



## **County of Orange**

Health Care Agency Behavioral Health Services

## **Mental Health Services Act**

**Community Services and Supports**

**One-Time Funding**

**Program Expansion Plan**

December 11, 2007

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# Executive Summary

## Community Services and Supports One-Time Funding Program Expansion Plan

### **Background**

Effective April 1, 2006, the California State Department of Mental Health (DMH) approved Orange County's Three-Year Community Services and Supports (CSS) Plan. Accordingly, Orange County was awarded approximately \$25.5 million in Mental Health Services Act (MHSA) Community Services and Supports Funding for each of three fiscal years (2005/06, 2006/07, and 2007/08). Then in July 2007, DMH awarded to Orange County approximately \$9 million in CSS "Growth Funding."

When additional CSS funding became available to counties, DMH issued Information Notice 07-21, which provides guidance on how counties may apply for these CSS One-Time Augmentation Funds. To access this funding, a county must submit both an update to its existing Three-Year CSS Plan and a request to amend its existing MHSA Agreement. Orange County is eligible to receive \$1,339,300.

### **Planning Process**

In Orange County, the funds will be used for the expansion of existing programs that were developed as a result of an extensive community planning process. Thus, no new planning process is required for these one-time funds. Based on the information obtained in the previous planning processes, Behavioral Health Services Staff developed a written plan that provided for the expansion of two existing CSS programs (Adult Integrated Services and Adult Outreach and Engagement).

Next, the Plan and a public comment form were sent out to stakeholders, Steering Committee members, and the community for review during a thirty-day public comment period (November 8, 2007 through December 8, 2007.) A copy of the Plan and the public comment form were also posted on the Orange County MHSA website. Also posted on the website was an Executive Summary of the plan and information on how to obtain hard copies. In addition, the Executive Summary was translated into Spanish and Vietnamese. Copies of the Plan were sent to all those who requested a copy. No substantive comments were received, just comments reflecting strong support of the Plan.

## **Programs**

### **Expansion of the Adult Integrated Services Program (Full Service Partnership Program (A1 in the original CSS Plan)**

Orange County will expand its array of integrated service programs by adding 65 slots to its existing Full Service Partnership program. The current number of slots available for FY 2007/08 is 479. Thus, the new total number of clients served annually will be 544. The amount requested is \$884,310.

The target population is adults with severe mental illness, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement and/or homelessness; or who have recently been discharged from institutions or jails. The expansion will allow continued intensive community-based services and supports that will utilize a team approach and will include consumers as service providers. The program will maintain 24/7 service availability. There will continue to be a focus on providing co-occurring capable services.

The team uses community resources whenever feasible, and uses flexible funding to provide socialization activities, recreational, educational and other learning opportunities to engage the client based upon the individual's interests. In addition, other team members may be added periodically, based upon the client's strengths, needs and goals. These may include the client's pastor or spiritual leader, family members, probation officer, employer, etc.

### **Expansion of the Adult Outreach and Engagement Program (A5 in the original CSS Plan)**

Orange County plans to expand its Outreach and Engagement Program by adding three bilingual staff to its existing Program. The amount requested is \$254,095.

Community Outreach and Engagement Services reach out and engage individuals with serious mental illness in historically unserved and underserved populations. It is expected that with this expanded funding, an additional 120 individuals will be linked to services during FY 2007/08. When added to the current target number (181), this will bring the total target number for clients served in FY 2007/08 to 301.

Partnerships may include community-based health organizations, community health clinics, and primary care physicians. This will increase the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings. Outreach will also include traditional outreach efforts to areas populated with potential mental health consumers who do not seek mental health services.

Mental health clinicians will screen, assess, and link clients to the most appropriate resource, including Full Service Partnerships. Services will be culturally competent and client and family-focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals receiving those services. The outreach and engagement services will be culturally-focused, including access to bilingual, bicultural staff.

### **Conclusion**

This plan is based on the planning processes for both the original CSS funds and the CSS Growth Funding. A large number of community stakeholders including consumers and family members were included in every step of the planning for those two earlier funding streams.

Approval and implementation of these program expansions will provide additional resources to help the Orange County population living with serious mental illness and assist in the continued efforts to transform the public mental health system.

Review of the budget information demonstrates that the County met the DMH mandate that more than 50% of the funding be spent on Full Service Partnerships.

