		Other	
		Hispanic	66	Tagalog			
		Multi		Cambodian	1		
		Unknown	20	Hmong			
		Other	9	Russian			
				Farsi			
				Arabic	2		
Total	218	Total	218	Other	14		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The training of Consumers and Family Members for Employment in the Mental Health System action item funds a Consumers/Family Members Paraprofessional Certificate program at one of our local community colleges. Each year the class graduates on average 50 individuals, of whom 30 receive post graduate paid internships at one of our behavioral health service sites for 4 months. All graduates are eligible to further their education using the WET-funded financial incentives program. BHS continues to expand opportunities for consumers and family members of the county's most vulnerable populations. The goal is to enable consumers/family members to become service providers or operators of consumer-run services, so that the public mental health system in Orange County reflects a meaningful inclusion of people with lived experiences as service providers.

Another action item under this plan is the implementation of the Recovery Education Institute (REI) which opened its door in Sept 2010. This program offers workshop-style training for consumers on basic issues of life, career management skills, and other skills that are prerequisites for either working or preparing to work in the public mental health system. Courses offered will also prepare students to enter either a community vocational training program, college certification program, or college degree program by developing and solidifying the personal and academic skills necessary to continue with their education. The goal of the REI Program is to provide mental health training services to our current consumers as they move into higher levels of recovery and increase their participation in the public educational system. These training services will be client-driven and provided by professionally trained consumers or family members; and are embedded within the array of services including, but not limited to: recovery action plans, peer support, academic support, and educational advancement activities.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

The Consumers/Family Members Paraprofessional Certificate program will end in June 2012. The job market for graduates of the program has proved to be less than expected. Therefore, a decision has been made to concentrate on other strategies

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Graduates who have been employed in our system of care have made significant contribution to our consumers' recovery movement. Of special mention is the fact that the Wellness Center employs over 95% people of lived experiences and almost 90% of those employed have been graduates of our program. Other graduates have been employed in a wide range of mental health positions throughout the Orange County Human and Health Services agencies. A few have been hired to work in the Veterans' Affair Clinics system, as well as other governmental agencies. Although over 300 consumer and family member paraprofessionals have graduated through this program, only 25% have been able to obtain half to full time employment due to the economic down turn, as well as system wide hiring freeze.

On the other hand, REI has provided 316 courses/seminars to 190 unduplicated students which total to 900 units of class work. Below are some of the evaluation comments from the students:

- Today's class was very empowering, and I get the chance to speak up for myself.
- Today we learned about overcoming trauma. Ways to cope and recover from traumatic experiences.
- I learned how to turn pessimistic methods of communication into more positive ways to communicate.
- Learned about self-esteem, and how to use positive self -talk and affirmations.
- Talking about hope gave me a positive outlook.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

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; hence, the low employment rate among our graduates. BHS has decided to end the Consumers/Family Members Paraprofessional Certificate training program and concentrate of supportive employment and job search for the graduates. One strategy is the inclusion of peer paraprofessional positions in all 10 of our approved innovation projects. BHS hopes to be able to increase the percentage of graduates who are employed in the near future.

Date: **4/10/12**
MHSA Component: **Workforce Education and Training**
Program Number/Name: **WET4 Residencies and Internships**
Number of individuals to be served in FY 12/13: **52**

FY 11/12 funding	FY 12/13 funding	Difference
0	0	0

SECTION I: Numbers served for FY 10/11

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

A. **List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total	N/A	Total	N/A	Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The four action items in support of this program continue to meet the set objectives. The program continues to fund over 50 staff 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. BHS is in the final stage of developing a one to one-year Community Psychiatry Fellowship with UCI Department of Behavioral Health Services.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

No change.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

Center of Excellence (COE) has successfully started a Neurobehavioral Testing Unit utilizing psychology interns. The testing unit has received referrals from all adult service programs within the system. This unit has provided the much needed expansive and expensive psychoneurological testing to support (and in most cases enhance) the individual treatment plans. This has resulted in successful care management and care coordination, as well as cost savings.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

None

Date: 4/10/12
MHSA Component: Workforce Education and Training
Program Number/Name: WET5 Financial Incentives
Number of individuals to be served in FY 12/13: 43

FY 11/12 funding	FY 12/13 funding	Difference
0	0	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	23	English	23	LGBTQ	
Transition Age Youth (16-25)		African American		Spanish	17	Veteran	
Adult (18-59)	43	Asian	2	Vietnamese	2	Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	17	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other	1	Russian			
				Farsi	1		
				Arabic			
Total	43	Total	43	Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Workforce, Development, and Training Education program aims to establish a workforce that is culturally and linguistically diverse and efficient in providing behavioral health services to its target client population by allowing current staff or graduates of the Mental Health Worker paraprofessional training program to attend colleges or universities toward obtaining advanced degrees in the Psychology and related mental health field. It is the design of the program to establish a workforce that possesses linguistic and/or cultural capabilities to enhance services to and meet the needs of the underserved and unserved clients. The program assists students by paying a portion of their tuition (established as a two-year contract at the CSU level tuition rate). The enrolled students will become eligible for the licensed clinical positions available in the behavioral field within our system of care.

Because of the hiring freeze BHS has continued to have difficulty in filling the staffing need for the 20 hours that, under school requirement, the students must perform at a location other than their employed sites. BHS has ended the "20/20" program for master level participants because of this very reason.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

N/A

C. Briefly report on any accomplishments or outcomes for FY 10/11.

In FY 10/11, 15 individuals participating in this program have graduated from their enrolled academic institution. There were three Bachelor's degree level graduates and 12 Master's degree level graduates. The majority of our participants possess linguistic capabilities in the Spanish language. In addition, BHS is proud to report that there is one participant who possesses the ability to speak and understand the culturally-related needs of Farsi speaking clients and two graduates possess skills and capability to serve the Vietnamese population.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

A major challenge to WET programs continues to be difficulty fitting certain actions to the county purchasing procedures. County procedures do not allow the COE to pay individuals directly; the processing time for payment to colleges and universities is slow enough that the students whose tuition has been paid have been threatened with disenrollment when payments to their schools were delayed. In addition, the COE has developed systematic ways of purchasing services with a set of local community colleges and university via a master agreement. This has ensured the allowance for delayed payment due to process, without causing disenrollment. However, the eligible participants can only enrolled in those schools that are part of the master agreement.

The challenges are identified as part of the MHS Act as being able to provide services that incorporate linguistic and cultural understanding when providing services to persons identified as the unserved and underserved. The implementation of this stipend program has been a driving force for our staff and contract employees, particularly those with lived experience, to pursue higher education in the behavioral health career pathway. In turn, BHS is able to better meet the needs of our clients.

PREVENTION AND EARLY INTERVENTION PROJECT PLANS

Date: 4/10/12
MHSA Component: Prevention and Early Intervention
Program Number/Name: PEI1 Early Intervention Services
Number of individuals to be served in FY 12/13: 1,022

FY 11/12 funding	FY 12/13 funding	Difference
$4,903,324	$4,903,324	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	7	White	55	English	376	LGBTQ	0
Transition Age Youth (16-25)	28	African American	33	Spanish	105	Veteran	335
Adult (18-59)	430	Asian	72	Vietnamese	1	Other	
Older Adult (60+)	17	Pacific Islander	34	Cantonese			
		Native American	16	Mandarin			
		Hispanic	226	Tagalog			
		Multi	17	Cambodian			
		Unknown	25	Hmong			
		Other	4	Russian			
				Farsi			
				Arabic			
				Other			
Total	482		482		482		

***Data reflect participants in the OCCREW, OCPPW and Drop Zone programs of the Early Intervention Services. Two other program components Stress-Free Families and Socialization Program for Adults and Older Adults were not fully started in FY10/11.**

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12.

Early Intervention Services include Orange County Postpartum Wellness (OCPPW) program, Orange County Center for Resiliency, Education, and Wellness (OC CREW), Stress-Free Families, the Drop Zone program of Veterans' Services and the contracted Socialization Program for Adults and Older Adults via the Council on Aging of Orange County, Multi-Ethnic Collaborative of Community Agencies (MECCA), and Saint Anselm's Cross-Cultural Community Center:

- OCPPW Program addresses the short-term treatment needs of new mothers in Orange County, up to one (1) year postnatal, experiencing mild to moderate postpartum depression. Services include assessment/screening, case management, counseling, psychotherapeutic and psycho-educational groups, family support, coordination and linkage to community resources and community education.

- OCCREW provides treatment to young people ages 14 to 25, who are experiencing their first episode of psychosis. The intent of this program is to reduce the duration of untreated psychosis (DUP) for young people with Schizophrenia or Schizophreniform Disorders to improve long-term prognosis. Collaborative services for young people include: individual and/or family assessment, individual and/or family psychotherapy, multifamily psychoeducation groups, psychiatric evaluation and treatment, utilization of Wellness Recovery Action Plans (WRAP), wellness activities (to promote daily living skills, nutrition & fitness, drug free lifestyle and positive socialization), as well as educational and vocational assistance. Services are to be provided up to twenty-four (24) months to assist in recovery and relapse prevention planning.