# **PART I**

## **REQUIRED EXHIBITS**

- **EXHIBIT 1 – Program and Expenditure Plan Face Sheet**
- **EXHIBIT 2 – Program Work Plan Listing: New Funding Only**
- **EXHIBIT 2 – Program Work Plan Listing: Total Program Funding**
- **EXHIBIT 6 – Quarterly Progress Goals and Report**

**EXHIBIT 1**  
**PLAN FACE SHEET**

**EXHIBIT 1: Program and Expenditure Plan Face Sheet**

**MENTAL HEALTH SERVICES ACT (MHSA)  
THREE-YEAR PROGRAM and EXPENDITURE PLAN  
COMMUNITY SERVICES AND SUPPORTS – CONTRACT AMENDMENT  
Fiscal Year 2007/2008**

County: County of Orange

Date: December 11, 2007

**County Mental Health Director:**

Mark Refowitz

Printed Name

Signature \_\_\_\_\_

Date: December 11, 2007

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## **EXHIBIT 2**

### **PROGRAM WORK PLAN LISTING: TOTAL FY 2007/08 FUNDING**

<b>EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING:*TOTAL FUNDING</b>									
County: <b>Orange</b>					Fiscal Year: <b>2007-2008</b>				
<b>PROGRAM INFORMATION</b>		<b>TOTAL FUNDS REQUESTED</b>				<b>FUNDS REQUESTED BY AGE GROUP</b>			
<b>No.</b>	<b>Program Work Plan</b>	<b>Full Service Partnership</b>	<b>System Development</b>	<b>Outreach &amp; Education</b>	<b>Total Requested</b>	<b>Children &amp; Youth</b>	<b>Transitional Age Youth</b>	<b>Adult</b>	<b>Older Adult</b>
C1	Expanded Children's Full Service/Wraparound Program	3,987,121.00			3,987,121.00	3,987,121.00			
C2	Children's Outreach & Engagement Program			357,302.00	357,302.00	357,302.00			
C3	Children's In-Home Crisis Stabilization Program		479,722.00		479,722.00	479,722.00			
C4	Children's Crisis Residential Program		964,875.00		964,875.00	964,875.00			
GF1	Mentoring Program for Children		310,000.00		310,000.00	310,000.00			
T1	Expanded TAY Full Service/Wraparound Program	4,146,785.00			4,146,785.00		4,146,785.00		
T2	TAY Outreach & Engagement Program			489,313.00	489,313.00		489,313.00		
T3	TAY Crisis Residential Program		795,618.00		795,618.00		795,618.00		
GF3	Mentoring Program for TAY		190,000.00		190,000.00		190,000.00		
<b>A1</b>	Adult Integrated Service Program	7,618,661.00			7,618,661.00			7,618,661.00	
A2	Centralized Asmnt. Team & Psych. Emrg. Resp.Team		1,685,924.00		1,685,924.00			1,685,924.00	
A3	Crisis Residential Services		1,814,537.00		1,814,537.00			1,814,537.00	
A4	Supported Employment services for SMI clients		535,705.00		535,705.00			535,705.00	
<b>A5</b>	Outreach & Engagement Services			967,966.00	967,966.00			967,966.00	
GF5	Program of Assertive Community Treatment (PACT)		2,107,645.00		2,107,645.00			2,107,645.00	
GF6	Consumer-Run Wellness/Recovery Center		1,500,000.00		1,500,000.00			1,500,000.00	
O1	Expanded Older Adult Mental Health Recovery Program		1,653,483.00		1,653,483.00				1,653,483.00
O2	Expanded Older Adult Support and Intervention System	2,502,319.00			2,502,319.00				2,502,319.00
ADMIN	Administration				5,436,606				
<b>TOTAL MHSA PLAN FUNDING REQUEST: 37,543,582.00</b>									
<b>Additional One Time Funds Request: 1,339,300.00</b>									

## **EXHIBIT 2**

### **PROGRAM WORK PLAN LISTING: NEW FUNDING ONLY**

**EXHIBIT 2; COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING: NEW FUNDING ONLY**

Orange

Fiscal Year: 2007-2008

A1		TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
Program No.	Program Work Plan	Full Service Partnership	System Development	Outreach & Education	Total Requested	Children & Youth	Transitional Age Youth	Adult	Older Adult
A1	Adult Integrated Service Program	884,310			884,310			884,310	
A5	Adult Outreach & Engagement Services		0	254,095	254,095			254,095	
	Administration				200,895				
<b>Total One-Time Plan Funding Request</b>					<b>1,339,300</b>				

## **EXHIBIT 6**

### **QUARTERLY PROGRESS GOALS AND REPORT**

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

County: <a href="#">Orange</a>
Program Work Plan #: <a href="#">Program # 1 (A1)</a>
Program Work Plan Name: <a href="#">Expansion of Adult Integrated Services Program</a>
Fiscal Year: <a href="#">2007/2008</a> Note: Numbers below represent the total number of clients served by the program, including the new clients. <i>(Please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	See Below*	496		512		528		544		544	

#### \*Description of Initial Populations

The priority population to be served will be:

SMI adults who are suffering from substance abuse, homelessness, in jail, frequent users of hospitals and emergency rooms, and are cycling through different institutional and involuntary settings.

#### Service/Strategies

- Integrated assessment teams that provide comprehensive mental health and substance abuse assessments that are strength-based and focused on client engagement
- Self-help and client-run programs
- Family support, education, and consultative services
- Client self-directed plans
- Integrated services with law enforcement, probation, and courts for the purpose of alternative to jail for those with serious mental illness

## EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

### Estimated/Actual Population Served

County: <a href="#">Orange</a>
Program Work Plan #: <a href="#">Program # 2 (A5)</a>
Program Work Plan Name: <a href="#">Expanded Adult Outreach and Engagement Program</a>
Fiscal Year: <a href="#">2007/2008</a> Note: Numbers below represent the total number of clients served by the program, including the new clients. <i>(Please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	See Below*	0		0		150		151		301	

**\*Description of Initial Populations**

The priority population to be served will be:

Adults with serious mental illness and/or co-occurring disorders to address the issue of mental health care disparities among linguistically and ethnically diverse communities

**Services/Strategies**

- Integrated physical and mental health services by co-locating with primary community clinics.
- Provide mental health assessment, information, referral and brief mental health services.
- Culturally appropriate services to reach persons of ethnic communities/cultures who may be more responsive to services in specific culture-based settings.
- Integrated services with ethnic-specific community based organizations.
- Services will be dually diagnosed capable and will, at a minimum, include screening, assessment and referral.

# **PART II**

## **PLANNING PROCESS**

- **Background**
- **Planning Process**



## **CSS ONE-TIME PROGRAM EXPANSION FUNDS PLANNING**

### **Background**

Effective April 1, 2006, the California State Department of Mental Health (DMH) approved Orange County's Community Services and Supports (CSS) Plan. Accordingly, Orange County was awarded approximately \$25.5 million in Mental Health Services Act CSS funding for each of three fiscal years (2005-06, 2006-07, and 2007-08). Implementation of that plan has been progressing, with all but one program in operation as of September 2007.

In the fall of 2006, DMH notified the County that, due to higher than anticipated tax revenues, additional CSS funding was available (Growth Funding). Orange County then began a new planning process to determine the best way to spend these additional funds. By that time, the County had an opportunity to see which programs had excess demand for services and would benefit from expansion and which gaps remained in the public mental health system. With input from local stakeholders, Orange County developed a plan for use of this funding. The plan was approved by DMH in July 2007. Orange County was awarded \$9,030,400.

In September 2007, DMH notified the County that there would be a one-time distribution of unspent DMH Administrative funding. Information Notice 07-21 is used as the Guidance for the new one-time funding. According to the Guidance, Orange County is eligible to receive \$1,339,300.

### **Planning Process**

Orange County conducted an open, public, participatory planning process for both the original CSS funds and the subsequent CSS Growth Funding. The planning process involved a large number of community stakeholders, particularly consumers and family members. For example in the original CSS planning process about 4,000 attendees participated in a variety of trainings, public forums, work group meetings, focus groups, Steering Committee meetings, and Public Hearings. To encourage consumer and family member participation in the planning process, several forms of support were provided. These included transportation to planning meetings, bus passes, refreshments/meals at meetings, a \$20 grocery store voucher, and child care (upon request). A variety of relevant information was provided to stakeholders to assist them in the planning processes.