- Stress-Free Families program works collaboratively with Social Service Agency by providing resources and early mental health intervention to remove risk factors for social and emotional problems in "stressed families" who have been found to have risk factors for child abuse/neglect, emotional suffering, mental health problems and. This program for stressed families is in development at this time and will specifically work with families of children who have been reported to Child Protective Services.

- The "Drop Zone," peer-led mutual support group for military veterans provides assistance with issues that might impact their success in college and their reintegration to the community and family life. Space is provided in the

Veteran Services Resource Center on a local community college campus. The "Drop Zone" is staffed with HCA volunteers (graduates of a consumer training program who are also veterans). They are supervised on site by a Behavioral Health Services Marriage and Family Therapy Intern and an Associate Social Worker who are also veterans. They are able to assess and link veterans to programs or services on campus for assistance. If school resources are not available, other community, County, or VA resources can be contacted to help the veteran.

- The Socialization Program serves adults and older adults who may be isolated and/or homebound but are experiencing the onset of serious psychiatric illness, particularly of those appearing later in life, including depression. The program brings trained, friendly culturally/linguistically competent visitors to the homes of isolated adults and older adults with the task of decreasing the sense of isolation those individuals may feel and increasing opportunities for them to socialize with others. Upon building a one-on-one relationship with an individual, the friendly visitor facilitates linkage between the individual and a local community-based socialization center or to any other mental health and community resources that are needed.

B. Please provide any proposed changes in target population or activities/strategies planned for FY 12/13.

- Participation for the Drop Zone is projected to increase by 35 % (compared with FY10/11) as one staff person was added to the program in January 2012 to increase program capacity.

- No change was planned for OCPPW, OC CREW, Stress-Free Families programs and Socialization Program for Adults and Older Adults.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- There are 138 enrolled participants currently in the OCPPW program (a 114% increase from FY 09/10). Pre- and post-test results from using PHQ-9 (screening instrument for depressive symptoms and suicidality) demonstrated a general improvement in reducing depression severity. The program successfully implemented a wellness event "A New You," conducted several outreach events, educated the community about Post Partum Depression via presentations, and collaborated effectively with community partners.

- OC CREW outreached to all Orange County public and private high schools. Outreach was also conducted at all community colleges and main campuses of the larger universities (CSUF, UCI, and Chapman) within Orange County. Program began direct services in March 2011, and outcomes data was not available yet.

- Initial work for the needs assessment of the Stress-Free Families program was completed and included meetings

with SSA and Focus groups, evaluating the population composition, securing equipment and supplies as part of the program's infrastructure.

- There is a modest increase in the number of participants served by the Drop Zone in FY 10/11 compared to that in FY 09/10. Overall, the Drop Zone program showed growth. Support by the partner organization remains strong, and it is expected that there will be increased opportunities in the next fiscal year. Trainings and combined financial/Drop zone workshops were held several times during the year, enhancing the awareness of Drop Zone resources for faculty, staff and students.

- The Socialization Program for Adults and Older Adults began in August 2011 after FY10/11.

- Overall, the Drop Zone program showed growth. Support by the partner remains strong, and it is expected that there will be increased opportunities in the next fiscal year. Trainings, and combined financial/Drop Zone workshops were held several times during the year, enhancing the awareness of Drop Zone resources for faculty, staff and students.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- Challenges for OCPPW include the staff shortage of a psychiatrist, Community Workers and staff to provide child care during groups and wellness activities. Clinic staff currently helps out with providing child care while the program is working on recruitment to address staff shortage.

- The challenge for OC CREW has been with identifying young people appropriate for the program.

- The Stress-Free Families program was not fully staffed this fiscal year and was the core of services delivery challenges.

- For the Drop Zone program, Veterans returning to school often are hesitant to reach out for assistance due to perceived stigma about behavioral health problems.

- Staffing challenges throughout the system have prevented full development of the programs until Jan 2012. Accessing veterans in need has been identified nationally as the #1 problem with providing Prevention and Early Intervention to veterans and their families.

- Implementation of the contracted Socialization Program for Adults and Older Adults was delayed due to unexpected procedural difficulties in the procurement process, and the program began in August 2011.

Date: 4/10/12
MHSA Component: Prevention and Early Intervention
Program Number/Name: PEI 2 School-Based Services
Number of individuals to be served in FY 12/13: 70,566

FY 11/12 funding	FY 12/13 funding	Difference
$9,591,719	$9,591,719	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	65,769	White	16,990	English	201*	LGBTQ	
Transition Age Youth (16-25)		African American	1,174	Spanish	295**	Veteran	
Adult (18-59)	4,941	Asian	9,226	Vietnamese	10**	Other	
Older Adult (60+)		Pacific Islander	1,667	Cantonese			
		Native American	228	Mandarin			
		Hispanic	39,830	Tagalog			
		Multi	936	Cambodian			
		Unknown	654	Hmong			
		Other	5	Russian			
				Farsi			
				Arabic			
				Other			
Total	70,710	Total	70,710				

***Data reflects participants in the Connect the Tots and Behavioral Prevention Services-University of California programs**
****Data reflects participants in the Connect the Tots program**

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

School-Based Services consists of the Connect the Tots program, the contracted programs Positive Behavioral Prevention Services with University of California, Irvine (UCI), Positive Behavioral Intervention Supports (PBIS) and Violence Prevention program contracted with the Orange County Department of Education (OCDE):

- Connect the Tots expands school-based early childhood services by addressing the mental health needs of children as they prepare for school.The program is designed to reduce risk factors for emotional disturbance in young children ages 0-6, thereby promoting school readiness. Services include individual/family screening and assessment, case management services, parent education/training and referrals. The program places an emphasis on families who are homeless, in transitional living, or at risk of homelessness.

- Positive Behavioral Prevention Services-UCI provides positive behavioral interventions services to children ages 5-13 and their families with challenges in attention, behavioral and learning or Attention Deficit/Hyperactivity Disorder (ADHD) to improve the children's behavior that will lead to a more positive academic outcome. In FY11/12 the program supported 16 qualified participants whose families demonstrated financial need and behavioral/social or parenting skill challenges that impaired the child in a regular education placement. The program assisted with the children's social skills to enhance interpersonal relations, helped parents with competence and confidence in implementing behavior modification strategies, provided guidance and assistance to transition into the next academic setting, reduced stress and improved overall family relationships.

- The PBIS-OCDE program provides a broad range of systematic and individualized strategies for achieving important social and learning outcomes while preventing mental illness, problem behavior and emotional distress. It is implemented using a three-tiered, strategic approach to primary, secondary, and tertiary prevention. PBIS is a framework or approach for assisting school personnel in adopting and organizing evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students.

- Violence Prevention is a school-based (K-12) program that reduces children's exposure to violence in the school, community, home and/or peer group. Violence Prevention Education is integrated into the curriculum to mitigate a student's risk of development of mental illness and school failure. The curriculum is based on positive youth

development and resiliency practice and includes topics such as bullying, gang involvement, dating violence, domestic violence, hate crimes, safe and healthy lifestyles, character education, media literacy, and skills in conflict resolution.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

- There is no change in target population in FY12/13 for the Connect The Tots and PBIS-OCDE programs.
- For the FY12/13, Positive Behavioral Prevention Services-UCI will continue to accommodate 16 slots for qualified participants and will serve kindergarten through fifth grade, ages 5 - 12.
- Violence Prevention Education program-OCDE: In FY12/13, Safe from the Start will offer the program in Farsi and will develop the curriculum in Korean. The Gang Prevention program has identified growing gang activities among the female population and will increase community awareness about female gang-related activities .The Bullying Prevention program will have a stronger focus on integrating more trainings to the student populations.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- During FY10/11, the Connect the Tots program received 264 referrals, enrolled 93 families (227 adults and children), provided 21 workshops that drew 273 attendees, participated at several community forums and learning symposiums to promote early childhood mental health and prevention, and provided bi-weekly workshops at a local community location to reach parents of young children attending the center. Staff became certified in the Positive Parenting Program (Triple P) curriculum. The program also developed stronger relationships with community partners (such as the Collaborative for homeless families, the OC Department of Ed/ McKinney Vento division), solidified referral sources, established positive outcome and intervention results. Overall findings from the outcomes data demonstrates that the program is particularly good at helping parents create structure and routines and being less reactive towards their children as indicated by the pre/post-test changes in the parenting scale responses. Children's behaviors have also become less of a problem for parents after program participation as indicated by changes in Eyberg Child Behavior Inventory (ECBI) pre/post scores. Finally, children's social emotional development has improved as indicated by improved Ages & Stages Questionnaires; Social-Emotional (ASQ-SE) averages. Some of the data used in this analysis extended beyond the FY 10/11 period.