Orange County has a 59 member MHPA Steering Committee composed of representatives from a broad group of organizations plus consumers and family members. On the Steering Committee, there is representation from all DMH required groups, including but not limited to law enforcement, the courts, the Orange County Board of Supervisors, the Orange County Department of Education, local universities, providers of drug and alcohol services, the Mental Health Board, providers of emergency services, the Office on Aging, homeless services providers, the Housing and Community Services Department, Probation and the District Attorney's Office.

These new funds are to be used for the expansion of existing programs. Thus, no new planning process is required for these one-time funds. The allocation of funding to specific programs is based on the previous planning processes. In September 2007, Behavioral Health Services staff developed a written proposal for the use of these funds. Review of the budget information in this proposal demonstrates that the County has met the DMH mandate that more than 50% of the CSS funding be spent on Full Service Partnerships.

After internal review, the Plan was sent to stakeholders, Steering Committee members, and the community for review during a thirty-day public comment period (November 8, 2007 through December 8, 2007). Announcements were sent to the mainstream and local community newspapers announcing the review period and explaining how to obtain copies of the Plan. A copy of the Plan and the public comment form will be also posted on the Orange County MHSA website. An Executive Summary of the plan and information on how to obtain hard copies were posted. In addition, the Executive Summary was translated into Spanish and Vietnamese. Copies of the Plan were sent to all those who requested a copy. No substantive comments were received, just comments reflecting strong support of the Plan.

# **PART III**

## **EXPANDED PROGRAMS**

- **Adult Integrated Services**
- **Adult Outreach & Engagement**

# **PROGRAM 1**

## **Expansion of Adult Integrated Services Program**

## **Program 1: – Expansion of Adult Integrated Services Program**

### **1. Please provide a description of the proposed program.**

Orange County will expand its array of integrated service programs by adding 65 slots to its existing full service partnership program.

The target population is adults with severe mental illness, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement and/or homelessness; or who have recently been discharged from institutions or jails. The expansion will allow continued intensive community-based services and supports that utilize a team approach and include consumers as service providers. The program will maintain 24/7 service availability.

The teams will be recovery-focused and harm reduction-oriented. Individuals enrolled in this program will have a single point of contact: a Personal Services Coordinator (PSC). In partnership with the member, the PSC will develop an individualized service plan that will be used to identify a full array of desired services. A key component of the program is a Peer Recovery Specialist on the team, who can serve as a mentor. The team is able to provide crisis response, alternatives to jail and hospitalization, housing and employment supports using engagement and recovery strategies. There will continue to be a focus on providing co-occurring capable services.

The team uses community resources whenever feasible, and uses flexible funding to provide socialization activities, recreational, educational and other learning opportunities to engage the client based upon the individual's interests. In addition, other team members may be added periodically, based upon the client's strengths, needs and goals. These may include the client's pastor or spiritual leader, family members, probation officer, employer, etc.

### **2. Describe how your program/service relates to the issues identified in the Community Program Planning Process (CCP), including how each program/ service will reduce or eliminate the ethnic disparities identified in the CSS assessment in the County's Three-Year Program and Expenditure Plan.**

The following issues were identified as priorities for Adults in the CCP:

- Homelessness
- Inability to work
- Frequent hospital and emergency room care
- Inability to manage independence
- Incarceration
- Involuntary care/institutionalization

It is expected that expansion of the Adult Integrated Services Program will address these issues. A Full Service Partnership program provides an integrated team to work with a client to develop plans for and provide the full spectrum of community services so that the client can reach identified goals. It is strengths-based with the focus on the person rather than the disease. It is an evidence-based program that has been found to be effective in addressing the issues listed above.

With regard to eliminating disparities in access to services, Cultural Competence will be a continuous focus. The program will hire staff that is culturally and linguistically competent to address treatment disparities. Moreover, outreach and engagement activities are targeted to unserved and underserved linguistic and ethnic minority communities. The staff will be sensitive to the client's, and family's level of acculturation or disparity between the two and not just ethnic background. This program will be embedded in the overall Cultural Competency guidelines and expectations for all county services.

In addition, the Cultural Competency Department, a unique asset of Orange County, provides training for all staff. Training addresses the provision of care to various cultures in a manner that is appropriate and effective, and will focus on how to work with consumers in a culturally competent manner with such issues as employment and housing.

**3. Please provide the number of clients to be served with the additional funding.**

An additional 65 clients will be served. The current number of slots available for FY 2007/08 is 479. Thus, the new total will be 544.

**4. Please describe the new services to be provided.**

The program services will remain the same.

**5. Amount of funding being requested for program expansion.**

\$884,310

**6. Provide proposed start date and implementation timeline.**

Services will start as soon as the Plan is approved.

**7. Provide net cost per client. If the net cost per client is higher than previously approved, please explain.**

The cost per client will not increase. In the original Three-Year Plan the cost per client was \$14,059. With the augmentation, the cost will be \$14,005.

**8. Please provide Exhibit 6's, Quarterly Progress Goals and Report.**

All Exhibit 6's for this application are together in Part 1, starting on page 14.

**9. Describe County's capacity for implementing the program if the County has not implemented all the original programs/services as approved by DMH in the initial plan or subsequent updates.**

All programs in the original plan have been implemented, except for the Adult Crisis Residential Program. That program has faced major barriers in finding a community that will grant the necessary permits to site the program. This situation will not affect the County's ability to expand the Adult Integrated Services Program.

**10. Please provide a statement explaining how the requirements of the Community Planning Process in Section 3300 of the California code of Regulations were met.**

These requirements were met in the planning activities conducted in the development of the original CSS Three-Year Program and Expenditure, which was approved by DMH in April 2006. No additional planning process is required for this program expansion.

# **PROGRAM 2**

## **Expansion of Adult Outreach and Engagement**



## **Program 2: – Expansion of Adult Outreach and Engagement Program**

### **1. Please provide a description of the proposed program.**

Orange County plans to expand its Adult Outreach and Engagement Program by adding three bilingual staff. Community Outreach and Engagement Services identify and engage individuals with serious mental illness in historically unserved and underserved populations.

Partnerships may include community-based health organizations, community health clinics and primary care physicians. This will increase the engagement of individuals in ethnically and linguistically diverse communities who are unfamiliar with service delivery in traditional mental health settings. Outreach will also include traditional outreach efforts to areas populated with potential mental health consumers who do not seek mental health services.

Mental health clinicians will screen, assess, and link clients to the most appropriate resource including full service partnerships.

Services will be culturally competent and client and family focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals they serve. The outreach and engagement services will be culturally focused including access to bilingual, bicultural staff.

This program advances the MHSA goals by providing access to services for traditionally unserved/underserved populations. Moreover collaboration with the health care community takes the services to the adults with serious mental illness and will include adults with co-occurring disorders.

Mental Health clinicians will screen, assess, and link clients to the most appropriate resource, including full service partnerships. Services will be culturally competent and client and family focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals they serve. The outreach and engagement services will be culturally focused including access to bilingual, bicultural staff.

### **2. Describe how your program/services relates to the issues identified in the Community Program Planning Process (CCP), including how each program/ service will reduce or eliminate the ethnic disparities identified in the CSS assessment in the County's Three-Year Program and Expenditure Plan.**

The following issues were identified as priorities for Adults in the CCP:

- Homelessness
- Inability to work

- Frequent hospital and emergency room care
- Inability to manage independence
- Incarceration
- Involuntary care/institutionalization

It is expected that expansion of the Adult Outreach and Engagement program will result in an increased number of clients linked to services, particularly the Adult Integrated Services Program. The Adult Integrated Services Program is a Full Service Partnership program that provides an integrated team to work with a client to develop plans for and provide the full spectrum of community services so that the client can reach identified goals. It is strengths-based with the focus on the person rather than the disease. It is an evidence-based program that has been found to be effective in addressing the issues listed above.

Community outreach and engagement services will be culturally competent and linguistically appropriate. Staff will be co-located in community settings where health care is traditionally received, such as community health clinics and community centers. Culturally and linguistically competent staff, familiar with the diverse communities of Orange County, will be located in such settings in areas such as Little Saigon and the Garden Grove community, where large concentrations of the Vietnamese population reside; Santa Ana and Anaheim, where large pockets of Latinos and Cambodians reside; Anaheim and Fullerton, where large populations of Koreans reside; and South County, where large populations of Iranians reside. These ethnic groups make up the majority of the unserved and underserved in Orange County.

Staff will work with established community leaders to solidify the community network that will assist in the education of ethnic populations on mental health and mental health services available in the County. This program will be embedded in the overall Cultural Competency guidelines and expectations for all county services. This includes the already established Cultural Competency Training Program, which trains all Behavioral Health staff from management to support staff to address cultural and linguistic disparities, and includes training specific to strategies to decrease them.