- With the success of the pilot program during FY10/11, the Positive Behavioral Prevention Services-UCI program was contracted for two additional years to serve 16 qualified students and their families. Attendance rate was 93% during the year-round school calendar in FY10/11, and all parents of participating students completed the required eight-week parent and social skills trainings. One student was so low in initial phonics skills that he could not be measured, but from July-September 2010, this student improved 60% in phonics for his age group.

- In FY10/12, 540 unduplicated team members from 61 schools within OCDE have been successfully trained on PBIS-Tier one. Of the 61 schools that adopted the PBIS systems, there are 62,259 students in attendance, and 12,782 received individual interventions and 13,639 group interventions. Twenty-two of the 28 school districts are actively involved in supporting PBIS in their school districts. Eight hundred attendees received PBIS education and training at the Annual RTI2 Implementing and Sustaining Evidenced-based Practices conference designed to focus on "doing business differently" to close the achievement gap for all students and supporting schools across Orange County. Outcome data from being in PBIS year three, tier three, indicated 83% of schools trained in PBIS implemented the model successfully in their school, and 96% of the schools adopted a school-wide focus on positive student behavior reinforcement. Ninety-one percent trained in PBIS would recommend that other schools adopt PBIS. Eighty-five percent trained in PBIS also indicated that the benefits greatly outweigh the drawbacks of participating in the three-year training. Results of a survey assessing the capacity of schools to foster good communication between school and students indicated that 55.9% of the respondents felt that the schools made big improvement, while 43.1% indicated that some improvements were made.

- In FY10/11, Violence Prevention program-OCDE reported that 71 schools and 289 parents/caretakers participated in the Safe from the Start (SFTS) program. Two hundred thirty two staff/teachers and 138 students were trained on SFTS, and the curriculum and DVD were translated into Vietnamese to serve this target population. Seventy-two percent of participants in the follow-up SFTS survey indicated that they "strongly agree" or "agree" that the Train Other Trainers (TOT) they attended had an impact on them professionally. For Gang Prevention trainings, 362 teacher/staff were trained and a total of 1,689 students, 148 parents/caretakers, and 952 community members participated. In a Gang Conference of 547 attendees, 86.5% indicated that they felt better equipped to work with gang and at-risk youth due to the education at the conference. At another conference for youth (with 204 attendees) 82.2% indicated that they can use what they learned to be less gang involved, while 77.8% indicated that they learned positive alternatives to gang life through the conference. The Crisis Response Network program provided responses to 42 school sites and served 723 students. Two-hundred and fifty students were provided with individual interventions, while 50 received the Conflict Resolution program. Seventy-one schools participated in trainings, with 98 school staff and 227 students trained on the peer TOT.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- During the earlier part of FY10/11, the Connect the Tots program had some challenges reaching its target population due to the population's transitional nature and the shortage of staff. To overcome these challenges, the program provided services at the homes, made a steady presence at motel and collaborative networks service for the homeless/at risk for homelessness and also partnered with community providers who receive calls and requests from the public to access resources. The program's visibility was enhanced by an increased effort in promoting the program's services, strengthening networks with collaborating agencies and community services. Staff received training in Triple P to increase the programs' capacity, and the program also re-evaluated its eligibility criteria to include all families qualified for services under the McKinney Vento definition for homelessness. These strategies were effective and resulted in an expansive demand for the program services by the end of FY10/11 and into 2012.

- The families enrolled in the Positive Behavioral Prevention Services-UCI have had some challenges with transportation, translation and school supplies, and identified need for more comprehensive behavioral and social skills assistance. The school program has identified some staff and family members of other students to help with addressing the car pooling and translation needs. Resources are being explored to assist with school supplies, more comprehensive behavioral and social skills assistance.

- No challenges were reported for the PBIS and Violence Prevention Programs.

Date: 4/10/12
MHSA Component: Prevention and Early Intervention
Program Number/Name: PEI3 Outreach & Engagement
Number of individuals to be served in FY 12/13: 27,895

FY 11/12 funding	FY 12/13 funding	Difference
$4,370,667	$4,370,667	0

SECTION I: Numbers served for FY 10/11

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

There are two components to this program. One was implemented and the other was not implemented in FY 10/11 due to administrative issues.

A. List the number of individuals served by the program during FY 10/11, as applicable. (NOTE: For prevention, use an estimation)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	102*	English	1154*	LGBTQ	2*
Transition Age Youth (16-25)		African American	16*	Spanish	16*	Veteran	7*
Adult (18-59)	1,178*	Asian	6*	Vietnamese	4*	Other	
Older Adult (60+)		Pacific Islander	8*	Cantonese		Deaf	1*
		Native American	8*	Mandarin			
		Hispanic	55*	Tagalog			
		Multi	12*	Cambodian			
		Unknown	969*	Hmong			
		Other	2*	Russian			
				Farsi			
				Arabic			
				Other	4*		
Total	1,178*	Total	1,178*				

***Data reflects participants in the REACH Team; the contracted Outreach and Engagement Collaborative component began in FY12/13**

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Outreach and Engagement Services include programs from the Risk Reduction Education and Community Health (REACH) team and the contracted PEI Outreach and Engagement Collaborative:

- REACH provides mental health and wellness activities to adults in Orange County who are homeless/at risk for homelessness/in transitional housing, and who are at risk of mental illness and/or behavioral health problems. Activities include psycho-educational groups or individual sessions, linkage to community resources, and case management. The primary goal is to introduce and/or enhance healthy coping skills and support access to all community services.

- The Outreach and Engagement Collaborative provides mental health preventative services to the unserved and underserved mentally ill population. It is designed for those people who have had life experiences that may make them vulnerable to mental health problems, but who are hard to reach in traditional ways because of cultural or linguistic barriers. For all people involved in this program, outcome measures identifying their cultural and linguistic characteristics will be collected, in addition to other measures of system effectiveness. Identification with potential target groups or individuals will be accomplished through already established relationships with community organizations, (e.g., non-profits, schools, community agencies, health care providers, first responders, judicial system, correctional system, etc.) that have developed trust with the community and have contact with the individuals, families or groups who require assistance in accessing prevention and/or early intervention services. Staff will ask respected members of the community organization to introduce them to those needing information and assistance and will maintain the contact with that individual or family until no further assistance is needed. The PEI Outreach program will often be in contact with people at the early stages of problems for whom referral to another PEI program or a self-help group may be sufficient. Mental health interventions and wellness activities at community sites focus on coping with the impact of trauma and provide easy and immediate access, information, and referral assistance to culturally competent early intervention services as needed. The contracted Outreach and Engagement Collaborative program was not yet started in FY10/11.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.
None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- In FY10/11 the REACH Team made 969 Outreach contacts and conducted 27 Seeking Safety psycho-educational group series attended by 209 individuals at 11 locations throughout Orange County. From the Seeking Safety groups, 112 (54%) participants completed the series and graduated. During this period, participants completing the Seeking Safety groups used a pre/post-test for a self-rating of General Self-Efficacy before and after the group intervention. An analysis of the data indicated a 10% improvement in self-rated general-efficacy as a result of participant's participation in group. Additional changes to the outcome measurement tool have since been made as well as additional measures added to better measure the impact of the program.

- The contracted Outreach and Engagement Collaborative program began in FY 11/12.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- In FY10/11, the REACH Team overcame a number of challenges:
  1. Groups were held at the Civic Center to resolve storage space issues for the unsheltered homeless participants who were concerned about leaving their personal items to participate in the program.
  2. Transportation services, bus passes and van rides were provided to enroll participants and ensure on-going participation in intervention groups and successful linkage to referral services.
  3. On-site case management services were offered to address immediate needs for the unsheltered homeless participants.
  4. Staff resolved the delay for participants to complete linkages to service referrals by identifying community resources to assist with obtaining identification cards at no cost.

- The first challenge for the contracted Outreach and Engagement Collaborative program was to form a functional collaboration among five competitive contracting agencies. They accomplished this by meeting weekly to share their successes and challenges, and to coordinate their programmatic efforts. The diversity of participant ages, ethnicities, and locations was a shared challenge that the contractors overcome by referring participants, when appropriate, to each other's areas of age-related, ethnic, and geographic expertise.

Date: 4/10/12
MHSA Component: Prevention and Early Intervention
Program Number/Name: PEI4 Parent Education & Support Programs
Number of individuals to be served in FY 12/13: 7,380

FY 11/12 funding	FY 12/13 funding	Difference
$3,819,044	$3,819,044	0

SECTION I: Numbers served for FY 10/11

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

One component was implemented and another was not due to contracting delays.

A. List the number of individuals served by the Youth As Parents program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	41*	White	1*	English	28*	LGBTQ	N/A
Transition Age Youth (16-25)		African American	N/A	Spanish	43*	Veteran	N/A
Adult (18-59)	29*	Asian	N/A	Vietnamese	N/A	Other	N/A
Older Adult (60+)		Pacific Islander	1*	Cantonese	N/A		
		Native American		Mandarin	N/A		
		Hispanic	69*	Tagalog	N/A		
		Multi	N/A	Cambodian	N/A		
		Unknown	N/A	Hmong	N/A		
		Other	N/A	Russian	N/A		
				Farsi	N/A		
				Arabic	N/A		
				Other	N/A		
Total	71*		71*		71*		

***Data for the total number of teens enrolled in the Youth As Parents program as the demographic data for Triple P was not available, and the Community Outreach-*Promotora* Model program did not begin until FY11/12.**

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Parent Education and Support Programs include the Youth As Parents, Positive Parenting Program (Triple P) and the contracted Community Outreach-*Promotora* Model Program:

- The Youth As Parents program is designed to enhance the health, social, economic, and educational well-being of pregnant and parenting adolescents and their children. Built on a comprehensive case management model, the program works to assess client strengths and to link clients to services in an effort to promote positive pregnancy outcomes, effective parenting, and socio-economic independence.
- Triple P is a system of care approach to early intervention for conduct and other behavioral disorders for children and their families. It provides accredited training and curriculum materials for county-based programs, and other programs within the county that offer assistance to high-risk families and children. Accredited Triple P practitioners use this best practice parent education curriculum and parenting model to help families to develop healthy parenting skills in order to reduce the incidence of child abuse and children's problem behaviors at home, school, and community levels.
- The Community Outreach-*Promotora* Model program uses a community health educator approach to educate and provide parenting education, skill development, and case management services for parents or caregivers of children at risk of developing a mental illness or who are displaying signs of emotional, behavioral, or mental instability. Additionally, services address the needs of parents/caregivers who are displaying early signs of emotional, behavioral, or mental instability. This model of community outreach, based on a Latin-American program type, reaches underserved populations through peer education. This model uses trusted community members, who are already entrenched in specific communities (Latino, API, Older Adult, etc). Promotoras connect with the community in small groups at community centers, family resource centers or recreation rooms of apartment complexes, churches/mosques/temples, or individually to families in their homes, motels, or other preferred locations in the language/s of their community, respecting and drawing upon the strengths of the culture of the parent and family. This program trains and builds capacity of interested community organizations in developing or enhancing preventive behavioral health education services within their own communities.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

- No Triple P training is offered in FY12/13.
- In FY12/13, the Youth As Parents program will begin to work on developing the mentoring component of the program.
- The Community Outreach- *Promotora* Model Program serves participants of all ages countywide and also focusing on underserved populations and Veteran families.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- In FY10/11, 169 staff received training in the Positive Parenting Program.
- During FY 10/11, 13 teen participants successfully completed the Youth As Parents program, achieved their service plan goals with 7 of the teen participants graduating from high school or completing their General Education Diploma (GED). The staff completed (Triple P) training and was certified. In FY10/11 the program began to provide the Triple P intervention approach to participants as appropriate. The program also developed successful collaborative relationships with community providers to provide teen parenting education groups in the community. In addition to the 71 participants enrolled into services, 66 teen mothers participated in three educational groups provided in the community. During this time, the Patient Health Questionnaire-9 (PHQ-9) was used to measure changes in self-reported depression symptoms. An analysis of these pre/ post-tests (including data collected through 12/28/2011) indicated that 66 % improved and 17 % maintained self-rated depression severity from Pretest to Post-test. Since this data analysis, the outcome measures have been changed for FY 11/12 to better measure program impact.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- No demographic data was collected from the 169 participants in the Positive Parenting Program.
- In FY10/11 the program overcame the challenge of staff shortage and successfully completed a recruitment process to add a new staff to the program.
- The Community Outreach-*Promotora* Model Program began July 1, 2011.

Date: 4/10/12
MHSA Component: Prevention and Early Intervention
Program Number/Name: PEI 5 Prevention Services
Number of individuals to be served in FY 12/13: 500

FY 11/12 funding	FY 12/13 funding	Difference
$2,434,328	$2,434,328	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	198	White	100	English	340	LGBTQ	N/A
Transition Age Youth (16-25)		African American	17	Spanish	146	Veteran	1
Adult (18-59)	295	Asian	1	Vietnamese	N/A	Other	N/A
Older Adult (60+)		Pacific Islander	8	Cantonese	N/A		
		Native American	7	Mandarin	N/A		
		Hispanic	329	Tagalog	N/A		
		Multi	19	Cambodian	N/A		
		Unknown	9	Hmong	N/A		
		Other	3	Russian	N/A		
				Farsi	1		
				Arabic	N/A		
				Other	6		
Total	493		493		493		

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Prevention Services consists of Children's Support and Parenting Program (CSPP), Stop the Cycle program, and Transitions:

- CSPP provides 12-week groups for parents and children to focus on issues common to families in crisis such as safety, communication, problem solving and effective parenting. Program addresses the needs of children with mentally ill and/or substance abusing parents. Program services include a parents' group and a concurrent age-appropriate children's/teens' group. Programs conclude with family group sessions.

- Stop The Cycle program is designed to address the needs of families with youth in the juvenile justice system by giving parents the tools they need to effectively parent children who have siblings in the juvenile justice system and are at risk of repeating the same behaviors. The program provides a 12-week series of individual groups conducted with parents and their children/teens who are not yet involved with the juvenile justice system. This series includes a parents' group and a concurrent age-appropriate children/teen group and the focus is on reinforcing resiliency, positive social behaviors, parenting skills, and protective factors. Each 12-week series concludes with a family group session.

- Transitions program was not in place in FY 10/11.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

- Neither of the CSPP or Stop the Cycle program proposed any changes in FY12/13.

- Transitions program was not in place in FY 10/11.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- Twelve interventions or series of CSPP were completed in FY 10/11, and the number of enrolled participants increased 27% in comparison to that of FY 09/10.

- In FY 10/11, 121 new participants enrolled (67 adults and 54 children) and received direct services from Stop the Cycle program. Enrollment increased 109% from the 58 participants of the prior year. Qualitative Outcomes from both of these prevention programs indicate that these programs have a positive impact and helped improve parenting skills (parents are more confident and empowered), family relationships and communication, and children's attitudes and behavior.

- Transitions program was not in place in FY 10/11.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- Due to high program enrollment and the need to provide up to three groups at one site, in FY11/12 the CSPP overcame the shortage of staff challenges by utilizing other staff and interns from the program to conduct groups simultaneously and provide coverage. Childcare also became a barrier to attendance when the Family Resource Centers were no longer able to provide child-care services at some locations. The outcome survey was also revised to better capture participants' progress after completion of the intervention.

- In FY11/12, the need for staff became a challenge for Stop The Cycle program due to the implementation of an additional youth group. The program utilized interns and a staff from a different program to assist with this issue temporarily. The outcome survey was also revised to better capture participants' progress after program completion.

Date: **4/10/12**

MHSA Component: **Prevention and Early Intervention**

Program Number/Name: **PEI 6 Screening & Assessment**

Number of individuals to be served in FY 12/13: **90**

FY 11/12 funding	FY 12/13 funding	Difference
$1,135,708	$1,135,708	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	0	White	157	English	249	LGBTQ	
Transition Age Youth (16-25)		African American	15	Spanish		Veteran	249
Adult (18-59)	229	Asian	5	Vietnamese		Other	
Older Adult (60+)	20	Pacific Islander	0	Cantonese			
		Native American	0	Mandarin			
		Hispanic	71	Tagalog			
		Multi	1	Cambodian			
		Unknown	0	Hmong			
		Other		Russian			
				Farsi			
				Arabic			
Total	249	Total	249	Other		Total	249

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12:

The Screening & Assessment consists of two programs: Combat Veterans' Court and the Veterans Non-Criminal Domestic Violence Family Court. These programs provide prevention and early intervention services to military veterans with behavioral health concerns. The veterans' court-based programs are structured similarly to the Drug Court and involve collaboration between OC Family Courts, Veterans' Affairs (VA) Long Beach health care system, and OCHCA Behavioral Health Services Prevention & Intervention Division. Participants who are not eligible for VA services are case managed and followed through any necessary treatment by the Health Care Agency/Behavioral Health Services Marriage and Family Intern (HCA/BHS MFT Intern) and Associate Social Worker (HCA/BHS ASW), who are also veterans.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13:

The Combat Veterans' Court has served decreasing numbers over the last 6 months of 2011 as the court has reached its capacity. Unless there are additional court resources available to accept clients, the number of assessments for the Combat Veterans' Court will possibly decrease by 75% in comparison to the number served in FY 10/11. However, there is an expected increase of 300% in number served at the Veterans' Family Court in comparison to FY 10/11.