**3. Please provide the number of clients to be served with the additional funding.**

120 additional clients will be linked to services. When added to the current target number (181), this will bring the total target number for clients served in FY 2007/08 to 301.

**4. Please describe the new services to be provided.**

Services will remain the same.

**5. Amount of funding being requested for program expansion**

\$254,095

**6. Provide proposed start date and implementation timeline.**

Services will start as soon as Plan is approved.

**7. Provide net cost per client. If the net cost per client is higher than previously approved, please explain.**

The net cost per client will not increase. The cost per client linked to services in the original Three-year Plan was \$3,944. After augmentation, the cost per client linked will be \$3,216.

**8. Please provide Exhibit 6's, Quarterly Progress Goals and Report.**

All Exhibit 6's for this application are together in Part 1, starting on page 14.

**9. Describe County's capacity for implementing the program if the County has not implemented all the original programs/services as approved by DMH in the initial plan or subsequent updates.**

All programs in the original plan have been implemented, except for the Adult Crisis Residential Program. That program has faced major barriers in finding a community that will grant the necessary permits to site the program. This situation will not affect the County's ability to expand the Adult Outreach and Engagement Program.

**10. Please provide a statement explaining how the requirements of the Community Planning Process in Section 3300 of the California code of Regulations were met.**

These requirements were met in the planning activities conducted in the development of the original CSS Three-Year Program and Expenditure, which was approved by DMH in April 2006. No additional planning process is required for this program expansion.

# **PART IV**

## **MHSA ADMINISTRATION BUDGET SHEETS AND BUDGET NARRATIVES**

**EXHIBIT 5c – Admin. Budget Year 2007-08: New Funding Only**  
**Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County: Orange

Fiscal Year: 2007/2008

Date: 11/1/07

	Client, FM & CG FTEs	Total FTEs	Budgeted Expenditures
<b>A. Expenditures</b>			
<b>1. Personnel Expenditures</b>			
a. Administration			\$0.00
		0	\$0.00
		0	\$0.00
		0	\$0.00
		0	\$0.00
		0	\$0.00
		0	\$0.00
d. Total FTEs/Salaries	0.00		
e. Employee Benefits			
f. Total Personnel Expenditures			
<b>2. Operating Expenditures</b>			
a. Professional Services			\$0.00
b. Travel and Transportation			\$0.00
c. General Office Expenditures			\$0.00
d. Rent, Utilities and Equipment			\$0.00
e. Other Operating Expenditures (provide desc. in budget narrative)			\$0.00
f. Total Operating Expenditures			
<b>3. County Allocated Administration</b>			
a. Countywide Administration (A-87)			\$200,895
b. Other Administration			
c. Total County Administration			
<b>4. Total Proposed County Administration</b>			<b>\$200,895</b>
<b>B. Expenditures</b>			
<b>1. New Revenue</b>			
a. Medi-Cal (FFP only)			\$0.00
b. Other Revenue			
2. Total Revenue			\$0.00
<b>C. Start-UP and One-Time Implementation Expenditures</b>			
<b>D. Total County Administration Funding Requirements</b>			
			<b>\$200,895</b>

**COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: 12/11/07

Signature \_\_\_\_\_

Executed at Santa Ana, California

## **MHSA Administration Budget, Fiscal Year 2007-2008**

### **A) Expenditures**

#### **1. Personnel Expenditures**

#### **2. Operating Expenditures**

#### **3. County Allocated Administration**

An allocation of \$200,895 to cover indirect Health Care Agency expenditures associated with program expansion, which is approximately 15% of the total funding request.

#### **4. Total Proposed County Administration Budget** \$200,895

### **B) Revenues**

#### **1. New Revenues**

#### **2. Total Revenues**

### **C) Start-up and One-Time Implementation Expenditures**

### **D) Total County Administration Funding Requirements**

\$200,895

# **PART V**

## **Certifications**

## **Certification of Non-Supplantation and Documentation of the Local Review Process**

### **Certification**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated the non-supplant provisions of Section 3410 of the California Code of Regulations.

In addition, I certify that as required by Section 3315 of the California Code of Regulations, Orange County's Community Services and Supports One-Time Funding Program Expansion Plan was available for Public Comment for the 30-day period of November 8, 2007 through December 8, 2007.

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Director, County Mental Health Department (signature)