C. Briefly report on any accomplishments or outcomes for FY 10/11:

Combat Veterans' Court: There has been a modest total increase in the number of individuals served (compared to FY 09/10). We have seen more non Veterans Administration (VA) eligible participants than in 09/10. Veterans' Domestic Violence Family Court started in August 2010 as a collaboration of the OC Family Courts system, OC HCA/BHS Veterans' Services and the VA Long Beach Health System. Growth was slow during the first six months as the courts incorporated identification of veterans into their system and changed data-forms.

Outcomes: Combat Veterans' Court graduated one participant, as the curriculum requires a minimum of 18 months. The Veterans' Family Court remained in a "start-up" phase during FY 10/11. Additionally, the Veterans' program put on a two-day Veterans' Conference for clinical providers in March 2011 with 292 participants each day.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers:

There have been two significant challenges/barriers to providing services:

1) Staffing challenges throughout the system have prevented full development of the programs, including the ability for the collaborative court team (Public Defender, DA, Probation, VA) to increase staffing to accommodate continued growth in the Combat Veterans' Court.

2) Accessing veterans in need has been identified nationally as the #1 problem with providing Prevention and Early Intervention to veterans and their families. Focus will continue to be on outreach activities at key locations and with professionals most likely to come in contact with veterans in need.

Date: **4/10/12**
MHSA Component: **Prevention and Early Intervention**
Program Number/Name: **PEI7 Crisis & Referral Services**
Number of individuals to be served in FY 12/13: **12,526**

FY 11/12 funding	FY 12/13 funding	Difference
$2,415,333	$2,415,333	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by the program during FY 10/11, as applicable. *

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White	2,275	English	N/A	LGBTQ	N/A
Transition Age Youth (16-25)	1,544*	African American	163	Spanish	N/A	Veteran	N/A
Adult (18-59)	2,114*	Asian	366	Vietnamese	N/A	Other	N/A
Older Adult (60+)	407*	Pacific Islander	41	Cantonese	N/A		
		Native American	0	Mandarin	N/A		
		Hispanic	691	Tagalog	N/A		
		Multi	N/A	Cambodian	N/A		
		Unknown	488	Hmong	N/A		
		Other	41	Russian	N/A		
				Farsi	N/A		
				Arabic	N/A		
				Other	N/A		
Total	4,065	Total	4,065				

***Data reflect estimates for age groups that participated in the Crisis Prevention Hotline in FY10/11. Table A is reports demographic data for the Crisis Prevention Hotline, which is one of the three programs of Crisis and Referral Services. Demographic data were not collected in FY10/11 for the other two programs: Warmline Network and Survivor Support Services (but are being collected in FY11/12).**

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

- Crisis and Referral Services consist of the contracted Orange County (OC) Crisis Prevention Hotline and Survivor Support Services via Didi-Hirsch and The Warmline Network Services through OC National Alliance on Mental Illness (NAMI):
  - The Crisis Prevention Hotline is a 24-hour, toll-free suicide prevention service available to any Orange County resident, who is or knows of someone experiencing a crisis or suicidal thoughts and would like to receive immediate, confidential, culturally and linguistically appropriate, and accredited over-the-phone assistance either for themselves or someone they know. Callers who are not experiencing a crisis will be triaged and offered access to a Warm Line or other appropriate resources.
  - The Warmline Network Services consists of non-crisis, peer support services for individuals and family members. The network operates evenings and weekends, providing confidential, culturally competent emotional support, mostly via telephone, to teens, seniors, parents, and other populations with special needs. Staffed by trained volunteers and counselors (e.g., people in recovery, family members of mental health consumers, etc.) who are supervised by mental health professionals, this free service also provides callers with information about local resources and other community-based support services so that they may better cope with emotional, personal, and family issues.
- Survivor Support Services provides support for those who have lost a loved one to suicide and educates the community on suicide prevention and intervention. These services include outreach, crisis support, bereavement groups, individual support, and training. Trainings on suicide prevention and survivor support groups are available to Orange County residents and serves a broad range of people whose lives have been impacted by mental illness and in particular, suicide. Culturally appropriate follow-up care, education, referrals and support target those who have attempted suicide and those who have lost someone to suicide. The goal of the program is to reduce traumatic grief and suicidal ideation/behavior and the impact on family, friends, and communities. Through a peer-led group support model, this program aims to provide education and information regarding the personal and social impact of suicide and address survivors' emotions and needs. The service is also designed to improve family functioning/communication, identify and understand the factors that promote a survivor's resilience and strength in survivors, provide bereavement services and support, and address issues of stigma and shame.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

- The Crisis Prevention Hotline program plans to continue developing its multilingual/multicultural capacity during FY12/13 and outreach to first-responders and law enforcement personnel within Orange County. In FY11/12, Live Chat capacity is planned to become operational in Spring, 2012, and the program will also continue to further develop its multi-cultural, multilingual capacities to interface with callers in their primary languages.

- NAMI expects the high Warmline call volume to continue or increase during FY12/13 with greater public awareness resulted from outreach efforts, and the natural development of more repeat callers who were satisfied with previous encounters. The program has begun tracking demographic data when possible. In FY 12/13 the program will include the first full year of demographic reporting that will identify possible gaps in County coverage. Plans for FY 12/13 include a more robust focus on group debriefings and individual counseling for their entirely consumer/family member staff. Substantial volunteer recruitment will also be a focus for FY12/13.

- A Resource Coordinator (RC) is in training to provide a Survivors of a Suicide Attempt (SOSA) group for Orange County in the future. Survivor Support program is planning to extend community outreach into the Latino population and through alliances with established community agencies.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- In FY10/11, the total unduplicated callers for the Crisis Prevention Hotline during FY 10/11 were 4,065. The majority of staff consists of trained volunteer phone mentors. Callers that require immediate emergency services were encouraged to self-refer; if this was not possible, emergency rescue via 911 interface was then completed at once. The program processed calls in all threshold languages with a culture-sensitive approach, referred callers to appropriate community services as necessary, conducted extensive public outreach and first-responder trainings, and completed a three-tiered caller follow-up. The program routinely reported ample of quantitative and qualitative data supporting participant satisfaction and program efficacy.

- In FY10/11, the Warmline provided trained telephonic staff on a daily basis for people experiencing emotional problems that could accelerate to a diagnosed mental illness, or self-harm. Mentors listened to callers, encouraged them to talk problems over, referred appropriately to a wide variety of community services, or to the Suicide Crisis Hotline when necessary. Each call was answered by a person who either has had the experience with a mental

health condition, or who is a family member. The Warmline Network Services processed 5,922 calls from 3,468 unduplicated callers from August, 2010 through June, 2011 During FY 10/11, 63 callers were successfully routed to the Crisis Prevention Hotline because their need exceeded the Warmline's scope of service. Public outreach/education events were also provided as part of the services. During the Warmline program start-up from August 2010 through June, 2011, call volumes steadily increased from 103 to 913 per month. Unduplicated callers increased from 100 to 457 per month during the same period of time. The Warmline also completed 102 face-to-face presentations to a wide variety of audiences within Orange County. Based on a pre- and post- mood rating survey, 79 percent of callers reported experiencing a positive change in their mood from the beginning of the phone intervention to the end.

- In FY10/11 the Survivor Support Services provided extensive community education for law enforcement and first responders, schools, and some health care provider entities. The program is working toward the capability of providing both group and individual sessions and the outreach/education presentations in Spanish, Vietnamese and Farsi as Orange County threshold languages besides English. Printed materials were also developed in FY 10/11 cover the County's thresholds languages. Total unduplicated individuals engaged in Suicide Survivor Support activities during FY 10/11 was an estimated of 40. For participants who completed the group support, pre-post-session scores using the Modified Traumatic Grief Inventory showed an average decrease of 20% in their level of anxiety and depression.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- The stigma associated with admitting the need for emotional help appeared to be greater in Orange County than expected. The Crisis Prevention Hot Line worked with several community agencies to better approach ethnically and socially isolated people, who ordinarily hesitate to ask for help. Age group data was not collected in FY10/11 and is collected in FY11/12.

- The call volumes increased rapidly since the Warmline program's implementation and continue to rise. The program had also identified another challenge and the need to provide more intensive staff support with debriefing after they handle emotionally-charged calls. Strategies to overcome these challenges include ongoing development of existing plans for more staff development and more volunteer recruitment. Demographic data was not collected in FY10/11, and are collected for FY11/12.

- The efforts with increasing awareness of the public and providers of the Survivor Support Services had not resulted in high numbers of people desiring face-to-face sessions. Current strategy to decrease the stigma involved with

asking for help involves greater public and provider awareness of warning signs and appropriate responses to those who are affected with the emotional aftermath of suicide. Increased staffing and certified volunteer trainers from Los Angeles County are being utilized to address the very large number of requests for education and training presentations from Orange County. Demographic data was not collected in FY10/11 and are collected for FY10/11.

Date: 4/10/12
MHSA Component: Prevention and Early Intervention
Program Number/Name: PEI 8 Training Services
Number of individuals to be served in FY 12/13: 6,000

FY 11/12 funding	FY 12/13 funding	Difference
$2,354,013	$2,354,013	0

SECTION I: Numbers served for FY 10/11

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

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)	79*	White	195*	English	496*	LGBTQ	27*
Transition Age Youth (16-25)	121*	African American	28*	Spanish	65*	Veteran	19*
Adult (18-59)	586*	Asian	187*	Vietnamese	64*	Other	28*
Older Adult (60+)	101*	Pacific Islander	1*	Cantonese	1*		
		Native American	8*	Mandarin	0		
		Hispanic	171*	Tagalog	0		
		Multi	15*	Cambodian	0		
		Unknown	50*	Hmong	0		
		Other	28*	Russian	0		
				Farsi	40*		
				Arabic	41*		
				Other	39*		
Total	**887***	**Total**	**683***	**Total**	**746***	**Total**	**74***

*Data reflect participants in Technical Training (Consumer Training Program and Veterans Conference), Training in Physical Fitness, Nutrition and Smoking Cessation program, and Community-Based Stigma Reduction training (2011 Meeting of the Minds Conference, Working with Deaf & Hard of Hearing training, Dress Warm play and the Draw Out Stigma event).

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Training Services includes training in Technical Assistance, Physical Fitness, and Nutrition Education and Smoking Cessation, and Community-Based Stigma Reduction:

- Training and Technical Assistance focus on providing multi-disciplinary conferences and training to enhance the capacity of community providers, partners and care providers across systems with models of prevention and early intervention best-practices, and to assist local community partners/providers who are implementing the Prevention Early Intervention Plan.

- The Training Program in Physical Fitness, Nutrition Education and Smoking Cessation provides individualized fitness programs to address the physical needs of participants, educational classes/workshops on nutrition and wellness topics to enhance fitness goals, weekly educational workshops/classes and support groups to assist with breaking free from nicotine addiction for those who desire to quit smoking.

- Community-Based Stigma Reduction Training focuses on community education and engagement to reduce stigma and discrimination against mental illness, individuals and family members with behavioral health conditions and disability.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

- Due to the preliminary effectiveness of the pilot training in Physical Fitness, Nutrition, and Smoking Cessation, membership enrollment at the Goodwill Fitness Center was offered to participants from all BHS clinics in FY11/12.

- No change was indicated for training in Technical Assistance and Community-Based Stigma Reduction.

C. Briefly report on any accomplishments or outcomes for FY 10/11.

- For Technical Assistance training, 292 community providers across county and community service systems attended the Veteran Conference conducted to provide technical knowledge, practical and current approaches to effectively serve Veterans in Orange County. Outcomes from 199 training evaluation forms indicated that the training was highly effective and well-received by conference attendees.

- In FY10/11 the Consumer Training Program was offered via Pacific Clinic and the Multi-Ethnic Collaborative of Community Agencies (MECCA) provided the Paraprofessional Mental Health Worker Training to 47 family members of mental health consumers. The participants successfully completed the training program with their limited English-speaking skills due to the effectiveness in specialized language and skill supports the program offered.

- Training in Physical Fitness, Nutrition, and Smoking Cessation in FY 10/11 was piloted via the Goodwill of Orange County's Physical Fitness program. The physical fitness program was offered to the Orange County Wellness Center and a limited number of programs in Behavioral Health Services (BHS) of the Health Care Agency such as Alcohol and Drug Abuse Services. Responses from the program survey indicated that participants experienced increased control over their body weight through regular participation in an exercise program, and gained knowledge regarding their nutrition and smoking behaviors.

- A total of 3,224 community members participated in a variety of community-based Stigma Reduction training activities including train the 30 trainers in Mental Health First Aid; train 120 providers on how to work with Deaf and Hard of Hearing Interpreters; performances of the anti-stigma play "Dress Warm" across the school districts that were attended by 2002 students and school staff; and a multicultural community event "Draw Out Stigma" held at Bowers Museum that drew 650 attendees. A total of 422 registrations were also funded for the 2011 Meeting of the Minds conference that focused on stigma reduction for providers, community partners across systems, and consumers and their family members. Outcomes from training evaluations indicated a high level of engagement, satisfaction and increased level of understanding about stigma issues by participants who are community members and care providers across county systems and ethnic communities.

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

- The training program in Physical Fitness, Nutrition, and Smoking Cessation experienced challenges with enrollment, consistent member participation, data collection, and program measured outcomes. Only a quarter of the participants consistently attended the training program for two months or longer for staff to collect and measure program effectiveness via pre/post tests. Increases in physical fitness levels were also tracked by recorded changes on the participants' individual workout cards, and since not all members chose to use these cards, data collection was an issue to demonstrate increased fitness levels on an individual basis. To overcome the challenges, the training program had collaborated with the Wellness Center to encourage participation and resolve transportation issues to facilitate both enrollment and participation. Training has also been offered to additional Behavioral Health and clinical programs. Data collection was enhanced with a new pre-test to include a 5-minute cardiovascular capacity test with participants on a treadmill or stationary bike. An additional nutritionist has been added to increase capacity in providing guidance to members interested in dietary improvements.

- For the Community-Based Stigma Reduction trainings in FY10/11, demographic data was not collected for the "Dress Warm" play. The number of training and satisfaction evaluations collected from the Veteran and Meeting of the Minds conferences; training on how to work with Deaf and Hard of Hearing Interpreters; and the community event "Draw Out Stigma" were also low in comparison to the total number of participants. Effort is underway in the later part of FY11/12 to improve demographic and outcome data collection.

INNOVATION PROJECT PLANS

Date: **4/10/12**
MHSA Component: **Innovations**
Program Number/Name: **INN1 Integrated Community Services**
Number of individuals to be served in FY 12/13: **600**

FY 11/12 funding	FY 12/13 funding	Difference
$1,703,699	$1,703,699	0

SECTION I: Numbers served for FY 10/11

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

Contracting delay and hiring freeze postponed opening of program until October 2011.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Integrated Community Service-County home pilot project provides primary medical care services to transitional age youth, adults and older adults who are residents of Orange County, receiving behavioral health services at the Santa Ana, Westminster or Anaheim County Clinics, are Medi-Cal or MSI eligible and are suffering from chronic medical concerns such as diabetes, cardiovascular disease, obesity, metabolic disorders, etc. Services also include: case management, care coordination, supportive counseling, educational groups, medication consultation, and linkage to community resources.

The Integrated Community Services (ICS)-Community Home Pilot project provides outreach into the medical community to facilitate bi-directional services to fully integrate both physical and mental health care. This collaboration with community medical clinics and county mental health programs is a healthcare model that will prove to bridge the gaps in service for the underserved low-income community and increase better overall health outcomes for the patients involved. In the ICS Community Home project, a Mental Health Team (Psychiatrist, BHS Clinician and Mental Health Caseworker) will be brought into existing community health clinics: Asian Health Center and Korean Community Services. Bringing in each team to complement existing patient services allows full integration of patient care in each location.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: 4/10/12

MHSA Component: Innovations

Program Number/Name: INN 2 Collective Solutions (Formerly Known as Family Focus Crisis Management)

Number of individuals to be served in FY 12/13: 300

FY 11/12 funding	FY 12/13 funding	Difference
0	$600,577	$600,577

SECTION I: Numbers served for FY 10/11

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

Delays caused by local hiring freezes. Program didn't start until April 2012.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Collective Solutions provides community-based supportive services to assist individuals and families in managing crisis situations related to mental illness suffered by a loved one. Collective solutions seeks to assist families in developing a plan of action in response to managing crisis situations, raise awareness about mental illness, facilitate family communication, and reduce future crisis situations.

Collective Solutions provides the following services:

- Peer mentorships
- Supportive Services
- Outreach & Engagement
- Linkages to mental health services within the community
- Short-term Individual and Family Counseling
- Support & Discussion Groups
- Educational Groups

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: 4/10/12
MHSA Component: Innovations
Program Number/Name: INN 3 Volunteer to Work
Number of individuals to be served in FY 12/13: 100

FY 11/12 funding	FY 12/13 funding	Difference
$736,340	$736,340	$0

SECTION I: Numbers served for FY 10/11

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

Due to delays in contracting, the project has not yet started. The expected start date is Fall of 2012.

A. **List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Volunteer to Work is a community-based, consumer-run program that uses trained consumer mentors to facilitate the preparation and involvement of program participants in volunteer and employment positions in the community. An innovative aspect of this program is that this preparation and involvement relies heavily on 'Outreach Groups' that are facilitated by trained mentors. These Outreach Groups are support and special interest groups that serve various purposes. Trained consumers will also be utilized to give empowerment trainings, train the trainer, and other workshops, as needed. Collaboration with local partners will be a large component of this project. This project will demonstrate the value of using trained consumers in a consumer-managed organization, to support, role-model, and assist individuals in finding volunteer/job opportunities that match their unique skills and goals. The County will learn how this project will impact the involvement of consumers in the community and finding employment with community partners; quality of life outcomes; the ability of consumers to find meaningful roles in employment; consumer confidence levels; and outcomes for work retention and success. Orange County is proposing that the provider selected for this project be an organization that is completely owned and operated by consumers; this will separate this project apart from other existing supportive employment programs which only employ a small percentage of consumers of mental health services who are in recovery.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: **4/10/12**
MHSA Component: **Innovations**
Program Number/Name: **INN 4 OC ACCEPT**
Number of individuals to be served in FY 12/13: **400**

FY 11/12 funding	FY 12/13 funding	Difference
0	$755,409	$755,409

SECTION I: Numbers served for FY 10/11

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

Due to delays caused by local hiring freezes, project did not start until July 2011.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

OC ACCEPT is an Innovation project designed to provide culturally competent mental health case management, treatment, recovery, and wellness activities to the Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning (LGBTIQ) community. Individuals in the LGBTIQ community continue to be difficult to reach and engage, especially those within ethnic communities, and are often unserved and underserved, when compared to their heterosexual counterparts.

A primary goal of this project is to fill critical mental health service gaps for the LGBTIQ population, while promoting clients' self-acceptance and willingness to talk with others about their sexual and gender identities. Offering an innovative solution to promote community engagement with the LGBTIQ population, peer mentors assist with outreach and education efforts and provide mentorship to clients. Interaction between peers, clients, and their family members will focus on promoting a supportive environment for individual LGBTIQ members living with mental health conditions, and/or experiencing co-occurring health and social problems, including engaging in risky sexual behaviors leading to new HIV infections or other STDs.

The project's long-term objective is to reduce the stigma and discrimination experienced by this population when accessing mental health, substance abuse, and primary care services. OC ACCEPT also seeks to raise awareness and reduce stigma by providing education about the LGBTIQ population to the community at large.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

N/A

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: **4/10/12**
MHSA Component: **Innovations**
Program Number/Name: **INN 5 VETConnect**
Number of individuals to be served in FY 12/13: **100**

FY 11/12 funding	FY 12/13 funding	Difference
$1,002,482	$906,032	-$96,450

SECTION I: Numbers served for FY 10/11

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

Implementation was delayed due to local hiring freezes. Project will start on May 1, 2012.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

VETConnect is a collaborative program model using existing community agencies with expertise in the critical elements necessary for veterans to overcome barriers to obtaining necessary behavioral health prevention, early intervention, or treatment. HCA/BHS Veterans' Services will be the project lead and provide administrative oversight, rehabilitative housing; community training and outreach funding, as well as the behavioral health clinical expertise for this project. OC Community Resources will provide the Veterans' Service Office staff who have the knowledge and experience to process all aspects of veteran's benefits and compensation claims; and the Workforce Investment Board's staff with the experience in job skill enhancement, job search, and housing. Additionally, OCCR will establish and oversee the expenditure of transportation resources and updated building signage.

The core of the VETConnect program is to use peer veterans, most of who have experienced behavioral health issues and are in recovery, to provide navigation and solid connection with existing community resources. These peer mentors will use the 'buddy system' that is familiar to all military veterans to provide assistance without creating a sense of dependence in the veteran.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: **4/10/12**
MHSA Component: **Innovations**
Program Number/Name: **INN 6 OC Community Cares Project**
Number of individuals to be served in FY 12/13: **100**

FY 11/12 funding	FY 12/13 funding	Difference
0	$245,543	$245,543

SECTION I: Numbers served for FY 10/11

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

Delays were caused by local hiring freezes and budget uncertainty.

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

O.C. Community Cares Project strives to improve access to mental health services and decrease the negative effects of untreated mental illness. This is accomplished by providing a referral-based system for individuals to receive short-term pro-bono mental health treatment by a multidisciplinary team: project lead, clinicians, and peer mentors. Staff will deliver culturally and linguistically appropriate assessments, case management, and individual psychotherapeutic services.

Objectives of the O.C. Community Cares Project include:

- Providing linkage between eligible clients and private mental health practitioners in Orange County for individuals who are unable to afford private mental health services or do not meet the criteria for public mental health services.
- Creating a community-based support network of clinicians who are willing to provide 12 individual sessions to eligible participants.
- Matching participants to providers who possess specific cultural, ethnic, specialty, and linguistic skills.
- Supporting individuals with short-term individual and/or family therapy.
- Providing outreach and engagement, assessment, linkage, and follow-up services.

All individuals who are referred to the OCCCP program are initially evaluated by program staff during intake interview. If eligible, the participant is linked to a provider who best meets their needs. Program staff does follow up services to evaluate effectiveness and client satisfaction with services provided.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: 4/10/12

MHSA Component: Innovations

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

Number of individuals to be served in FY 12/13: N/A

FY 11/12 funding	FY 12/13 funding	Difference
0	$466,328	$466,328

SECTION I: Numbers served for FY 10/11

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

There have delays in contracting. The project is expected to start in Fall 2012.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Education, Training and Research Institute is a project that, while not providing direct services to participants, will apply for public and private grant money to provide an ongoing vehicle for leveraging non-MHSA funds to support education and training activities. This project seeks to answer the learning question of whether the goals of the MHSA can be pursued by a government agency through the use of a non-government funding mechanism. This Institute will be expected to develop its own mechanisms for sustaining itself using funds from grants it receives. It will also secure funding to maintain or augment WET or Innovation projects that are viewed as high priority by county mental health and consumer and family member stakeholders. The project will test whether this represents a viable method of securing additional funding to maintain and develop education, training and research projects that fall within MHSA guidelines, but may not be able to be fully funded with MHSA dollars.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: **4/10/12**
MHSA Component: **Innovations**
Program Number/Name: **INN 8 Project Life Coach**
Number of individuals to be served in FY 12/13: **250**

FY 11/12 funding	FY 12/13 funding	Difference
0	$835,927	$835,927

SECTION I: Numbers served for FY 10/11

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

Delays were caused by local hiring freezes. Project expected to start in May 2012.

A. List the number of individuals served by this program during FY 10/11, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The goal of this program is to provide services to monolingual or Limited English Proficiency Latino, Iranian, and Asian Pacific Islanders with mental illness. Services will be provided through an innovative approach utilizing peer mentors and mental health clinicians. Staff will deliver culturally and linguistically appropriate assessments, case management, and supportive employment services.

The overall goal of Project Life Coach is to:

- Create employment supportive services for individuals by facilitating employment opportunities through collaborating with local (ethnic) businesses and community service agencies.
- Provide individuals with an opportunity to work and remain integrated within their perspective communities.
- Increase linkage to mental health services among ethnic communities.
- Provide psychoeducation to raise awareness for family members and local businesses regarding mental health issues and decreasing stigma associated with the mentally ill community.
- Create a community-based support network for individuals and their families.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: **4/10/12**

MHSA Component: **Innovations**

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

Number of individuals to be served in FY 12/13: **N/A**

FY 11/12 funding	FY 12/13 funding	Difference
0	$125,775	$125,775

SECTION I: Numbers served for FY 10/11

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

Due to delays in contracting, project implementation was postponed. Project is expected to start June1, 2012.

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

The Training to Meet the Mental Health Needs of the Deaf Community project utilizes an existing accredited Mental Health Worker Certificate training program to train individual consumers and family members from the Deaf community using ASL as the primary language. Graduates of the program may assume mental health worker or peer mentor positions within the public mental health system, using their certificate to gain entry into employment. They may also continue in their educational program to gain an AA degree, and then go on to a bachelor's or graduate degree in the mental health field, thus, eventually bring licensable people from the Deaf and Hard of Hearing community into the mental health field. Finally, the project is expected to contribute to sensitizing the community to mental health needs of the Deaf. The County will learn how this project will impact: The willingness of individuals in the Deaf community to choose mental health as a field of work and to access culturally competent mental health information and care; and the amount of engagement of individuals from a specific ethnic community who are deaf and the ability of getting them into care.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

Date: 4/10/12

MHSA Component: Innovations

Program Number/Name: INN10 Brighter Futures (Formerly known as Consumer Early Childhood Mental Health)

Number of individuals to be served in FY 12/13: 200

FY 11/12 funding	FY 12/13 funding	Difference
$399,031	$399,031	0

SECTION I: Numbers served for FY 10/11

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

Delays were caused by local hiring freezes. Project did not start until April 2012.

A. List the number of individuals served by this program during FY 10/11, as applicable.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Specific Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (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			
Total		Total		Other			

SECTION II Program Narrative

A. Please provide a brief program description for current year, FY 11/12. (No more than half of a page.)

Brighter Futures provides community-based supportive services to families with children ages 6-13 who experience social, emotional, and behavioral health problems. The foundation of Brighter Futures is to help build healthy relationships between parents and children by:

- Providing positive discipline
- Learning clear, positive communication
- Building self-esteem

Brighter Futures incorporates elements of *Triple P* (Positive Parenting Program), an evidence-based program focused on preventing serious behavioral, emotional, and development conditions in children through brief and intensive interventions to build and sustain effective parenting practices. Brighter Futures' services will be delivered through short duration individual interventions, corresponding to approximately four sessions for parents whose children have mild to moderate problems, as well as intensive interventions, including 8 – 10 sessions for parents whose children have serious behavioral problems. These intervention approaches align with *Levels 3 and 4* of the Triple P model.

Brighter Futures works with parents and children to:

- Recognize personal strengths and build resiliency;
- Provide brief behavioral interventions;
- Make appropriate and helpful linkages to supportive services in the community; and,
- Reduce isolation and form supportive networks with other families.

As an Innovation project, Brighter Futures uses peer mentors and collaborates with a variety of community-based organizations to provide case management, outreach and engagement, psycho-educational classes, and short term individual/family psychotherapy to unserved and underserved families in Orange County.

B. Please provide any proposed changes for in target population or activities/strategies planned for FY 12/13.

None

C. Briefly report on any accomplishments or outcomes for FY 10/11.

N/A

D. Briefly describe any challenges/barriers to providing service and any strategies to address these challenges/barriers.

N/A

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS UDPATE

EXHIBIT C

Capital Facilities and Technological Needs Update

Capital Facilities

MHSA funding is being used to develop a Behavioral Health Services campus. As of April 2012, construction is close to completion. The Ribbon Cutting Ceremony is scheduled for April 19, 2012. The new campus includes:

- A 9,250 square foot Crisis Residential Program to serve as an alternative to hospitalization for acute and chronic mentally ill persons. This is a voluntary program offering services 24 hours a day, seven days a week. The facility will house 15 beds for both male and female adults and is designed for short-term crisis intervention.
- This facility will serve clients who are in a psychiatric crisis and cannot be safely and effectively managed on an outpatient basis. These clients would otherwise be admitted to an emergency room, hospitalized or incarcerated. Services will be provided by a culturally competent staff dedicated to the values of the recovery model. Services include: crisis intervention, individual and group therapy, family and significant other involvement, psychiatric medications, food and housing, linkage to medical care and social supports in the community, and discharge planning.
- A 7,600 square foot consumer-run Wellness/Peer Support Center to offer programs and activities that are client-driven and grounded in the recovery model. Examples include peer support, social outings, health and wellness classes, and various types of recreational activities. This consumer-run program supports relatively stable consumers with their recovery and assists with their integration back into the community. It has a member-driven Advisory Board which directs the activities, provides recommendations for ongoing program development, and creates the Center's rules of conduct.
- The Wellness Center is currently operating at a temporary site in Santa Ana. The philosophy of the Center is based upon peer-to-peer support in a non-judgmental environment. A wide variety of weekend, evening, and holiday social activities are provided for members 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 members family, friends, and significant others.
- A 7,500 square foot Education and Training Center, which will provide support to consumers and their families who aspire to a career in mental health services. The program offers education and training to develop the skills needed to work in the public mental health system.

  The Recovery Education Institute program consists of five basic components: workshop courses, prevocational courses, college credit courses, extended education courses, and student advisement. The program will offer a variety of certificated courses such as computer literacy, recovery coaching, and interviewing skills that would be helpful in seeking work in the public mental

health system, as well as providing a pathway to entering an Associate of Arts (AA) degree

Technological Needs

The Mental Health Services Act (MHSA) provides funding for services and supports that promote wellness, recovery and resiliency. A portion of the MHSA funds have been specifically set aside for Technology. The County must use these funds to modernize and transform clinical and administrative information systems to improve quality of care, operational efficiency and cost effectiveness to fit in with the State's long term goal to develop an Integrated Information Systems Infrastructure where all counties have integrated information systems that can securely access and exchange information. They may also be used for projects that increase consumer and family empowerment by providing the tools for secure consumer and family access to health information.

County of Orange Behavioral Health Services (BHS) is using the MHSA Technology funds to implement a fully integrated EHR system that supports these goals. BHS's approach in executing this project is a two-phased scenario. The 1st phase was to upgrade the infrastructure to enable Orange County Health care Agency to support the EHR in order to develop the functionality needed. Prior to this upgrade the hardware and software were technologically outdated and not able to support any new development. This exposed the County to potential failure to comply with future State and Federal regulations. The first phase of upgrading the infrastructure has been completed.

The current MHSA Technology project (Phase Two) was approved in February 2012. Its goal is to further enhance the EHR. These enhancements include the core clinical documentation management system with clinical decision support; medication and prescription management; mobile access to the EHR; a Personal Health Record (PHR) with consumer access via a portal; and kiosks in selected locations to afford increased consumer/family access to computers and the internet.

Additional technical improvements to our EHR include document imaging (which includes such functionality as electronic signature pads and the ability to scan documents); compliance auditing, monitoring, and reporting; and the ability to exchange data electronically and securely with our contract providers. BHS has also planned improvements in system performance and the ability to securely interface with Health Information Exchanges outside County BHS, as appropriate. Further enhancements will be made to the disaster recovery system and ensure continued control over clinical data security and privacy.

Because these enhancements are quite substantial, the plan is to complete them in stages. The initial stages will be focused on implementing the clinical documentation components, then move towards improving interoperability with contract providers, then

with other entities such as emergency rooms within Orange County and other appropriate State agencies.

While negotiations with a vendor are being finalized, staff from the program and from IRIS Information Technology is documenting clinical workflows to assist in the transition of current offline processes performed in the County Outpatient clinics to an EHR environment.

SUMMARY FUNDING REQUEST FOR FY 12/13

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$7,530,088			$17,474,004	$3,662,268	
2. Estimated New FY 2012/13 Funding	$69,900,000			$18,200,000	$4,600,000	
3. Transfer in FY 2012/13a'	$0					
4. Access Local Prudent Reserve in FY 2012/13	$0			$0		
5. Estimated Available Funding for FY 2012/13	$77,430,088			$35,674,004	$8,262,268	
B. Estimated FY 2012/13 Expenditures	$72,730,002			$35,674,004	$8,262,268	
C. Estimated FY 2012/13 Contingency Funding	$4,700,086	$0	$0	$0	$0	

a' Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$48,795,203
2. Contributions to the Local Prudent Reserve in FY12/13	$10,783,345
3. Distributions from Local Prudent Reserve in FY12/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$59,578,548

CSS FUNDING REQUEST

County: Orange **Date:** 4/10/2012

CSS Programs			FY 12/13 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
		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	$4,007,323		$4,007,323					$4,007,323	
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/]		$63,548,569	$32,680,073	$29,207,308	$1,661,188	$0	$11,690,278	$10,965,605	$33,073,814	$7,818,872
17.	Plus up to 15% Indirect Administrative Costs		$9,181,433								
18.	Plus up to 10% Operating Reserve		$4,700,086								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$77,430,088								

		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= 51.40%

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	51%

PEI FUNDING REQUEST

County: Orange **Date:** 4/10/2012

	PEI Programs		FY 12/13 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	$4,370,667		$4,370,667	$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*		$31,024,133	$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**								
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$35,674,004						
	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**		$35,674,004						

*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 D3

INN FUNDING REQUEST

County: Orange **Date:** 4/10/2012

INN Programs			FY 12/13 Requested MHSA Funding
	No.	Name	
Previously Approved Programs			
1.		Integrated Community Services	$1,703,699
2.		Family Focus Crisis Management & Community Outreach	$600,577
3.		Volunteer to Work	$736,340
4.		OC Accept	$755,409
5.		VETS Connect	$906,032
6.		Community Cares Project	$245,543
7.		Education, Training and Research Institute	$466,328
8.		Project Life Coach	$835,927
9.		Training to Meet the MH Needs of the Deaf Community	$125,775
10.		Consumer Early Childhood Mental Health	$399,031
11.		Program Monitoring	$529,596
12.			
13.			
14.			
15.			
16.	Subtotal: Programs		$7,304,257
17.	Plus up to 15% Indirect Administrative Costs		$958,011
18.	Plus up to 10% Operating Reserve		
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		$8,262,268
New Programs			
1.			
2.			
3.			
4.			
5.			
6.	Subtotal: Programs		$0
7.	Plus up to 15% Indirect Administrative Costs		
8.	Plus up to 10% Operating Reserve		
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$0
10.	**Total MHSA Funds Requested for INN**		$8,262,268

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

APENDIX 1

MINUTES FROM MENTAL HEALTH BOARD PUBLIC HEARING